

SUMMARY OF CHANGES

Health and Safety Code, Division 2.5, Section 1797.254, requires the EMS Agency to submit an Emergency Medical Services Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County 2008 Annual Work Plan which provides updated information on the status of the system and the EMS Agency's progress toward meeting long-range goals. The data in Tables 2 and 3 are for Fiscal Year 2006-07; Tables 8 through 9 are reported for FY 2006-2007. The Plan meets all requirements set forth in the *Annual Update Workplan Format*.

Since the last Workplan was submitted, Los Angeles County has had two hospitals leave the system. The closure of a critical hospital, Martin Luther King, Jr.-Harbor Hospital, resulted in a significant impact on our fragile EMS system. As a result of this closure, the EMS Agency established a round robin policy for the distribution of 9-1-1 patients and created a new process to govern this operation. Service area boundaries were reconfigured and the Impacted Hospitals Program was established to facilitate the transfer of patients into other hospitals.

The LEMSA successfully added two new Standing Field Treatment Protocol providers, Santa Monica Fire Department and Downey Fire Department. In 2007, Los Angeles Fire Department passed the Commission on the Accreditation of Medical Transports (CAMTS) survey, not only meeting but exceeding the standard in many categories. Similarly, Los Angeles County Fire and Los Angeles County Sheriff's Department passed the CAMTS review in 2008. Standing Field Treatment Protocols were taken out of agreement and placed into a policy. The Paramedic Training Institute celebrated its 200th Class Graduation and Reunion at Universal Studios. Ambulance Strike Teams responded for the first time to the Wildland Fires in October 2007. The EMS Agency procured a 100-bed mobile hospital.

Los Angeles County's ST Elevation Myocardial Infarction (STEMI) program expanded to 33 STEMI Receiving Centers and is receiving nationwide attention for the data resulting from the program. The Board of Supervisors released funds from the Measure B Trauma Property Assessment to equip all 9-1-1 advanced life support units with a 12-lead ECG machine plus a reserve monitor.

Los Angeles County EMS is also a collaborative partner with three hospitals in a year-long research study on ED overcrowding and its effects, the California ED Diversion Project. The project's goal is to determine best practices for moving patients through EDs and reducing the amount of "wall time" paramedic providers spend waiting for hospital personnel to assume care of a patient. Additionally, the Hospital Association of Southern California reconvened the Diversion Task Force to evaluate the effects of diversion on all stakeholders and how the County-wide practice regarding diversion can be improved. In response to provider agency and hospital feedback, the EMS Agency requested that the ReddiNet be reconfigured to eliminate the one hour closure lockout and the mandatory 15-minute open period.

Major Changes and Needs Identified in the Los Angeles County EMS System:

Written Medical Dispatch Guidelines - Medical dispatch guidelines and dispatch triage guidelines still need to be developed. A policy outlining the requirements for the dispatch of 9-1-1 providers has been developed and is currently under review by a collaborative of fire and police departments. The LEMSA has designated both primary and back-up dispatch centers for the coordination of air ambulances for rescue aircraft. The LEMSA still needs to ensure medical orientation and training of PSAP personnel and is currently developing a mechanism to ensure the review of medical dispatching for appropriate level of response.

Written Agreements - The issue of agreements with fire departments that have 201 rights is currently under discussion. The Los Angeles County Fire Department signed a Memorandum of Understanding, which is a major step forward in the agreement process. Agreements with receiving hospitals are still outstanding.

Communications - The LEMSA continues to work with a 30-year old communications system while determining future needs. The LEMSA is an active participant and voting member of the governing body of the LA-RICS (Los Angeles Regional Interoperable Communications System) Committee, which is developing a single platform for communication among all first responders in the region (fire, law enforcement, prehospital providers and others). This system will incorporate the recommended best practices of the US Department of Homeland Security and achieve the optimal level of interoperability as defined in the DHS SAFECOM Interoperability Continuum.

Disaster Medical Response - Numerous disaster exercises have been accomplished, and the Medical Alert Center has implemented regular exercises for hospitals to report their bed availability so that it can be accomplished rapidly in the event of a disaster. In March 2007, the Los Angeles County Emergency System for the Advanced Registration of Volunteer Health Professionals (LA County ESAR VHP) was launched. The program recruits, registers and pre-credentials health, mental health and other volunteers so that they will be available immediately if needed in a disaster situation. Two-day Hospital Disaster Management Training (HDMT) classes, focusing on hospital and clinic setting considerations specific to a disaster, are being held on a quarterly basis with very high attendance. A Multi-Casualty Burn Disaster Care plan has been developed and education of involved hospital personnel is in process. A Disaster and Emergency Management Section has been added to the Prehospital Care Policy that addresses all aspects of disaster management from Disaster Resource Centers to pharmaceutical caches and chempacks to Multiple Casualty Incident Transportation.

Specialty System Design - The system's ability to meet the needs of special populations is expanding. ST Elevation Myocardial Infarction (STEMI) Receiving Centers, 31 in Los Angeles County and two out-of-County, have been implemented following the Board of Supervisors' approval of the program in 2006. Through utilization of a portion of the Measure B Trauma Property Assessment, all ALS units

in Los Angeles County were equipped with 12-lead ECG machines and staffed with trained paramedics by June 2007.

The Field Administration of Stroke Therapy-Magnesium Trial (FAST-MAG Study) that allows paramedics to administer medication in the field to potential stroke victims continues to actively enroll patients and was re-funded by the National Institutes of Health for another year.

In Los Angeles County, the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) is currently designating stroke centers. The LEMSA is assessing the need for its own designation in conjunction with JCAHO.

Data Collection/System Evaluation –Several areas of the data collection system (TEMIS) require expansion and refinement to better standardize data and enable the implementation of system wide quality improvement. Integrating receiving hospital data into TEMIS remains a goal. The Agency is working with individual providers to implement electronic data capturing.

Changes in the Los Angeles County EMS System:

Hospital that became a 9-1-1 receiving facility:

- Los Angeles Metropolitan Medical Center (January 2008)- 4 beds

Facilities that terminated ED services or closed altogether:

- Martin Luther King, Jr- Harbor Hospital (August 2007)
- Century City Doctors Hospital (August 2008)

Hospitals that dropped Emergency Department Approved for Pediatrics status:

- San Dimas Community Hospital (October 2006)
- Whittier Hospital Medical Center (June 2007)
- Martin Luther King, Jr- Harbor Hospital (August 2007)

Hospitals that dropped Sexual Assault Response Team Center (SART) status:

- Centinela Freeman Regional Medical Center- Centinela Campus (March 2008)
- San Gabriel Valley Medical Center (April 2008)

Providers that added an advanced life support program:

- Sierra Madre Fire Department (June 2007)
- Antelope Ambulance (April 2007)
- West Coast Ambulance (2008)

Internal Changes at the Emergency Medical Services Agency:

- Cathy Chidester was named as Director of the LA County EMS Agency
- Clayton Kazan, M.D., replaced Dr. Youngquist as Medical Director of the Paramedic Training Institute
- Benjamin Squire, M.D. joined the LEMSA as the EMS Fellow. He will work with Dr. Koenig doing medical research
- Paula Whiteman, M.D. joined the LEMSA as the Pediatric Specialist overseeing EDAP audits and participating in pediatric research
- The EMS Agency moved into a new building in Santa Fe Springs that promotes the health and well being of its staff. There is adequate on-site space to hold public hearings and other meetings in professional surroundings.

Los Angeles County has one of the largest EMS systems in the nation and, as one of the first to be developed, is known nationally and worldwide as a leader in the field of prehospital care. The Los Angeles County EMS Agency continues to serve as the lead agency for the EMS system in the County and is responsible for coordinating all system participants in its jurisdiction, encompassing both public and private sectors. Despite our continued challenges, we are able to work together to provide lifesaving care to those in need 24 hours a day, seven days a week.

LA County

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation
4.18 Compliance

STANDARD:

4.18 The local EMS agency shall have a mechanism, (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

CURRENT STATUS:

The LEMSA has written agreements with exclusive operating area basic life support providers. Two types of agreements are in place: 1) agreements with cities and unincorporated areas included in seven ambulance franchise zones, and 2) agreements with certain cities that provided ambulance service prior to 1981. Performance standards are included and monitored regularly in the first type of agreement. In the agreements with specific cities, performance standards are less specific but contract compliance can be monitored as needed by the LEMSA.

Additionally, Los Angeles County has an ambulance ordinance which regulates ambulance transportation for those persons needing emergency medical attention who enter or are placed in such ambulance in the incorporated and unincorporated areas. The ordinance also regulates ambulance transportation for those persons needing non-emergency transportation services who enter or are placed in such ambulance in the unincorporated area only.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard not met. Standard will be met upon approval of this amendment and enactment of the ordinance set forth below.

OBJECTIVE:

To ensure consistent medical control and quality uniform throughout the county, the ambulance ordinance will be clarified, and revised to extend oversight, through licensing, to non-emergency transportation services to include persons who enter or are placed in such ambulance in the unincorporated of the county.

To that end, based on existing legal authority, the proposed ordinance shall include a definition of "emergency medical services" as the services needed to provide immediate medical attention in a condition or situation in which an individual has need for such services or where the potential for such need is perceived by emergency medical personnel. Emergency medical services shall include all such services for all such persons in the incorporated and unincorporated areas of the county. This licensing process will ensure that each company in the entire county meets the policies and procedures of the EMS Agency and the standards of the Health and Safety Code.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.11	Each local EMS agency shall identify the optimal roles and responsibilities of system participants. Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations and exclusive operating areas.	☑	☐	☑	1. The LEMSA successfully negotiated and implemented agreements with air ambulance providers. 2. Have written agreements with receiving hospitals that receive disaster grant funding for patient outcome data.	The LEMSA shall successfully negotiate advanced life support provider agreements to ensure participant's conformance with assigned EMS system roles and responsibilities. There are only two SFTP agreements; Alhambra Fire Department and West Covina Fire Department.
1.19	Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to: a) triage, b) treatment, c) medical dispatch protocols, d) transport, e) on-scene treatment times, f) transfer of emergency patients, g) standing orders, h) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel. Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.	☐	☐	☐	The LEMSA has developed and implemented policies, procedures, and/or protocols for: triage; treatment; medical dispatch protocols for private ambulance providers; transport; on-scene treatment times; transfer of emergency patients; standing orders; base hospital contact; on-scene physician and other medical personnel; local scope of practice and disaster/emergency management. A policy outlining the requirements for the dispatch of 9-1-1 providers has been developed and is currently under review by a collaborative of fire and police departments.	In conjunction with system participants, the LEMSA shall implement medical dispatch policies for 9-1-1 providers

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency. Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.		<input type="checkbox"/>		All ALS providers have been approved by the LEMSA; however, <u>some ALS providers do not have written agreements with the LEMSA</u> . The concept of written agreements with providers is currently under review by County Counsel. Los Angeles County does not believe it is appropriate or necessary to establish exclusive operating areas for ALS providers.	The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers
2.04	Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.		<input type="checkbox"/>		There are currently over 100 PSAPs within the local EMS system. These PSAPs are maintained by local public safety agencies and not directly by the LEMSA. The majority of PSAPs forward the emergency medical dispatch calls to a dispatch center, e.g.: Los Angeles County Fire Dispatch.	The LEMSA shall ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency Medical Dispatch Guidelines and pending Dispatch Regulations

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.01	The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, acute care facilities and shall coordinate the use of frequencies with other users. The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.	☑	☐	☑	Twenty base stations and 44 paramedic provider agencies have access to nine medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and back-up frequency. All but one 9-1-1 receiving hospital currently has ReddiNet/HEAR. That facility is in the process of applying for disaster funding and once complete, will receive funding to purchase such equipment. Cell phones are the primary means of communication for all providers to communicate with the health care facilities. Concern about lack of interoperability among public safety agencies in the Los Angeles Region led to the formation of the Regional Interoperability Steering Committee (RISC). RISC plans to provide for public safety by addressing incompatibility in radio systems. A governance committee composed of law enforcement, fire emergency medical services and city managers has developed a written plan that includes a technical design to construct a regional p	THE LEMSA shall require system participants to install the following: Installation of HEAR on all EMS vehicles (LAFD has been done); Installation of a ReddiNet terminal at each dispatch center (LAFD and Verdugo Dispatch has been done).

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.02	Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication. Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.		<input type="checkbox"/>		All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist in dispatching. Additionally, the radios allow for vehicle-to-vehicle communication.	The LEMSA currently meets both the minimum standard and recommended guidelines.
3.03	Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.		<input type="checkbox"/>		All transporting units have cellular phone capabilities even though this is not a requirement. 80% of ambulances performing interfacility transfers have the ability to communicate with the sending and receiving facilities using the Hospital Emergency Administrative Radio (HEAR)	The LEMSA currently meets the standard.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.05	All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio. All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison control information, pediatric and trauma consultation).		<input type="checkbox"/>		<p>All but one 9-1-1 receiving hospital in LA County has ReddiNet/HEAR capabilities. That facility is in process of applying for disaster funding and once complete, will receive funding to purchase such equipment.</p> <p>Additionally, 45 non-receiving facilities and 17 clinics have HEAR radios. All hospitals have direct communication access via telephone to relevant services in other hospitals within the system.</p>	The LEMSA shall install the HEAR at additional health care facilities.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.06	The local EMS agency shall review communications linkages among among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.		<input type="checkbox"/>		<p>The LEMSA has cellular and satellite phone capability in addition to Voice Over Internet (VOIP) available to communicate with all providers, in addition to HEAR/ReddiNet, in the event of an MCI or disaster. The LEMSA, through the Medical Alert Center, conducts daily radio checks to verify the hardware status of the HEAR. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA, remote transmitters and hospitals. The Rapid Emergency Digital Data Interface Network (ReddiNet) is designed as a constant polling system. Hospitals equipped with ReddiNet are electronically polled on an average of three times per minute. Failing to respond to the electronic poll alerts the system control point at the Medical Alert Center (MAC) of the hospital's loss of their ReddiNet communications link. Coordinators at the MAC will attempt to communicate with the affected hospital(s) through other methods (e.g.: phone, HEAR).</p>	The LEMSA currently meets the standard.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.08	The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access		<input checked="" type="checkbox"/>		Los Angeles County has implemented a 2-1-1 number to be utilized for non-emergency issues. There has been an intensive public education campaign and some voice prompt systems have an available prompt for 2-1-1 transfer for non-emergency issues	The LEMSA currently meets the standard.
3.09	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response. The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies and pre-arrival instructions.		<input checked="" type="checkbox"/>		Reference No. 808: Base Hospital Contact and Transport Criteria; defines the guidelines for determining when a response by 9-1-1 personnel is required. The LEMSA has informally reviewed the Medical Dispatch Guidelines of the 3 largest provider agencies to ensure medical appropriateness. Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch, established minimum standards for private ambulance medical dispatch	In conjunction with system participants, the LEMSA shall develop guidelines for dispatch triage.
4.02	The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies and procedures. The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.		<input checked="" type="checkbox"/>		The Los Angeles County Ambulance Ordinance has been re-written to provide the mechanism and allow the LEMSA to monitor all emergency ambulances within the County. The revised ordinance has been posted for public comment: the comments have been incorporated and the scheduling of a public forum is imminent.	The LEMSA will complete the process and submit the revised ambulance ordinance for approval and implementation. This will provide the mechanism and allow for the LEMSA to monitor all emergency ambulances within LA County.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.05	Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time. Emergency medical services areas (response zones) shall be designated so that, for ninety percent of emergent responses: a. the response time for basic life support and CPR capable first responder does not exceed: Metro/urban--5 minutes; Suburban/rural--15 minutes; Wilderness--as quickly as possible. b. the response time for an early defibrillation-capable responder does not exceed: Metro/urban--5 minutes; Suburban/rural--as quickly as possible; Wilderness--as quickly as possible. c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed: Metro/urban--8 minutes; Suburban/rural--20 minutes; Wilderness--as quickly as possible. d) the response time for an EMS transportation unit (ne	☐	☐	☑	The LEMSA has response time standards included in the 12 exclusive operating area agreements for BLS ambulance providers that provide emergency transportation services. This standard does not take into account the total time from call at the PSAP but only the time from their notification to arrival. The agreements between the County and the independent cities not included in the twelve exclusive operating areas do not specify response times.	The LEMSA shall develop response time standards for medical response that meet the State guidelines.
4.09	The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue craft.	☑	☐	☐	The LEMSA has designated dispatch centers for the coordination of air ambulances- Los Angeles City Fire, Los Angeles County Fire, LA County Sheriff's Air 5 is dispatched by LA City Fire dispatch.	The LEMSA currently meets the standard.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.1	The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The LEMSA has Memorandums of Understanding for the availability and staffing of air ambulances with Los Angeles City Fire and Los Angeles County Fire	The LEMSA currently meets the standard.
4.18	The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The Los Angeles County Ambulance Ordinance has been re-written to provide the mechanism and allow the LEMSA to monitor all emergency ambulances within the County. The revised ordinance has been posted for public comment; the comments have been incorporated and the scheduling of a public forum is imminent.	The LEMSA will complete the process and submit the revised ambulance ordinance for approval and implementation. This will provide the mechanism and allow for the LEMSA to monitor all emergency ambulances within LA County for compliance with applicable policies and procedures.
5.01	The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. The local EMS agency should have written agreements with acute care facilities in its service area.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The LEMSA assesses and periodically reassesses EMS-related capabilities of acute care facilities in the following categories: Emergency Department Approved for Pediatrics; Pediatric Medical Centers; Pediatric Trauma Centers; Perinatal Centers; Trauma Centers; Base Stations; Burn Centers; ST-Elevation MI Receiving Centers. No formal contracts exist for paramedic receiving hospitals.	To develop and implement written agreements with all paramedic receiving hospitals

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.03	Audits of prehospital care, including both system response and clinical aspects, shall be conducted. The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The LEMSA provides continuous monitoring of prehospital care from both a system response and clinical perspective. LA County is currently working to develop a web based system for non base hospitals to enter prehospital patient outcome data. Currently prehospital patient outcome data is received for all patients treated at a base hospital, where medical direction is given by same base hospital.	The LEMSA shall capture and integrate receiving hospital data into the Trauma Emergency Medical Information System (TEMIS).
6.04	The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There are 26 dispatch centers in Los Angeles County coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/ response times and the level of response are entered into TEMIS. Current monitoring is by exception only	With system-wide participation, the LEMSA shall establish a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of prearrival/post dispatch directions

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.05	<p>The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards. The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital data). The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The LEMSA's data responsibilities are managed through TEMIS. TEMIS captures EMS data from EMS provider agencies, base and trauma hospitals. TEMIS assists the LEMSA in monitoring, evaluating and coordinating all EMS components of the system. As an integrated data management system, prehospital data elements capture system and clinical data. TEMIS is used as part of the LEMSA's quality improvement program at all stages of the system. Each base hospital is required to provide Emergency Department outcome data on all patients if they provide medical direction and are the receiving hospital. Compliance is routinely monitored.</p>	<p>The LEMSA shall capture and integrate receiving hospital data into TEMIS and enter into Agreements with all paramedic receiving hospitals to participate in the TEMIS data system</p>
6.09	<p>The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities. The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The LEMSA provides continuous monitoring of prehospital care from both a system response and clinical perspective. LA County is currently working to develop a web based system for non base hospitals to enter prehospital patient outcome data. Currently we receive prehospital patient outcome data for all patients treated at a base hospital, where medical direction is given by same base hospital.</p>	<p>The LEMSA shall capture outcome data on EMS patients transported to each paramedic receiving hospital in the system</p>

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Los Angeles County Emergency Medical Services Agency

Reporting Year: July 1, 2006- June 30, 2007

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Los Angeles

A. Basic Life Support (BLS)	<u>1</u> %
B. Limited Advanced Life Support (LALS)	<u>0</u> %
C. Advanced Life Support (ALS)	<u>99</u> %

2. Type of agency
a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to _____
a - Public Health Officer
b - Health Services Agency Director/Administrator
c - Board of Directors
d - Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>3,745,110</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>184,075</u>
Training program approval fees	<u>546,362</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	<u>162,619</u>
Trauma center application fees	_____
Trauma center designation fees	<u>579,932</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	<u>19,005,190</u>
Other grants: <u>EMS Allocation Fund</u>	<u>9,779,195</u>
Other fees: _____	<u>12,949,834</u>
Other (specify): <u>HRSA</u>	<u>14,257,113</u>
TOTAL REVENUE	\$ <u>61,209,430</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN BELOW.*

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2006-2007

 We do not charge any fees

 Our fee structure is:

First responder certification		\$ <u> </u>
EMS dispatcher certification		<u> </u>
EMT-I certification		<u> \$30.00 </u>
EMT-I recertification		<u> \$20.00 </u>
EMT-defibrillation certification		<u> </u>
EMT-defibrillation recertification		<u> </u>
EMT-II certification		<u> </u>
EMT-II recertification		<u> </u>
EMT-P accreditation		<u> \$265.00 </u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u> \$125.00 </u>
MICN/ARN recertification		<u> </u>
EMT-I training program approval		<u> </u>
EMT-II training program approval		<u> </u>
EMT-P training program approval		<u> </u>
MICN/ARN training program approval		<u> </u>
Base hospital application		<u> </u>
Base hospital designation		<u> \$20,372.32 </u>
Trauma center application		<u> </u>
Trauma center designation		<u> \$45,470.00 </u>
Pediatric facility approval		<u> </u>
Pediatric facility designation		<u> </u>
Other critical care center application		
Type: <u> </u>		
Other critical care center designation		
Type: <u> </u>		
	NEW	Renewal
Ambulance service license	<u> \$1,435.39 </u>	<u> \$244.34 </u>
Ambulance vehicle permits	<u> \$373.86 </u>	<u> \$339.55 </u>
Other: <u> Ambulette Operator </u>	<u> \$1,435.39 </u>	<u> \$244.34 </u>
Other: <u> Ambulette Vehicle Permit </u>	<u> \$361.72 </u>	<u> \$327.41 </u>
Other: <u> </u>		<u> </u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2006-2007

Table 2 - System Organization & Management (cont.)

EMS System: Los Angeles County

Reporting year 2006-2007

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	2	\$61.46	50.48%	For the entire worksheet: a) Total working hours for the entire year is 374,339.79 b) Working hours for one month is 31,194.98 PTI Medical Director is 0.5 FTE
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	1	\$42.23	50.48%	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	2	\$41.71	50.48%	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute (PTI)	1	\$41.69	50.48%	
Trauma Coordinator	Trauma System Program Manager	1	\$44.31	50.48%	
Medical Director	Medical Director	1	\$82.05	50.48%	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1	\$66.00	50.48%	
Disaster Medical Planner	Disaster Medical Officer	2	\$63.79	50.48%	
Dispatch Supervisor	Ambulance Program Coordinator	1	\$35.38	50.48%	
Data Evaluator/Analyst	TEMIS Senior Program Head	1	\$41.69	50.48%	
QA/QI Coordinator	Provider and Hospital Program Managers	3	\$42.66	50.48%	
Public Information and Education Coordinator	Prehospital Certification, Risk Management and Investigations	1	\$51.99	50.48%	

Executive Secretary	Executive Secretary	1	\$27.65	50.48%	NOTE: This report is based on an actual salary report, dated 2006-2007, from HSA Fiscal Services
Data Entry Clerk	Data Entry Clerk	6	Various	50.48%	
Ambulance Services	Ambulance Services	64	Various	50.48%	
Medical Alert Center (MAC)	Medical Alert Center (MAC)	23	Various	50.48%	
Other EMS Staff	Various	74	Various	50.48%	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Los Angeles County

Reporting Year: July 1, 2006 through June 30, 2007

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	3897			597
Number newly certified this year	1062			48
Number recertified this year	1175			211
Total number of accredited personnel on July 1 of the reporting year			2843	
Number of certification reviews resulting in:				
a) formal investigations	72			0
b) probation	8		0	0
c) suspensions	0		0	0
d) revocations	1			0
e) denials	0			0
f) denials of renewal	0			0
g) no action taken	63		0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 18
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 8443
 - b) Number of public safety (defib) certified (non-EMT-I) 2227
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Los Angeles County
County: Los Angeles
Reporting Year: July 1, 2006 through June 30, 2007

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) 72
2. Number of secondary PSAPs 10
3. Number of dispatch centers directly dispatching ambulances 26
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 800 MHz trunked- County Wide Integrated Radio System (CWIRS)
 - b. Other methods ReddiNet, Satellite phones and HEAR
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No (LA Regional Tactical Communications System- Coordinated through the Los Angeles County Sheriff's Department)
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies? Medical Alert Center (MAC)
7. Who is your primary dispatch agency for a disaster? Medical Alert Center (MAC)

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Los Angeles County

Reporting Year: July 1, 2006 through June 30, 2007

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 4,601

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4.57*	Not Reported	Not Reported	4.57*
Early defibrillation responder	5.40*	Not Reported	Not Reported	5.40*
Advanced life support responder	5.01*	Not Reported	Not Reported	5.01*
Transport Ambulance	4.41*	Not Reported	Not Reported	4.41*

* This is a compiled average system standard response time based on averages reported by provider agencies

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

EMS System: Los Angeles County

Reporting Year: July 1, 2006 through June 30, 2007

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>31,193</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>17,179</u>
c) Number of major trauma patients transferred to a trauma center	<u>541</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>13,473</u>

Emergency Departments

Total number of emergency departments	<u>73</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>5</u>
c) Number of basic emergency services	<u>66</u>
d) Number of comprehensive emergency services	<u>2</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>20</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: July 1, 2006 through June 30, 2007

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? See Attached Map for Disaster Resource Centers
 - b. How are they staffed? Hospital personnel, DMATs, Medical Reserve Corp., ESAR-VHP
 - c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD
Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes X no
 - b. For each team, are they incorporated into your local response plan? yes X no
 - c. Are they available for statewide response? yes X no
 - d. Are they part of a formal out-of-state response system? yes X no

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes X no
 - b. At what HazMat level are they trained? NRMT- West is trained at the first responder operational decontamination level (Level C suits). Fire departments have haz-mat teams trained at haz-mat technician and haz-mat specialist levels. Hospital decontamination teams are first responder operational level (Level C suits).
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536-5426		Name: Dr. Karen Cowell, Dean, or Lance Hodge, Instructor Office 661-722-6300 ext. 6402 Fax: 661-722-6403 e-mail: kcowell@avc.edu or lhodge@avc.edu
Student Eligibility*: Open to the general public	Cost of Program: Basic: \$110 Refresher: \$110	**Program Level: EMT-I Number of students completing training per year: Initial training: approx 60 Refresher: approx 10 Cont. Education: 0 Expiration date: 03/31/2011 Number of courses: Initial training: 3 Refresher: 3 Cont. Education: 1

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley Medical College 44201 10 th Street West Lancaster, Ca 93534		Name: Sandra Johnson or Marco Johnson Office: 661-726-1911 Fax: 6617265158 e-mail: mjavmc@aol.com
Student Eligibility*: High School Diploma Valid driver's license 18 years old	Cost of Program: Basic: \$1200 Refresher: \$150	**Program Level: EMT-I Number of students completing training per year: Initial training: 124 Refresher: 49 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 4 Refresher: 12 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley ROP - main campus 1156 E. Avenue S Palmdale, CA 93550		Name: Betsy McKinstry Office: 661-575-1026 Fax: e-mail: bmckinstry@adhsd.org
Student Eligibility*: General Public	Cost of Program: Basic: \$ 125.00 Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: approx 200 Refresher: 0 Cont. Education: 0 Expiration date: 01/31/2010 Number of courses: Initial training: 5 Refresher: 0 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
AVROP - Palmdale High School Campus 2131 E. Ave R Palmdale, CA 93550		Name: Betsy McKinstry Office: 661-575-1026 Fax: e-mail: bmckinstry@adhsd.org
Student Eligibility*: Palmdale High School Health Career's Academy students – seniors only	Cost of Program: Basic: \$0 Refresher: \$0	**Program Level: EMT-I Number of students completing training per year: Initial training: 200 approx Refresher: 0 Cont. Education: 0 Expiration date: 01/31/2010 Number of courses: Initial training: 5 Refresher: 0 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Beverly Hills Fire Department 445 North Rexford Dr. Beverly Hills, Ca 90210		Name: Sean Stokes Office: 310-281-2733 Fax: 310-278-2449 e-mail: sstokes@beverlyhills.org
Student Eligibility*: Restricted: Must be a sworn person, employed by the City of Beverly Hills Fire Department	Cost of Program: Basic: \$ n/a Refresher: \$ n/a	**Program Level: EMT-I & EMT-P Number of students completing training per year: Initial training: Refresher: 41 Cont. Education: 41 Expiration date: 06/30/2008 Number of courses: Initial training: Refresher: 14 (instructor based) + 12 CD based for 2006-2008 cycle Cont. Education: 10 EMT-P & 14 + 12 EMT-I

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Burbank Fire Department 1420 West Verdugo Ave Burbank, CA 91506		Name: Kenny Allen Office: 818-238-2411 "B" shift Fax: 818-238-3419 e-mail: kallen@ci.burbank.ca.us
Student Eligibility*: Restricted to Fire Department employee only. All members attending are either EMT-I or EMT-P or both.	Cost of Program: Basic: \$ n/a Refresher: \$ No Cost	**Program Level: EMT-I and EMT-P Number of students completing training per year: Initial training: Refresher: 125 Cont. Education: Expiration date: 12/30/2008 Number of courses: Initial training: Refresher: 12 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
California Institute of EMT 2669 Myrtle Ave., #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562-989-1520 Fax: 562-989-9020 e-mail: admin@ciemt.com
Student Eligibility*: General public.	Cost of Program: Basic: \$595.00 Course fee \$55.00 Textbook fee Refresher: \$ 160.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 320 Refresher: 100 – EMT-I, EMTII, EMT-P Cont. Education: 311 EMT-I, EMT-II, EMT-P Expiration date: 08/31/2008 Number of courses: Initial training: 16 Refresher: 11 Cont. Education: 235

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Cerritos Community College 11110 Alondra Blvd Norwalk, Ca 90650		Name: Russell LoBue Office: 562-860-2451 ext. 4671 Fax: 562-467-5077 e-mail: j.nolan@cerritos.edu
Student Eligibility*: Open to general Public	Cost of Program: Basic: \$250 - \$350 Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: EMT-B 40 Refresher: Cont. Education: Expiration date: 05/31/2008 Number of courses: Initial training: 2 Refresher: Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Citrus College 1000 West Foothill Blvd, Glendora, CA 91741-1899		Name: Cliff Hadsell Office: 626-914-8755 Fax: 626-914-8724 e-mail: chadsell@citruscollege.edu
Student Eligibility*: Open to general public	Cost of Program: Basic: \$140.00 Refresher: \$125.00	**Program Level: EMT Number of students completing training per year: Initial training: 55 Refresher: 0 Cont. Education: 4 Expiration date: 12/31/2007 Number of courses: Initial training: 2 Refresher: 1 Cont. Education: 4

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
College of the Canyons 26455 Rockwell Canyon Rd. Santa Clarita, CA 91355-1899		Name: Patti Haley, Clinical Coordinator Office: 661-362-5804 Fax: e-mail: patti.haley@canyons.edu Program director: Sue Albert 660-362-3369
Student Eligibility*: General public. Must be 18 years old the first day class meets.	Cost of Program: Basic: \$ standard per unit fees (currently \$20/per unit) x 7.5 unit plus text and college fees such as parking, health center and ASG fees. Additional costs include background check, physical, immunizations, titers and uniform. Refresher: \$40.00 plus book and additional college fees such as parking, health center and ASG.	**Program Level: _____ Number of students completing training per year: Initial training: approx 200 Refresher: approx 40 Cont. Edu. expiration date: 2/28/2009 Program Expiration date: 3/31/2011 Number of courses: Initial training: 9 (includes summer) Refresher: 2 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
East San Gabriel Valley ROP 1501 West Del Norte Street West Covina, CA 91790		Name: Mary Ann Gomez-Angel Office: 626-472-5174 Fax: 626-472-5125 e-mail: mgomez@esgvrop.org
Student Eligibility*: General public	Cost of Program: Basic: \$950.00 Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: 48 Refresher: 0 Cont. Education: 0 Expiration date: 8/31/2008 Number of courses: Initial training: 1-2 Refresher: 0 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
El Camino College 16007 Crenshaw Blvd Torrance, CA 90506		Name: Kevin Coffelt Office: 310-660-3616 Fax: e-mail: rbfdkev@yahoo.com
Student Eligibility*: EMT-I (Basic) – Must have AHA or ARC card to enroll. Pass DOJ Live Scan background check for clinical requirement. * Open to college enrolled only.	Cost of Program: Basic: \$90 college tuition Refresher: \$30 tuition Also basic course requires: 1. Background check = \$52 2. TB test = \$5 - 30 3. Stethoscope = \$12 - 50	**Program Level: Number of students completing training per year: Initial training: 180-200 Refresher: 20-30 Cont. Education: n/a Expiration date: 03/31/2007 Number of courses: Initial training: 9 Refresher: 2 Cont. Education: n/a

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Emergency Concepts 5120 Clayvale Road Acton, CA 93510		Name: Fred A. Miller Office: 661-803-5575 Fax: e-mail: fredmilleremt@aol.com
Student Eligibility*: Open to the public	Cost of Program: Basic: \$ n/a Refresher: \$ n/a CE: \$125 = 24hrs includes CPR + skills \$ 50 – skills only \$ 25 – CPR only CE \$20 per 4 hours session	**Program Level: EMT-I, EMT-P, MICN Number of students completing training per year: Initial training: Refresher: Cont. Education: 350 Expiration date: Number of courses: Initial training: Refresher: Cont. Education: 13/year

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Name: Richard Hayne Office: 818-847-3868 Fax: 818-847-3865 e-mail: Richard.hayne@providence.org
Student Eligibility*: Open to the public	Cost of Program: Basic: \$500.00 Refresher: \$150.00 Cost includes book, lab equipment, \$23/unit tuition.	**Program Level: EMT-I Number of students completing training per year: Initial training: 80 Refresher: 8-10 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 2 Refresher: 4 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Glendale Fire Department 421 Oak Street Glendale, CA91204-1813		Name: Scott Mohlenbrot Office: Fax: e-mail:
Student Eligibility*: Open to Glendale FD personnel only	Cost of Program: Basic: \$n/a Refresher: \$n/a No cost- all training is done on duty and with on-duty instructors	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: 210 Expiration date: 01/31/2009 Number of courses: Initial training: Refresher: Cont. Education: 12 per cycle, 6 from Glendale FD and 6 from Burbank FD

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
La Puente Valley ROP 18501 Gale Avenue, Suite 100 City of Industry, CA 91748-1359		Name: David Wolf Office: 626-810-3300 Fax: 626-581-9107 e-mail: david.wolf@ocfa.org
Student Eligibility*: Open to the general public 18 years of age by the time of graduation.	Cost of Program: Basic: \$40.00 Refresher: \$90.00	**Program Level: _____ Number of students completing training per year: Initial training: 75 Refresher: 25 Cont. Education: 0 Expiration date: 02/28/2010 Number of courses: Initial training: 5 Refresher: 2 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
La Verne Fire Department 2061 3 rd Street La Verne, CA 91750		Name: David Benson Office: Fax: e-mail:
Student Eligibility*: Open to La Verne FD personnel only	Cost of Program: Basic: \$n/a Refresher: \$n/a	**Program Level: Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 03/31/2012 Number of courses: Initial training: Refresher: Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Long Beach City College P.O. Box 3235 Long Beach, CA 90803		Name: Andy Reno Office: 562-491-9174 Fax: e-mail: Andrew.reno@chw.edu
Student Eligibility*: General public	Cost of Program: Basic: \$ Basic College tuition (varies) Refresher: \$n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: 100 Refresher: Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 2 Refresher: Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Long Beach Fire Department 2990 Redondo Avenue Long Beach, CA 90806		Name: Joanne Dolan Office: 562-570-9490 Fax: 562-570-9549 e-mail: joanne_dolan@longbeach.gov
Student Eligibility*:	Cost of Program: Basic: \$ not reported Refresher: \$ not reported	**Program Level: EMT-I Number of students completing training per year: Initial training: 17 Refresher: 28 Cont. Education: 500 Expiration date: 12/31/2007 Number of courses: Initial training: 1 Refresher: 5 Cont. Education: 25

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Fire Department 1700 Stadium Way, Room 241 Los Angeles, CA 90012-1404		Name: Captain Linda Ullum Office: 213-485-8004 Fax: 213-473-4203 e-mail: Linda.ullum@lacity.org
Student Eligibility*: Restricted to certain LA City personell only.	Cost of Program: Basic: \$0 Refresher: \$0	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 1205 Cont. Education: 0 Expiration date: 03/31/2007 Number of courses: Initial training: 0 Refresher: 42 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
L.A. County Fire Department 5801 S. Eastern Ave, Suite 100 Commerce, CA 90040		Name: Captain Jon O'Brien Office: 626-255-9354 Fax: e-mail: jobrien@fire.lacounty.gov
Student Eligibility*: Employees only	Cost of Program: Basic: \$ n/a Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: 120 Refresher: 40 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 3 Refresher: 1 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Lifeguards 2600 The Strand Manhattan Beach, CA 90266		Name: Brian Lanich Office: 310-939-7209 Fax: 310-545-4280 e-mail: blanich@fire.lacounty.gov
Student Eligibility*: Los Angeles County Fire Department Ocean Lifeguard, Fire Suppression Aid or Call Firefighter, U.S. Coast Guard, Los Angeles County Sheriff Deputy or Lake Lifeguard.	Cost of Program: Basic: \$ n/a Refresher: \$185 for non-F.D. County safety employees.	**Program Level: _____ Number of students completing training per year: Initial training: 36 Refresher: 250 Cont. Education: 5 Expiration date: 12/31/2011 Number of courses: Initial training: 1 Refresher: 11 Cont. Education: 11

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
L.A. County ROP Education Center West (5 Campuses) 9300 Imperial Highway Downey, CA 90242-2890		Name: Karin L. Reynoso, RN – Program Director Office: 562-922-6728 Fax: 562-922-8949 e-mail: Reynoso_Karin@lacoedu
Student Eligibility*: 225 hour program open to general public, at least 18 years of age.	Cost of Program: Basic: \$ Not Reported Refresher: \$ Not Reported	**Program Level: _____ Number of students completing training per year: Initial training: 262 Refresher: 4 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 15 Refresher: 2 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
L.A. County Sheriff's Department 11515 S. Colima Road – Bldg. A-#100 Whittier, CA 90604		Name: William Schuessler Office: 562-946-7871 Fax: 323-915-5944 e-mail: waschues@LASD.org
Student Eligibility*: Restricted to Los Angeles County Sheriff civilian and sworn employees necessary to perform their duties.	Cost of Program: Basic: \$0 Refresher: \$0	**Program Level: _____ Number of students completing training per year: Initial training: 1 Refresher: 68-70 Cont. Education: Expiration date: 12/31/2009 Number of courses: Initial training: 1 Refresher: 4 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Joan Lockwood Office: 310-386-4360 Fax: e-mail: sandjplace@aol.com
Student Eligibility*: Open to the general public. Must be enrolled at LAHC	Cost of Program: Basic: \$72 + book \$80.00 Refresher: \$18.00	**Program Level: EMT-BI Number of students completing training per year: Initial training: 50 Refresher: 4 Cont. Education: 0 Expiration date: 03/31/2007 Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91401-4096		Name: Alan R. Cowen Office: 818-947-2982 Fax: 818-947-2620 e-mail: cowenar@lavc.edu
Student Eligibility*: Open to general public.	Cost of Program: Basic: \$140 Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 4 Refresher: 0 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Montebello Fire Department 600 N. Montebello Blvd, Montebello, CA 90640		Name: Conrad Lopez Office: 323-887-4511 Voicemail 323-887-4513 Fax: 323-887-4506 e-mail: rocky.lopez@mtbfire.org
Student Eligibility*: Fire Dept member of auxiliary member or by request	Cost of Program: Basic: \$0 Refresher: \$0	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: Cont. Education: Expiration date: 12/31/2009 Number of courses: Initial training: Refresher: 1 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Mt. San Antonio College 1100 North Grand, Rm 28A-101E Walnut, CA 91789		Name: Stephen A. Williams, RN, MEd Office: 909-594-5611, ext. 4750 Fax: 909-468-4175 e-mail:
Student Eligibility*: Open to general public.	Cost of Program: Basic: \$200 Refresher: \$40	**Program Level: Basic EMT Number of students completing training per year: Initial training: 120 Refresher: 40 Cont. Education: 50 Expiration date: 12/31/2007 Number of courses: Initial training:4 Refresher: 2 Cont. Education: 40

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Mt. San Antonio College 1100 North Grand, Rm 28A-101E Walnut, CA 91789		Name: Stephen A. Williams, RN, MEd Office: 909-594-5611, ext. 4750 Fax: 909-468-4175 e-mail:
Student Eligibility*: Open to general public.	Cost of Program: Paramedic: \$900	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: 45-60 Refresher: 0 Cont. Education: 50 Expiration date: 12/31/2007 Number of courses: Initial training: 3 Refresher: 0 Cont. Education: 40

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345		Name: Kathy Carroll or Carol Govier Office: Health Careers Fax: : 818-365-2695 e-mail: kcemtkids@aol.com
Student Eligibility*: Open to the public	Cost of Program: Basic: \$ 75 Refresher: \$75	**Program Level: <u>Basic EMT</u> Number of students completing training per year: Initial training: 325 Refresher: 75 Cont. Education: 25 Expiration date: 09/30/2009 Number of courses: Initial training: 8 Refresher: 3 Cont. Education: 3

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Paramedic Training Institute 10100 Pioneer Blvd., Suite 200 Santa Fe Springs, CA 90670		Name: Michele Heatley- Interim Director Office: 323-890-7506 Fax: e-mail: mheatley@dhs.lacounty.gov
Student Eligibility*: Open to public through El Camino College. Must be EMT-I for 1 year	Cost of Program: Basic: \$650 (course) \$885 (books) Refresher: \$n/a	**Program Level: <u>Paramedic</u> Number of students completing training per year: Initial training: 80 Refresher: 0 Cont. Education: 0 Expiration date: Number of courses: Initial training: 4 Refresher: 0 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Pasadena City College 1570 East Colorado Blvd, Pasadena, CA 91106		Name: Steven Jensen Office: Fax: e-mail:
Student Eligibility*: Not Reported	Cost of Program: Basic: \$ Not Reported Refresher: \$ Not Reported	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Not Reported Refresher: Not Reported Cont. Education: Not Reported Expiration date: 12/31/2007 Number of courses: Initial training: Not Reported Refresher: Not Reported Cont. Education: Not Reported

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Pasadena Fire Department 199 S. Los Robles, Suite 550 Pasadena, CA 91101-2458		Name: Michael Barilla Office: 626-793-1120 Fax: 626-793-0213 e-mail: mbarilla@cityof Pasadena.org
Student Eligibility*: Restricted to certain personnel only.	Cost of Program: Basic: \$ n/a Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: 75 Refresher: 75 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: Refresher: 1 Cont. Education: 12

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
San Gabriel Fire Department 1303 South Del Mar Avenue San Gabriel, CA 91776		Name: Bryan Frieders Office: 626-308-2880 Fax: 626-280-6474 e-mail: bfrieders@sgfd.org
Student Eligibility*: City Employee	Cost of Program: Basic: \$0 Refresher: \$0	**Program Level: Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 18 Expiration date: 4/30/2009 Number of courses: Initial training: 0 Refresher: 0 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Santa Fe Springs Fire Department 11300 Greenstone Ave, Santa Fe Springs, CA 90670-4619		Name: Captain Bob Yellen Office: 562-572-0851 Fax: 562-941-1817 e-mail: bobyellen@santafesprings.org
Student Eligibility*: Restricted to Department personnel only.	Cost of Program: Basic: \$ n/a Refresher: \$ n/a	**Program Level: EMT-I Number of students completing training per year: Initial training: n/a Refresher: n/a Cont. Education: 32 Expiration date: 6/30/2008 Number of courses: Initial training: n/a Refresher: n/a Cont. Education: 1

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro, RN Office: 310-458-4929 Fax: 310-458-8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility*: SMFD employee	Cost of Program: Basic: \$ 0 Refresher: \$ 0	**Program Level: EMT Number of students completing training per year: Initial training: Refresher: 55 Cont. Education: Expiration date: 7/31/2009 Number of courses: Initial training: Refresher: 1 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Southern California ROC 2300 Crenshaw Blvd. Torrance, CA 90501		Name: Stephen Lemmon Office: 310-224-4200 Fax: 310-782-6040 e-mail: slemmon@scroc.k12.ca.us
Student Eligibility*: Open to general public – no prerequisites except age.	Cost of Program: Basic: \$400.00 Refresher: \$ Refresher courses have been offered, however, no students have registered.	**Program Level: EMT Number of students completing training per year: Initial training: 45-50 Refresher: 0 Cont. Education: Expiration date: 12/31/2007 Number of courses: Initial training: 4 Refresher: 0 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501		Name: Vacant Office: 310-781-7018 Fax: 310-781-7030 e-mail: Laurie Lee-Brown, RN 310-781-7072 llbrown@torrnet.com
Student Eligibility*: Restricted to Torrance personnel	Cost of Program: Basic: \$ 0 Refresher: \$ 0	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 90 Cont. Education: 0 Expiration date: 12/31/2009 Number of courses: Initial training:0 Refresher: 1 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
Tri-Cities ROP 12519 East Washington Blvd. Whittier, CA 90602		Name: Linn Karmelich, RN Office: 562-698-9571 ext. 209 Fax: 562-945-0678 e-mail: lkarmelich@tcrop.k12.ca.us
Student Eligibility*: Open to the general public	Cost of Program: Basic: \$40 Refresher: \$105	**Program Level: EMT-I Number of students completing training per year: Initial training: 24 Refresher: 33 Cont. Education: 1 Expiration date: 12/31/2010 Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 2

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

Training Institution Name/Address		Contact Person/Telephone No.
UCLA Center for Prehospital Care 10990 Wilshire Blvd., Suite 1450 Los Angeles, CA 90024		Name: Barry Jensen Office: 310-312-9316 General Public number is 310-312-9306 Fax: 310-312-9322 e-mail: bjensen@mednet.ucla.edu
Student Eligibility*: Open to the general public	Cost of Program: Basic: \$ 925 Refresher: \$ 150	**Program Level: EMT-I Number of students completing training per year: Initial training: 390 Refresher: 240 Cont. Education: n/a Expiration date: 06/30/2007 Number of courses: Initial training: 15 Refresher: 12 Cont. Education: n/a

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 8: RESOURCES DIRECTORY – Approved Training Programs LA County

Reporting Period: July 2006 – June 2007

Training Institution Name/Address		Contact Person/Telephone No.
UCLA-Daniel Freeman Paramedic Education Program 333 N. Prairie Ave Inglewood, CA 90301		Name: Heather Davis Office: Fax: e-mail: HDavis@mednet.ucla.edu
Student Eligibility*: Open to the public. Must have EMT-I certificate within the past 12 months with 6 months experience in a prehospital setting in the last two years.	Cost of Program: Basic: \$6,500 CA residents \$8,000 Out-of-state students Refresher: \$ 250 Refresher training done at: UCLA Center for Prehospital Care 10990 Wilshire Ave, Suite 1450 Los Angeles, CA 90025	**Program Level: Paramedic Number of students completing training per year: Initial training: Refresher: 160 Cont. Education: Expiration date: Number of courses: Initial training: 3 Refresher: 2 Cont. Education:

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level, complete all information for each level

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County **County:** Los Angeles **Reporting Year:** July 1, 2006 – June 30, 2007

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone: AmbuServe 15105 S. Broadway Street Gardena, CA 90248		Primary Contact: Traci Taylor- General Manager 310-644-0500	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>6</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: American Medical Response- Antelope Valley 1055 W. Avenue J Lancaster, CA 93534		Primary Contact: Greg Moore- Director of Communications 661-945-9366	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>10</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Americare Ambulance Service 1059 E. Bedmar Street Carson, CA 90746		Primary Contact: Ryan Merchant 310-835-4390	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>8</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Antelope Ambulance Service 169 West Avenue J-5 Lancaster, CA 93534		Primary Contact: Aaron Aumann- Operations Manager 661-951-1998	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>5</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: APT Ambulance 1227 S. La Brea Avenue Inglewood, CA 90301		Primary Contact: Daniel Graham- General Manager 310-846-4000	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>7</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Beverly Hills Police Department Communications Bureau 464 North Rexford Drive Beverly Hills, CA 90210		Primary Contact: Donna Norris- Communications Bureau Manager 310-288-2634	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>16</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Bowers Ambulance Service 3355 East Spring Street Long Beach, CA 90806		Primary Contact: Keith MacLellan- Operations Manager 562-239-8182	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>10</u> EMD Training _____ EMT-D _____ ALS <u>10</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Culver City Police Department 4040 Duquesne Avenue Culver City, CA 90232		Primary Contact: Lt. Craig Bloor 310-253-6216	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>12</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County **County:** Los Angeles **Reporting Year:** July 1, 2006 – June 30, 2007

Name, address & telephone: City of El Segundo Communications Center 348 Main Street El Segundo, CA 90245		Primary Contact: Walt Krumbach 310-524-2299	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>10</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503		Primary Contact: James Ruff- Dispatch Supervisor 310-542-6464	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>4</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Guardian Ambulance 378 North Allen Pasadena, CA 91107		Primary Contact: Melinda Smith 626-405-8848	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>5</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Hall Ambulance Service 1001 21 st Street Bakersfield, CA 93301		Primary Contact: John Surface- Interim Prehospital Program Director 661-322-8741	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>18</u> EMD Training _____ EMT-D _____ ALS <u>18</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Joint Power Communication Center 12222 Paramount Boulevard Downey, CA 90242		Primary Contact: Tracy Gonzales 562-904-7333	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>12</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Dispatch for: Compton Fire, Downey Fire, Montebello Fire, Santa Fe Springs

Name, address & telephone: City of La Verne Police Department 2061 Third Street La Verne, CA 91750		Primary Contact: Bill Witzka 909-596-1913	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>10</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Long Beach Emergency Command Operations Center 2990 Redondo Avenue Long Beach, CA 90806		Primary Contact: John Landstrom 562-5709470	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>21</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Los Angeles City Fire Department- Operations Control Division 200 North Main Street Los Angeles, CA 90012		Primary Contact: Captain Tom Somers 213-485-4701	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS <u>84</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Dispatch for: Los Angeles City Fire, Santa Monica Fire

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Los Angeles County Fire Department Command and Control 1320 N. Eastern Avenue Los Angeles, CA 90063		Primary Contact: Fire Command and Control Battalion Chief 310-679-1131	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___15___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Priority One Medical Transport Incorporated 740 S. Rochester Avenue, Suite E Ontario, CA 91761		Primary Contact: Jim Karras- General Manager 909-948-4422	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: ___8___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:_____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: PRN Ambulance, Incorporated 345 South Woods Avenue Los Angeles, CA 90022		Primary Contact: Eric Somers, Communication Manager 323-888-7750, extension 118	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Redondo Beach Police/Fire Dispatch 415 Diamond Street Redondo Beach, CA 90277		Primary Contact: Ed Radomsky 310-318-0663- extension 2374	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Schaefer Ambulance Service 324 N. Towne Avenue Pomona, CA 91767		Primary Contact: Ryan Seiger 626-323-3380	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>10</u> EMD Training _____ EMT-D _____ ALS <u>14</u> BLS _____ LALS <u>1</u> Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: South Bay Regional Communication Center 4440 W. Broadway Hawthorne, CA 90250		Primary Contact: Ralph Mailloux 310-973-1802	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>16</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Dispatches for: Hermosa Beach Fire, Manhattan Beach Fire

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County County: Los Angeles Reporting Year: July 1, 2006 – June 30, 2007

Name, address & telephone: Torrance Fire Department 3300 Civic Center Drive Torrance, CA 90504		Primary Contact: Captain Steve Deuel 310-781-7042	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>6</u> EMD Training _____ EMT-D _____ ALS <u>6</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: Verdugo Communications Center 421 Oak Street Glendale, CA 91204		Primary Contact: Don Wise- Interim Fire Communications Supervisor 818-548-3313	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal Dispatch for: Alhambra Fire, Arcadia Fire, Burbank Fire, Glendale Fire, Monrovia Fire, Monterey Park Fire, Pasadena Fire, San Gabriel Fire, San Marino Fire, Sierra Madre Fire, South Pasadena Fire

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Los Angeles County **County:** Los Angeles **Reporting Year:** July 1, 2006 – June 30, 2007

Name, address & telephone: West Covina Fire Communications 1444 West Garvey Avenue West Covina, CA 91790		Primary Contact: Clay Durbin 626-939-8580	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>17</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: West Med Ambulance Incorporated 13933 Crenshaw Boulevard Hawthorne, CA 90250		Primary Contact: Fernie Caballaro 310-798-3300	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: <u>22</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 1
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 1.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 2
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 2.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 3
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Schaefer Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban and wilderness areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 4
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban, rural and wilderness areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 5
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. American Medical Response of Southern California
Area or subarea (Zone) Geographic Description: Contains urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 5.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 6
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Care Ambulance Service
Area or subarea (Zone) Geographic Description: Contains Urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 6.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 7
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 7.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Alhambra
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alhambra Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Alhambra has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of Alhambra entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 30, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title: City of Arcadia</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Arcadia Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description: Arcadia has urban area only</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Arcadia entered into an Emergency Ambulance Service Agreement with Los Angeles County on May 16, 1992 covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title: City of Avalon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Avalon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description: Avalon has urban area only</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Avalon entered into an agreement for the provision of ambulance services with Los Angeles County in 1970. Avalon has entered into subsequent agreements with Los Angeles County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Beverly Hills
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Beverly Hills Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Beverly Hills has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Beverly Hills entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 2, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Burbank
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Burbank Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Burbank has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Burbank entered into an Emergency Ambulance Service Agreement with Los Angeles County on May 30, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Compton
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Compton Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Compton has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of Compton entered into an Emergency Ambulance Service Agreement with Los Angeles County on September 7, 1999 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> On November 8, 1994, the Los Angeles County Board of Supervisors (Board) approved a County/Laidlaw Agreement for basic life support services effective November 15, 1994 through December 31, 1999, with the option to renew the agreement on a year-to-year basis for a maximum of five additional years. On June, 1997, the Board approved a Laidlaw/City of Compton subcontract for the provision of basic life support 9-1-1 ambulance services by the City of Compton Fire Department. On September 7, 1999, the Board approved a mutual rescission of County's agreement with Laidlaw, and approved an Emergency Ambulance Service Agreement with the City of Compton. The Agreement expires on June 30, 2009.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Culver City
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Culver City Fire Department
Area or subarea (Zone) Geographic Description: Culver City has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Culver City entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 30, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Downey
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Downey Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Downey has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Downey entered into an Emergency Ambulance Service Agreement with Los Angeles County on January 8, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of El Segundo
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> El Segundo Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: El Segundo has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of El Segundo entered into an Emergency Ambulance Service Agreement with Los Angeles County on September 3, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Glendale
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Glendale Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Glendale has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Glendale entered into an Emergency Ambulance Service Agreement with Los Angeles County on March 16, 1993 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Hermosa Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Hermosa Beach Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Hermosa Beach has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Hermosa Beach entered into an Emergency Ambulance Service Agreement with Los Angeles County on June 19, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of La Verne
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> La Verne Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: La Verne has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of La Verne entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 27, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Long Beach
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Long Beach Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Long Beach has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of Long Beach entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 3, 1990 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Los Angeles
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Los Angeles City Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Los Angeles has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Los Angeles entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 23, 1989 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Manhattan Beach
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Manhattan Beach Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Manhattan Beach has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Manhattan Beach entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 30, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Monterey Park
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Monterey Park Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Monterey Park has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Monterey Park entered into an Emergency Ambulance Service Agreement with Los Angeles County in 1991 covering the city's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Pasadena
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Pasadena Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Pasadena has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of Pasadena entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 23, 1993 covering the city's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Heath and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Fernando
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Los Angeles Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: San Fernando has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Fernando entered into an agreement with the City of Los Angeles on or about December 14, 1978 for the provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Gabriel
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Gabriel Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: San Gabriel has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Gabriel entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 20, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Marino
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of San Marino Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: San Marino has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of San Marino entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 23, 1991 covering the City's continued provision of emergency ambulance service within their corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Santa Monica
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Santa Monica Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Santa Monica has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Santa Monica entered into an Emergency Ambulance Service Agreement with Los Angeles County on March 16, 1993 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Sierra Madre
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Sierra Madre Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Sierra Madre has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Sierra Madre entered into an Emergency Ambulance Service Agreement with Los Angeles County on December 17, 1991 covering the City's continued provision of emergency ambulance service within their corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of South Pasadena
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of South Pasadena Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: South Pasadena has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of South Pasadena entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 25, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Torrance
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Torrance Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Torrance has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Torrance entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 27, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Vernon
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of Vernon Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Vernon has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Vernon entered into an Emergency Ambulance Service Agreement with Los Angeles County on November 26, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of West Covina
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. City of West Covina Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: West Covina has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of West Covina entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 23, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.

QES REGION	LEMSA	County	Facility Name	Street #	Street Name	City	Zip	ID Classification	Receives EMS Traffic Y/N	Base Hospital	Trauma Designation	Pediatric Designator (L, EDAP, PCC)	STEM Center	Stroke Center	Pediatrics	Newborn Nursery ICU (NICU)	Pediatric ICU (PICU)	Perinatal	Intensive Care (ICU)	Coronary Care	Burn	Number of Licensed Hospital Beds							
																						Unspecified General Acute Care	Acute Psychiatric	Rehab Center	Hosp. Licenses & Expiry Date				
I	Los Angeles	Los Angeles	Alhambra Hospital	100	South Raymond Avenue	Alhambra	91801	Basic	Yes													5	7	85	17	07/28/05			
I	Los Angeles	Los Angeles	Antelope Valley Hospital Medical Center	1600	West Avenue J	Lancaster	93534	Basic	Yes			EDAP	X			22	27		26	21				182	30	11/01/06			
I	Los Angeles	Los Angeles	Barlow Respiratory Hospital	2000	Stadium Way	Los Angeles	90026	---	No															69	32	09/01/06			
I	Los Angeles	Los Angeles	Bellflower Medical Center	9542	East Artesia Boulevard	Bellflower	90706	Basic	Yes							17	5		17	5				85	32	11/30/05			
I	Los Angeles	Los Angeles	Beverly Hospital	309	West Beverly Boulevard	Montebello	90640	Basic	Yes			EDAP	X			15	10		18	12	13			141		10/10/06			
I	Los Angeles	Los Angeles	Brotman Medical Center	3828	Delmas Terrace	Culver City	90231	Basic	Yes			EDAP	X						14	10	10			245	70	32	09/01/06		
I	Los Angeles	Los Angeles	California Hospital Medical Center, Los Angeles	1401	South Grand Avenue	Los Angeles	90015	Basic	Yes	X	Level II					21	26		37	29	8			173		01/01/06			
I	Los Angeles	Los Angeles	Casa Colina Hospital For Rehab Medicine	255	East Bonita Avenue	Pomona	91767	---	No																	66	07/01/05		
I	Los Angeles	Los Angeles	Catalina Island Medical Center	100	Falls Canyon Road	Avalon	90704	Standby																8		01/01/06			
I	Los Angeles	Los Angeles	Cedars Sinai Medical Center	8700	Beverly Boulevard	Los Angeles	90048	Basic	Yes	X	Level I (Pod Level II)	EDAP	X			31	45		64	120	12			588	51	29	10/06/06		
I	Los Angeles	Los Angeles	Cerúnela Freeman Regional Medical Center, Centinela Campus	555	East Hardy Street	Inglewood	90301	Basic	Yes			EDAP	X			Yes	9		29	19	12			216	28	32	04/22/06		
I	Los Angeles	Los Angeles	Marina Del Rey Hospital	4650	Lincoln Boulevard	Marina Del Rey	90291	Basic	Yes										12	14				78	40	07/22/06			
I	Los Angeles	Los Angeles	Century City Doctors Hospital	2070	Century Park East	Los Angeles	90062	Basic	Yes										40	14				424	34	05/28/06			
I	Los Angeles	Los Angeles	Childrens Hospital of Los Angeles	4650	Sunset Boulevard	Los Angeles	90027	Basic	Yes															146	40	46	26	28	01/01/06
I	Los Angeles	Los Angeles	Citrus Valley Medical Center, Inter-Community Campus	210	W. San Bernardino Road	Covina	91723	Basic	Yes				X											8	14	145	30	07/01/05	
I	Los Angeles	Los Angeles	Citrus Valley Medical Center, Queen of the Valley Campus	1115	South Sunset Avenue	West Covina	91790	Basic	Yes	X		EDAP				18	40		40	12	6			174	12	07/01/05			
I	Los Angeles	Los Angeles	City of Angels Medical Center, Downtown Campus	1711	West Temple Street	Los Angeles	90026	---	No																105		07/07/06		
I	Los Angeles	Los Angeles	City of Angels Medical Center, Inglewood Campus	7500	East Hellman Avenue	Rosemead	91770	---	No																	70	07/07/06		
I	Los Angeles	Los Angeles	Coast Plaza Doctors Hospital	13100	South Studebaker Road	Norwalk	90650	Basic	Yes										4	3				104			01/01/07		
I	Los Angeles	Los Angeles	College Hospital	10802	College Place	Cerritos	90701	---	No																	157	06/16/06		
I	Los Angeles	Los Angeles	Community and Mission Hospital of Huntington Park - Florence	3143	East Florence Avenue	Huntington Park	90266	---	No							20			22	Yes				62			424/05		
I	Los Angeles	Los Angeles	Community Hospital of Huntington Park - Urgent Care	2623	East Slauson Avenue	Huntington Park	90255	Standby																4			77	12/31/05	
I	Los Angeles	Los Angeles	Community Hospital of Gardena	1248	West 155th Street	Gardena	90247	Basic	Yes															4			34	01/01/06	
I	Los Angeles	Los Angeles	Community Hospital of Long Beach	1720	Termino Avenue	Long Beach	90804	Basic	Yes							12	20		13	21	10			125	28		02/16/06		
I	Los Angeles	Los Angeles	Del Amo Hospital	23700	Camino Del Sol	Torrance	90505	---	No																	147	06/14/06		
I	Los Angeles	Los Angeles	Doctors Hospital of West Covina, Inc	725	South Orange Avenue	West Covina	91790	---	No																	3	24	02/01/06	
I	Los Angeles	Los Angeles	Downey Regional Medical Center	11500	Brookshire Avenue	Downey	90241	Basic	Yes			EDAP				7	7		20	8	10			147			06/30/06		
I	Los Angeles	Los Angeles	Eari and Lorraine Miller Childrens Hospital	2801	Atlantic Avenue	Long Beach	90806	---	No							109	69		59	20							24	08/10/06	
I	Los Angeles	Los Angeles	East Los Angeles Doctors Hospital	4060	Whittier Boulevard	Los Angeles	90023	Basic	Yes			EDAP				7			14	4	6						71	09/01/06	
I	Los Angeles	Los Angeles	East Valley Hospital Medical Center	150	West Route 66	Glendora	91740	Basic	Yes										30	5	5				67	21		11/08/05	
I	Los Angeles	Los Angeles	Encino Hospital Medical Center	16237	Ventura Boulevard	Encino	91436	Basic	Yes						Yes				Yes	5	10				69	14	25	01/01/06	
I	Los Angeles	Los Angeles	Providence Tarzana Medical Center - Tarzana Campus	18321	Clark Street	Tarzana	91356	Basic	Yes			EDAP	X			16	21		29	17	10			141			01/01/06		
I	Los Angeles	Los Angeles	Foothill Presbyterian Hospital, Johnston Memorial	250	South Grand Avenue	Glendora	91741	Basic	Yes							6			13	9	9				69			07/01/06	
I	Los Angeles	Los Angeles	Garfield Medical Center	525	North Garfield Avenue	Monterey Park	91754	Basic	Yes				X			Yes	20		34	14	8			106			28	10/31/06	
I	Los Angeles	Los Angeles	Glendale Adventist Medical Center, Wilson Terrace	1509	East Wilson Terrace	Glendale	91206	Basic	Yes	X		EDAP	X			14			30	10	10			256	60	28	06/01/06		
I	Los Angeles	Los Angeles	Glendale Memorial Hospital and Health Center	1420	South Central Avenue	Glendale	91204	Basic	Yes			EDAP	X						13	24	12	12			180	49	14	01/01/06	
I	Los Angeles	Los Angeles	Good Samaritan Hospital, Los Angeles	1225	Wilshire Boulevard	Los Angeles	90017	Basic	Yes				X			Yes	23		31	58	10			235			23	10/01/06	
I	Los Angeles	Los Angeles	Greater El Monte Community Hospital	1701	Santa Anita Avenue	South El Monte	91733	Basic	Yes			EDAP				16			19	5	5				59			10/31/06	
I	Los Angeles	Los Angeles	Helford Clinical Research Hospital at City of Hope	1500	East Duarte Road	Duarte	91010	---	No															18			181	08/01/06	
I	Los Angeles	Los Angeles	Henry Mayo Newhall Memorial Hospital	23845	West McBean Pkwy	Valencia	91355	Basic	Yes	X	Level II	EDAP							15	6	6			121	23	19	10/30/06		
I	Los Angeles	Los Angeles	Hollywood Community Hospital of Hollywood	6245	De Longpre Avenue	Hollywood	90028	---	No															5	3		92	02/25/06	
I	Los Angeles	Los Angeles	Hollywood Community Hospital of Van Nuys	14433	Emilia Street	Van Nuys	91401	---	No																		59	02/25/06	
I	Los Angeles	Los Angeles	Hollywood Presbyterian Medical Center	1300	North Vermont Avenue	Los Angeles	90027	Basic	Yes							11	15		34	28	8			221			28	01/01/06	
I	Los Angeles	Los Angeles	Huntington Memorial Hospital	100	W. California Boulevard	Pasadena	91105	Basic	Yes	X	Level II	PMC, EDAP	X			28	51		56	40	10			259	54	24	05/02/06		
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Baldwin Park	1011	Baldwin Park Boulevard	Baldwin Park	91706	Basic	Yes							Yes	20		50	12					187			03/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Bellflower	9400	East Rosecrans Avenue	Bellflower	90706	Basic	Yes							24	38		48	24							218	03/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Carson	23621	South Main Street	Carson	90745	---	No																			10/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, South Bay	25825	South Vermont Avenue	Harbor City	90710	Basic	Yes							22	7		24	10	10				162			10/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Mental Health Center	765	College Street	Los Angeles	90012	---	No																		68	10/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Panorama City	13652	Cartara Street	Panorama City	91402	Basic	Yes							16	10		39	30					167			06/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Sunset	4867	Sunset Boulevard	Los Angeles	90027	Basic	Yes							31	28		38	60	33				249			10/01/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, West LA	6041	Cadillac Avenue	Los Angeles	90034	Basic	Yes							9	17		30	34					192			10/16/06	
I	Los Angeles	Los Angeles	Kaiser Foundation Hospital, Woodland Hills	5601	De Solo Avenue	Woodland Hills	91367	Basic	Yes							7	18		24	11	11				147			04/08/06	
I	Los Angeles	Los Angeles	Kindred Hospital, La Mirada	14900	East Imperial Highway	La Mirada	90637	---	No															6			88	24	09/01/06
I	Los Angeles	Los Angeles	Kindred Hospital, Los Angeles	5525	West Slauson Avenue	Los Angeles	90056	---	No															5			76	09/01/06	
I	Los Angeles	Los Angeles	Kindred Hospital, San Gabriel Valley	845	North Lark Ellen Avenue	West Covina	91791	---	No																		70	09/01/06	
I	Los Angeles	Los Angeles	LAC/Rancho Los Amigos National Rehab Center	7601	East Imperial Highway	Downey	90242	---	No										24						221	150	03/31/06		
I	Los Angeles	Los Angeles	Lakewood Regional Medical Center	3700	E. South Street	Lakewood	90712	Basic	Yes																				

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



June 18, 2009

Cathy Chidester, BSN, MSN
EMS Director
Los Angeles County EMS Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

We have completed our review of *Los Angeles County's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*, except for the City of Compton ambulance zone. Following are comments on the EMS plan update:

Standard 1.24 - Enhanced ALS System - In your 2006 EMS plan update your objective was to negotiate and implement all ALS provider agreements. Your current plan states that "some ALS providers do not have written agreements with the LEMSA". In your next update please show the progress toward achieving this objective.

Standard 5.01 - Assessment of Capabilities - In your 2006 EMS plan update your objective was to develop agreements with all paramedic receiving hospitals. Please show your progress in your next EMS plan update toward achieving this objective.

City of Compton

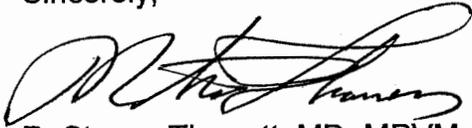
It appears that the City of Compton does not meet the criteria under the Health and Safety Code 1797.224 for exclusivity without a competitive process.

Section 1797.224 allows providers to be exclusive without a competitive process if they have provided services in the same manner and scope without interruption since January 1, 1981. In reviewing the information for the City of Compton zone, Goodhew Ambulance Service provided service in the City of Compton from January 1, 1981 through March 1, 1983; after which the City of Compton contracted directly with Adams Ambulance Service. The change affected the manner and scope of services for this zone. In addition, since the City of Compton did not start providing services until March 1, 1983, it would not meet the requirement of providing uninterrupted services since January 1, 1981. For the City of Compton to be an exclusive zone and maintain protection under state action immunity, a competitive process would be required.

Cathy Chidester
June 18, 2009
Page 2

Your next annual update is due on June 18, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt". The signature is fluid and cursive, with a large initial "R" and "S".

R. Steven Tharratt, MD, MPVM
Director

RST:ss

APR 23 2010

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



April 26, 2010

Cathy Chidester, BSN, MSN
EMS Director
Los Angeles County EMS Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

We have completed our review of Los Angeles County's 2007 Emergency Medical Services Plan amendment regarding Standard 4.18. Your objective was to complete the process to revise Los Angeles County's Ambulance Ordinance. Your current status states that Los Angeles County has written agreements with exclusive operating area emergency ambulance services. We have found this standard to be in compliance with the *EMS System Standards and Guidelines*.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss