CHANGE LOG

Published Date	Status	Section and Subsection Affected	Description of Change(s)
07/01/2024	Addition Revision	TRAUMA CARE 1.a,b LOCAL SCOPE OF PRACTICE	• Addition: "(EMSA approved tourniquets only)" and "(EMSA approved dressings only)" • Revised to "Notification" Addition "implement and notify the EMS Agency"
10/01/2026	Revision	AIRWAY MANAGEMENT AND OXYGEN ADMINISTRATION 4.b.	• Revised from perilaryngeal airway device (i-gel) to supraglottic airway device (e.g., i-gel)