

CVA -- Night Owl Responder Report Form

Responder Name: _____

Date: _____

Time: _____

Program/Individual: _____

Issue: _____

Responder Initial Response/Instructions: _____

Professional Manager should be contacted for the following:

Any Incident where EMT would be completed:
(ie.. Medication Error or Refusal, ER Visits, Ambulance/Police Called, Injury to Individual)
Staffing issues that require approval of Overtime or if the On-Call Lead has to fill a shift.
Behavior Issues: Please refer to Profiles for Behaviors that should be reported.

Professional Manager Contacted/Response/Instructions: _____

