



Emergency Escape Hood - Notification of Usage

When an Emergency Escape Hood has been used, it is necessary to notify the EMS Agency within 24 hours of use. Refer to Policy # 5910 of the Riverside County Emergency Medical Services Policy and Procedure Manual. Please provide the following information:

Date of use: _____

Time of use: _____ Number of Escape Hoods used: _____

Reason the Emergency Escape Hood was applied:

Brief description of the incident in which the Emergency Escape Hood was utilized:

Any Adverse Reactions or Issues Relating to the Hood or Hood Application:

Name of Person Completing Form: _____

Name of Agency Reporting Use: _____

Contact Phone Number: _____

Signature of Person Completing Form: _____

Fax this form to (951) 358-5160 within 24 hours of use of the Emergency Escape Hood