

Prehospital Care Policy Manual Record of Changes

Keep your Manual current. After receiving and filing an additional or revised Guideline, initial and date the block following the appropriate change number.

There should not be any blank blocks between initialed blocks; this means you have either failed to record a CHANGE NOTICE or have not received it. Notify Prehospital Care Section of the Emergency Medical Services Division, Department of Health Services, County of Los Angeles, if you did not receive a CHANGE NOTICE.

| Change Notice # | Initial | Date | Change Notice # | Initial | Date |
|-----------------|---------|----------|-----------------|---------|------|
| 1 | ✓ | 04/28/86 | 26 | | |
| 2 | ✓ | 09/16/86 | 27 | | |
| 3 | ✓ | 03/02/87 | 28 | | |
| 4 | ✓ | 06/15/87 | 29 | | |
| 5 | ✓ | 04/01/88 | 30 | | |
| 6 | ✓ | 02/15/89 | 31 | | |
| 7 | ✓ | 07/01/91 | 32 | | |
| 8 | ✓ | 12/04/92 | 33 | | |
| 9 | ✓ | 10/01/93 | 34 | | |
| 10 | ✓ | 08/01/94 | 35 | | |
| 11 | ✓ | 05/01/95 | 36 | | |
| 12 | ✓ | 05/06/96 | 37 | | |
| 13 | ✓ | 03/31/97 | 38 | | |
| 14 | ✓ | 03/01/98 | 39 | | |
| 15 | ✓ | 02/15/99 | 40 | | |
| 16 | ✓ | 02/01/00 | 41 | | |
| 17 | ✓ | 05/15/01 | 42 | | |
| 18 | ✓ | 10/15/02 | 43 | | |
| 19 | ✓ | 11/01/03 | 44 | | |
| 20 | ✓ | 05/01/05 | 45 | | |
| 21 | ✓ | 6/30/07 | 46 | | |
| 22 | ✓ | 7/01/08 | 47 | | |
| 23 | ✓ | 7/01/09 | 48 | | |
| 24 | | | 49 | | |
| 25 | | | 50 | | |