

# Facility After-hours Plan

Fillable template

## Our aged care home's contacts

RACH contact number:

RACH address:

Email address:

Facility manager's name:

Phone:

Clinical manager's name:

Phone:

## After-hours medical care contacts

After-hours RN/Clinical  
manager (internal)

Name:

Phone:

Name:

Phone:

Facility's preferred GP  
(after hours)

Hours available:

Video telehealth:

☐

Yes

☐

No

Email address:



## After-hours medical care contacts (continued...)

GP's preferred locum doctor	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Hours available:	<input type="text"/>		
	Video telehealth:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:	<input type="text"/>

After-hours back-up medical assessment service:	Name:	<input type="text"/>	Phone:	<input type="text"/>
	Hours available:	<input type="text"/>		
	Video telehealth:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:	<input type="text"/>

Non-urgent medical advice	Provider:	<input type="text"/>	Phone:	<input type="text"/>
	Open hours:	<input type="text"/>	Video telehealth preferred:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Residential Aged Care Facility Support Services (RaSSs) and possible reasons to refer:



## 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)

Name:

Phone:

Address:

Contracted after-hours pharmacy

Open hours:

Email for script:

Stocks Palliative care medication:

☐ Yes

☐ No

Delivery available:

☐ Yes

☐ No

Stocks COVID antivirals:

☐ Yes

☐ No

Name:

Phone:

Address:

Secondary after-hours pharmacy

Open hours:

Email for script:

Stocks core palliative care medication list:

☐ Yes

☐ No

Delivery available:

☐ Yes

☐ No

Stocks COVID antivirals:

☐ Yes

☐ No





## After-hours infrastructure contacts

<b>Electricity provider:</b>	<input type="text"/>	Phone general:	<input type="text"/>
Customer number:	<input type="text"/>	Phone (faults):	<input type="text"/>
<b>Internet provider:</b>	<input type="text"/>	Phone general:	<input type="text"/>
Customer number:	<input type="text"/>	Phone (faults):	<input type="text"/>
<b>IT support contact:</b>	<input type="text"/>	Phone	<input type="text"/>
Hours available:	<input type="text"/>	Email address:	<input type="text"/>
<b>Digital documentation system/software used:</b>	<input type="text"/>	Phone :	<input type="text"/>
		Email address :	<input type="text"/>

## After-hours procedure review

Last reviewed by (name):	<input type="text"/>	Date:	<input type="text"/>
		Next review date:	<input type="text"/>

