**Facility After-Hours Plan – fillable template**

*The facility after-hours quick guide is a condensed version of the after-hours plan that provides easy access to essential information during emergencies. It can be displayed in various formats, such as posters in each room or on lanyards, for quick reference. After-hours plans should include centralised contacts, medical care contacts, Pharmacy contacts, and Infrastructure contacts.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Our Aged Care Home’s contacts | | | | | | | | | | |
| RACH contact number: |  | | | | | | | | | |
| RACH address: |  | | | | | | | | | |
| Email address: |  | | | | | | |  | | |
| Facility manager name: |  | | | | | | | Phone: |  | |
| Clinical manger name: |  | | | | | | | Phone: |  | |
| After-hours Medical Care contacts | | | | | | | | | | |
| After-hours RN/Clinical manager (internal): | Name: | | | | | | | Phone: |  | |
| Facility’s preferred GP (after hours) Name: | Name: | | | | | | | Phone: |  | |
| Hours available: | | | | | | | | | |
| Video Telehealth: | Yes  No | | | | Email address: | | | | |
| GP’s preferred locum doctor: | Name: | | | | | | | Phone: |  | |
| Hours available: | | | | | | | | | |
| Video Telehealth: | Yes  No | | | | Email address: | | | | |
| After hours Back-up medical assessment service: | Name*: (Health direct, VVED)* | | | | | | | Phone: |  | |
| Hours available: | | | | | | | | | |
| Video Telehealth: | Yes  No | | | Email address: | | | | | |
| After-hours Pharmacy contacts | | | | | | | | | | |
| Does this home use IMPREST? Yes  No | | | | **The process for using IMPREST can be found here:** *(add link to process/procedure)* | | | | | | |
| Contracted after-hours pharmacy name: | Name: | | | | | | Phone: | | |  |
| Address: | | | | | | | | | |
| Open hours: | | | | | | Email for script: | | | |
| Stocks Palliative care medication | | | | Yes  No | | Delivery available: | | | Yes  No |
| Stocks Covid antivirals: | | | | Yes  No | |  | | | |
| Secondary after-hours Pharmacy name: | Name: | | | | | | Phone: | | | |
| Address: | | | | | | | | | |
| Open hours: | | | | | | Email for script: | | | |
| Stocks Palliative care medication | | Yes  No | | | | Delivery available: | | | Yes  No |
| Stocks Covid antivirals: | | Yes  No | | | |  | | | |
| Non-urgent medical advice (Residential in Reach): | Hospital: | | | | | | Phone: | | |  |
|  | Open hours: | | | | | | Video telehealth preferred: | | | Yes  No |
| RIR Services and possible reasons to refer: | Examples of care include: | | | | | | | | | |
| After-hours Infrastructure contacts | | | | | | | | | | |
| Electricity provider: |  | | | | Phone general: | |  | | | |
| Customer number: |  | | | | Phone faults: | |  | | | |
| Internet provider: |  | | | | Phone general: | |  | | | |
| Customer number: |  | | | | Phone faults: | |  | | | |
| IT Support contact: |  | | | | Phone: | |  | | | |
| Hours available: |  | | | | Email address: | |  | | | |
| Digital documentation system/software used: | *I.e. Icare/Autumncare/Leecare/etc* | | | | Phone: | |  | | | |
|  |  | | | | Email address: | |  | | | |

**Resident After-Hours Plan – fillable template**

The resident after-hours quick guide is a suggestion of how you might summarise your after-hours plan for easy reference during an emergency. We encourage facilities to consider where this information should be kept for each resident, considering privacy and ease of access e.g., in a resident’s file. Please complete with the Resident/ and family/chosen family where possible to ensure this process is resident centred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My name is: | | My preferred name is: | | Date of birth: |
| Do you identify as Aboriginal or Torres Strait Islander? | | ☐Yes ☐ No | | |
| Important things to know about me (e.g. cultural or religious) | | | | |
| In an emergency, ensure I have the following things with me: | | | | |
| Do you require an English interpreter? Yes  No | | Language: | Interpreter contact: | |
| Do you need help to communicate? Yes  No | | Details: | | |
| After-hours GP/locum name: |  | Phone: | | |
| Available hours: | | Telehealth preferred: Yes ☐ No Email address: | | |
| Backup if GP not available: | VVED/healthdirect/name | Phone: | | |
| Available hours: | | Telehealth preferred: Yes ☐ No  Email address: | | |
| After-hours contact (If not GP): |  | Phone: | | |
| After-hours mental health contact: |  | Phone: | | |
| Supply pharmacy: |  | Phone: | | |
| Next of kin: | | After-hours phone: | | Relationship to me: |
| Medical treatment decision maker: | | After-hours phone: | | |
| Do you give consent to access Covid antivirals if needed? ☐Yes ☐ No | | | | |
| Is there an Advanced Care Directive in place? ☐Yes ☐ No Can be found: | | | | |
| Is there a Medical Goals of Care protocol in place? ☐Yes ☐ No Can be found: | | | | |
| Is there a DNR in place? ☐Yes ☐ No Can be found: | | | | |
| For hospital transfer if palliative? ☐Yes ☐ No | | | | |
| Linked with a specialist community palliative care provider? ☐Yes ☐ No Provider details: | | | | |