

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN (EMT)**  
**FIELD REFERENCE**

(PARAMEDIC)  
REFERENCE NO. 802.1

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### CHANGE LOG

<b>Published Date</b>	<b>Status</b>	<b>Section and Subsection Affected</b>	<b>Description of Change(s)</b>
07/01/2024	Addition Revision	TRAUMA CARE 1.a,b LOCAL SCOPE OF PRACTICE	<ul style="list-style-type: none"><li>• Addition: "(EMSA approved tourniquets only)" and "(EMSA approved dressings only)"</li><li>• Revised to "Notification" Addition "implement and notify the EMS Agency"</li></ul>