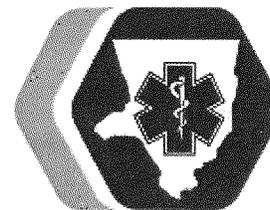




Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2010**  
**(Fiscal Year 2008-09)**



## 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 2010 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

### SYSTEM STATUS:

#### Old Business:

Since submission of the last *Annual Workplan*, LA County has not had any hospitals leave the system. Furthermore, discussions are underway between the County and the University of California system regarding the opening of Martin Luther King (MLK), Jr.-Harbor Hospital as a private hospital run by the UC system. The Los Angeles County Board of Supervisors has formally approved an agreement with the University of California that is expected to reopen MLK Jr. Hospital as a private nonprofit facility in 2013. The new MLK Jr. hospital will be run by an independent authority and overseen by a board of directors whose members will each have at least 10 years of experience in healthcare. On August 26, 2010, the reopening of MLK, Jr. hospital moved a step closer after the state Assembly ensured Medi-Cal funding for the facility.

LA County's ST Elevation Myocardial Infarction (STEMI) program expanded to 33 STEMI Receiving Facilities (SRCs), 30 in LA County and three out-of-County, and is receiving nationwide attention for the data resulting from the program. The STEMI program was implemented following the Board of Supervisors' approval in 2006. Through utilization of a portion of the Measure B Trauma Property Assessment, all ALS units in LA County were equipped with 12-lead ECG capability by December 2006 and prehospital personnel completed training in its use by June 2007. LA County maintains one of the largest SRC programs and is regarded as a national model due to our geographical size and number of paramedics. The American College of Cardiology and The Joint Commission hospital accrediting bodies have instituted a goal of 90 minutes from the time the patient enters into the emergency department to the time of cardiac intervention. LA County EMS has achieved a median prehospital 12 Lead ECG time to cardiac intervention of 79 minutes. In addition, the STEMI SRC program expanded in November 2009 to include patients with *return of spontaneous circulation* (ROSC) following cardiac arrest.

The EMS Agency partnered with Methodist Hospital of Southern California, Presbyterian Intercommunity Hospital, and St. Francis Medical Center in the California Emergency Department Diversion Project. The study was conducted between August 2007 and July 2008. The final report identified ambulance diversion as both a national and statewide issue that could not be solved by any one entity; however, it can be reduced by a collaborative effort between hospitals and the EMS Agency by utilizing best practices and implementing either strict diversion policies or a "no divert" policy.

Efforts to evaluate and address the capabilities of a 30-year old communications system and determine future needs continue. 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. The Action Plan, in the Phase 5 Final Report, included the following: 1.) Replace the current base stations with narrowband capable base stations; 2.) Program the base stations and subscribers with wide-band and narrowband capability; and 3.) Enhance the system by adding coverage to trauma boundaries, non-trauma boundaries, and weak areas.

As previously indicated, several areas of the data collection system, Trauma Emergency Medical Information System (TEMIS), require expansion and refinement to better standardize data and enable the implementation of system wide quality improvement. Approval for acceptance of the Homeland Security Funds has been received from the Board of Supervisors to merge the databases, provider, base, and trauma. Negotiations with Lancet Technology are ongoing to proceed with the merge which will facilitate this process. In addition, the EMS Agency continues working with individual providers to implement electronic data capturing and to integrate receiving hospital data into TEMIS.

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 National Institutes of Health (NIH) for another year. In addition, the FAST-MAG Study is expanding into Orange County.

#### **New Business:**

Continuous Positive Airway Pressure (CPAP) was added under the local optional scope of practice for paramedics who have completed specialized training and are employed by an approved CPAP provider in March 2007. To date, the use of CPAP under the local optional scope of practice has expanded to sixteen (16) provider agencies.

In response to the *Metrolink Incident* in Glendale in 2005, the Multi-Casualty Incident (MCI) Task Force was convened to review all Prehospital Care policies related to MCIs. Following the September 12, 2008 *Metrolink Incident* in Chatsworth, this task force was reconvened for the same purpose. "*Improved Trauma System Multicasualty Incident Response: Comparison of Two Train Crash Disasters*", coauthored by the Director of the EMS Agency, and published in *The Journal of Trauma® Injury, Infection, and Critical Care*, compared the Glendale incident versus the Chatsworth incident following extensive system changes made in response to the first incident. Again, following a critical analysis, further system changes were made to improve the MCI process. Due to the extensive changes, the MCI process and all related policies were included in EMS Update 2010. LA County continually seeks opportunities to improve prehospital care processes and ultimately patient care and outcome.

November 8, 2008 marked the historic event of LAC+USC Medical Center's move into the replacement facility. Due to extensive planning, the move progressed smoothly and safely and was completed in nearly half of the anticipated time. The transfer of patients began at 7:00 am and was completed by 5:30 pm. Department of Health Services Ambulance Services and three private ambulance companies assisted in moving approximately 400 patients, including

Intensive Care Unit, step down, Neonatal Intensive Care Unit patients, psychiatric, and patients in custody.

December 2008 marked the 25<sup>th</sup> anniversary of LA County's Trauma System. After years of planning, the first eight Trauma Centers, *Childrens Hospital Los Angeles, Harbor/UCLA Medical Center, Huntington Memorial Hospital, LAC+USC Medical Center, Long Beach Memorial Medical Center, Martin Luther King Jr./Charles Drew Medical Center, St. Mary Medical Center, and UCLA Medical Center* officially received Trauma Center designation status on December 15, 1983. Since the inception of our Trauma System, over 400,000 critically injured trauma patients have been treated.

The Medical Alert Center (MAC) operations were moved to EMS headquarters on May 8, 2009. Along with the move of MAC operations the County Ambulance Services Central Dispatch Office (CDO) and the Department of Health Services Department Operations Center (DOC) were moved. The new communications center equipped the MAC, CDO, and the DOC with the latest telephone, satellite, fiber optic, radio, and microwave communications network which dramatically enhances our ability to assist with medical and health response and recovery efforts in the event of a major incident.

On October 16, 2009 the Approved Stroke Center (ASC) program was implemented following approval by the LA County Board of Supervisors. Patients who exhibit signs of an acute stroke may be taken to a hospital that is identified as an ASC. To date there are eighteen (18) ASCs.

The Mobile Medical Systems (MoMS) Advisory Committee was established and met for the first time on March 17, 2009. The meeting included a detailed tour of MoMS (tractor-trailer and tent hospital) and discussion on the mission and role of the committee, possible scenarios of deployment (natural/man-made disasters or infectious epidemic), organizational structure of the MoMS when deployed to support a hospital or as a free-standing facility, the level of care (type of patients that can be managed at the facility), staffing requirements, medical equipment, and supply requirements. The MoMS was deployed and exercised for the Long Beach Marathon on October 11, 2009 and also in Santa Monica on March 21, 2010 for the LA Marathon.

Compton Fire's agreement with the County to provide emergency ambulance service expired on June 30, 2009. A letter dated July 1, 2009 was sent to Compton Fire's Chief regarding their exclusive operating area. LA County will continue Compton as a non-exclusive area and issue a *Request for Proposal* to provide emergency ambulance services in this area.

August 18, 2009 a final revised draft of the LA County Code, Title 7 Business Licenses, Chapter 7.16, Ambulance Ordinance which incorporated changes based on the additional comments received during the November 18, 2008 public comment period is currently undergoing an internal review process, prior to being submitted to the Board of Supervisors for approval in fall of 2010.

Reference No. 1138, Burn Resource Center (BRC) Designation and Activation policy was instituted on September 28, 2009. This policy defines the role of a Burn Resource Center (BRC) and provides guidelines for the utilization of BRCs and the management of burn patients during a burn disaster in LA County. The BRC program was implemented to enhance the capability to manage an influx of burn patients during a mass casualty incident. The BRC program involves all trauma centers, three burn centers, all 9-1-1 receiving centers, and EMS providers in the county. A Burn Surge Task Force was formed to develop the burn surge plan, training materials, and resource manuals. Each BRC received funding from the Hospital

Preparedness Program to off-set staff salary for training and to purchase the recommended supplies and equipment. BRCs have agreed to accept up to 12 critical burn patients and to manage these patients for a minimum of 72 hours.

As stipulated in the Trauma Center Service Agreement, Paragraph 4. Specific Responsibilities of Contractor, Section F. stipulates, "Contractor shall maintain designation as a base hospital, furnish base hospital services, and meet all requirements set forth in Exhibit "F", Paramedic Base Hospital Requirements." In anticipation of designation as a Level II Trauma Center, Antelope Valley Hospital (AVH) implemented paramedic base hospital operations on January 20, 2010.

Prehospital Care Policy Manual, Reference No. 227, Dispatching of Emergency Medical Services, drafted over a three year period by a multi-disciplinary dispatch task force which included representatives from local provider agencies, dispatch centers, and law enforcement, was instituted on February 15, 2010. This policy established minimum requirements for the dispatching of emergency medical services, including the following: 1.) EMS Provider Agencies that implement Emergency Medical Dispatch (EMD) should comply with the State of California Health and Human Services Agency, Emergency Services Authority, Dispatch Program Guidelines of March 2003; 2.) EMS Provider Agencies that do not currently utilize EMD are highly encouraged to incorporate post-dispatch/pre-arrival instructions in their practice of dispatching emergency medical services; and 3.) Providers should comply with the minimum requirements established in Ref. No. 227, Dispatching of Emergency Medical Services or send the highest level of care available. Additionally, the policy addresses initial qualifications, recertification requirements, staffing, and the need for a Quality Improvement Program to evaluate indicators specific to the dispatch of emergency medical services in order to foster continuous improvement in performance and quality patient care.

Antelope Valley Hospital (AVH) Level II Trauma Center designation was approved by the Board of Supervisors on March 30, 2010. After years of planning, AVH, trauma center became operational on May 3, 2010.

The LA County Emergency Department Approved for Pediatrics (EDAP) program celebrated its 25<sup>th</sup> anniversary in June 2010. An EDAP is a licensed basic or comprehensive emergency department approved by the County to receive pediatric patients from the 9-1-1 system. To date, there are 44 approved EDAPs, 42 in LA County and two out-of-County. The EDAP program recognizes for a child to be appropriately cared for, specialized training, medical procedures, and equipment are required.

To comply with provisions of AB 2917 (Torrico) requiring a Statewide EMT database, State Department of Justice and Federal Bureau of Investigation criminal background checks, with subsequent arrest notification, LA County instituted the following changes July 1, 2010: 1.) EMS Agency's data was transferred into the State system; 2.) EMT, Paramedic and MICN Certification cards are now issued without photographs; 3.) New EMT applications are being processed within 2 weeks of submission to the EMS Agency; 4.) EMT recertification applications submitted to the EMS Agency must be submitted at least 30 days in advance; and 5.) The higher EMT application fee required by the State to support the central registry and to offset for cost of administrative hearings is now collected (\$57.00 for recertification and \$105.00 for new applications).

In keeping with the intent of SB 1773 Pediatric Trauma Allocation (*Richie's Funds*), the EMS Agency agreed to a one-time allocation of \$2 million to assist Northridge Hospital Medical

Center (NRH) in obtaining and maintaining services as a Pediatric Trauma Center (PTC). With conditional approval of the Pediatric Intensive Care Unit (PICU) by Children's Medical Services (CMS) Branch/California Children's Services (CCS) Program granted on August 6, 2010, the PTC designation process of NRH is nearing completion.

Due to fiscal challenges and protection issues, such as indemnification, any provider, public or private, utilizing a County hospital pharmacy for procurement of controlled substances will have to enter into an agreement with the County to continue procurement of controlled substances in the future. Agreements are currently being negotiated and drafted with a target date of implementation in Fiscal Year 2011-12.

**FACILITY / PROVIDER CHANGES:**

Advanced Life Support (ALS) Provider additions:

- Med Response (May '09)
- Vernon Fire Department (June '09)
- Reach Air (July '09)
- Impulse (December '09)
- Rescue Services International (March '10)

Continuous Positive Airway Pressure (CPAP) approved Provider Agencies:

- Burbank Fire Department
- Culver City Fire Department
- Downey Fire Department
- Hermosa Beach Fire Department
- La Verne Fire Department
- Long Beach Fire Department
- Los Angeles City Fire Department
- Los Angeles County Fire Department
- Manhattan Beach Fire Department
- Monterey Park Fire Department
- Pasadena Fire Department
- Santa Monica Fire Department
- Sierra Madre Fire Department
- South Pasadena Fire Department
- Torrance Fire Department
- West Covina Fire Department

Emergency Department Approved for Pediatrics (EDAP) addition:

- Sherman Oaks (January '10)

Paramedic Base Hospital addition:

- Antelope Valley Hospital (January '10)

Standing Field Treatment Protocol (SFTP) Provider Agency additions:

- Downey Fire Department (August '08)
- Torrance Fire Department (November '08)
- Santa Fe Springs Fire Department (January '09)

Stroke Center additions (18):

- Cedars-Sinai Medical Center
- Glendale Adventist Medical Center
- Henry Mayo Newhall Memorial Hospital
- Huntington Memorial Hospital
- Long Beach Memorial Medical Center
- Los Alamitos Medical Center (Orange County)
- Methodist Hospital of Southern California
- Northridge Hospital Medical Center
- Presbyterian Intercommunity Hospital
- Providence Holy Cross Medical Center
- Providence Little Company of Mary Medical Center - Torrance
- Providence Little Company of Mary Medical Center – San Pedro
- Providence St. Joseph Medical Center
- Providence Tarzana Medical Center
- Ronald Reagan UCLA Medical Center
- St. Jude Medical Center (Orange County)
- Torrance Memorial Medical Center
- White Memorial Medical Center

Trauma Center designation addition:

- Antelope Valley Hospital (May '10)

**MAJOR INTERNAL CHANGES AT THE EMERGENCY MEDICAL SERVICES AGENCY:**

- Richard Tadeo was promoted to Assistant Director in early 2009.
- The Prehospital and TEMIS sections were reorganized under the direction of Richard Tadeo.
- Anita Vishwanath joined the EMS Agency as an EMS Fellow who will be working with Dr. Koenig and also Harbor/UCLA (HGH) Medical Center.

In spite of mounting external pressures, LA County continues to provide high quality, responsive emergency medical care to its residents. The commitment and mutual cooperation within the EMS community is intact, and the EMS Agency continues to fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in LA County, the largest multi-jurisdictional EMS system in the Country.



Los Angeles County-Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**2010 (Fiscal Year 2008-09)**  
**STANDARD CHANGES**



**LEMSA:** Los Angeles County

**FY: 2008 - 2009**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	<p>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.</p>				<p>All ALS providers have been approved by the LEMSA; however, some ALS providers do not have written agreements with the LEMSA. The concept of written agreements with providers is currently under review by County Counsel. In a letter dated November 7, 2008, County Counsel for Los Angeles County requested an Attorney General opinion to assist in resolving a difference in interpretation of State law and regulations between the County and several cities in the County regarding 201 Rights. The Attorney General's response remains pending.</p>	<p>The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.				The LEMSA assesses and periodically reassesses EMS-related capabilities of acute care facilities in all of the following categories: Base Stations; Burn Surge Centers; Disaster Resource Centers and their "Umbrella Hospitals"; Emergency Department Approved for Pediatrics; Pediatric Medical Centers; Pediatric Trauma Centers; Perinatal Centers; ST-Elevation MI Receiving Centers; and Trauma Centers. No formal contracts exist for paramedic receiving hospitals.	To develop and implement written agreements with all paramedic receiving hospitals



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**2010 (Fiscal Year 2008-09)**



**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: **Los Angeles County Emergency Medical Services Agency**

Reporting Year: **Fiscal Year 2008-2009**

**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%.)
 

a. Basic Life Support (BLS)	0%
b. Limited Life Support (LALS)	0%
c. Advanced Life Support (ALS)	100%

2. Type of Agency
  - a. Public Health Department
  - b. County Health Services Agency**
  - c. Other (non-Health) County Department
  - d. Joint Powers of 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>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	<u>X</u>
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	<u>X</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: <b>RDMHC</b>	
Other: <b>HRSA Grant and other grant management</b>	
Other: _____	

5. EMS Agency Budget for FY 2008-09 –

**EXPENSES:**

Salaries and benefits	<u>\$19,124,453</u>
(All but contract personnel)	
Contract Services	_____
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	_____
Travel	_____
Fixed assets	<u>183,380</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	<u>22,182,516</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>S&amp;S</u>	<u>16,495,903</u>
Other: <u>EMS Fund payments to Physicians</u>	<u>8,811,915</u>
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b><u>\$66,798,167</u></b>

**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>9,051,035</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>188,813</u>
Training program approval fees	<u>1,379,410</u>
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	<u>231,137</u>
Trauma center application fees	<u>545,710</u>
Trauma center designation fees	_____
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/SB 1773)	<u>31,692,012</u>
Other grants: EMS Allocation Fund	<u>9,789,829</u>
Other fees: various other revenue,/Intrafund Transfers_	<u>3,722,269</u>
Other (specify): HRSA	<u>12,383,535</u>
<b>TOTAL REVENUE</b>	<b><u>\$68,983,750</u></b>

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

Total Revenue is greater than Total Expenses due to the SB 1773 allocation of \$2,183,583 for Pediatric Trauma Centers which will be disbursed in FY 2010-2011

6. Fee Structure for Fiscal Year 2008-09

We do not charge any fees  
 Our fee structure is

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>30.00</u>
EMT-I recertification	<u>20.00</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____

EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	<u>265.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>125.00</u>
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	<u>11,557</u>
Base hospital designation	_____
Trauma center application	<u>51,227</u>
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: _____	_____
Other critical care center designation Type: _____	_____

	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>



Los Angeles County – Department of Health Services  
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**Table 2 - System Organization & Management (cont.):**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2008-2009**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (49.46 %of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	1	\$68.43	\$33.85	For the entire worksheet: 49.46% provided by Fiscal Services
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	2	\$60.70	\$30.02	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	2	\$51.99	\$25.71	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	\$54.32	\$26.86	
Trauma Coordinator	Trauma System Program Manager	1	\$47.35	\$23.42	
Medical Director	Medical Director	1	\$96.86	\$47.91	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1	\$89.00	\$44.02	Actual position is .5 FTE
Disaster Medical Planner	Disaster Medical Officer	2	\$80.67	\$39.90	

**Table 2 - System Organization & Management (cont.):**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Ambulance Program Coordinator	1	\$29.65	\$14.66	
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	\$54.32	\$26.87	
QA/QI Coordinator	Provider and Hospital Program Managers	4	\$55.15	\$27.28	
Public Info. & Education Coordinator	Pre-Hospital Certification, Risk Management and Investigators	2	\$62.05	\$30.69	
Executive Secretary	Executive Secretary	1	\$29.71	\$14.69	
Data Entry Clerk	Data Entry Clerk	5	Various	Various	
Ambulance Services	Ambulance Services	67	Various	Various	
Medical Alert Center & Communications (MACC)	Medical Alert Center & Communications (MACC)	28	Various	Various	
Other EMS Staff	Various	78	Various	Various	

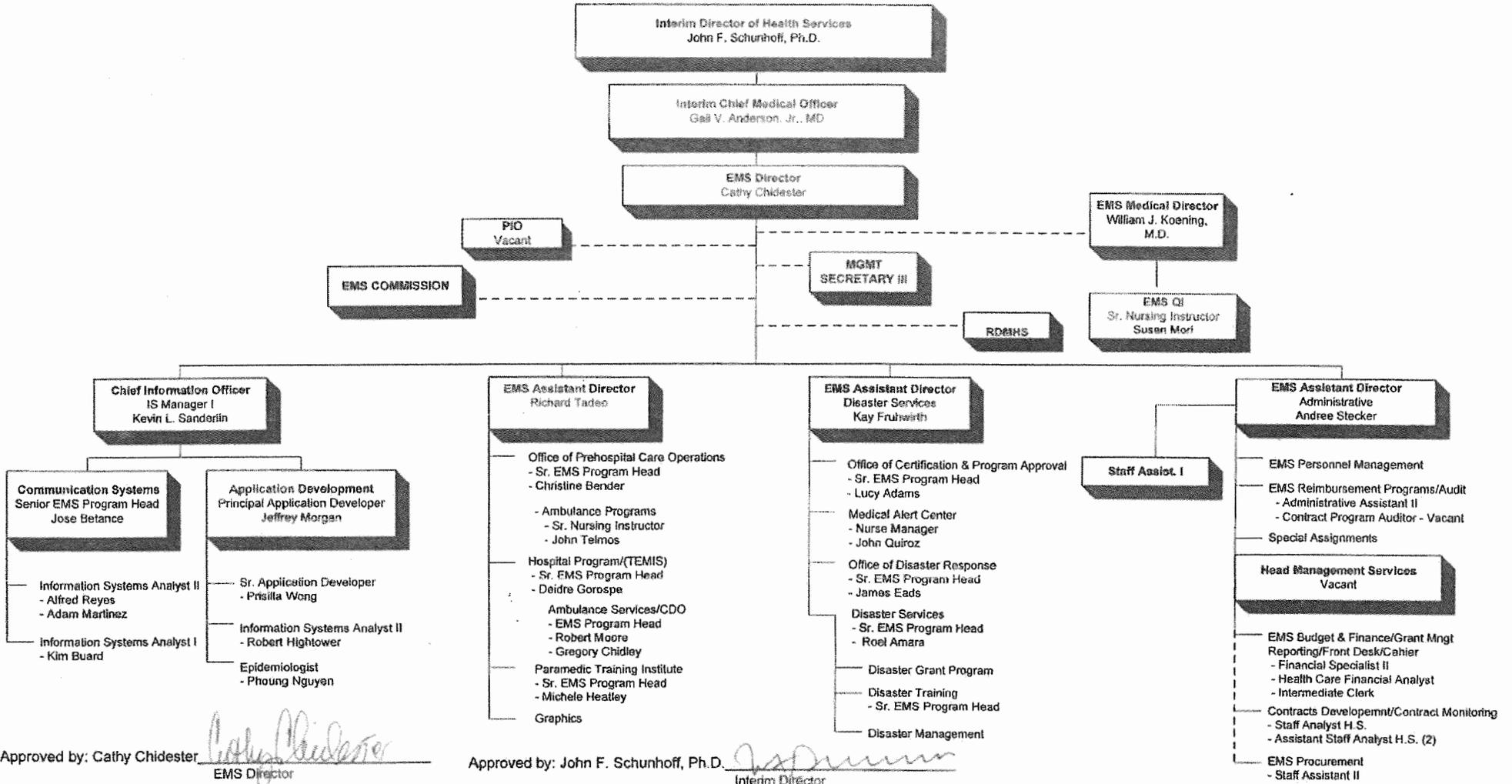
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

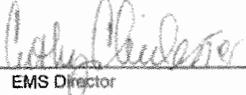


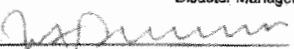
# LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



## INTERIM ORGANIZATIONAL CHART

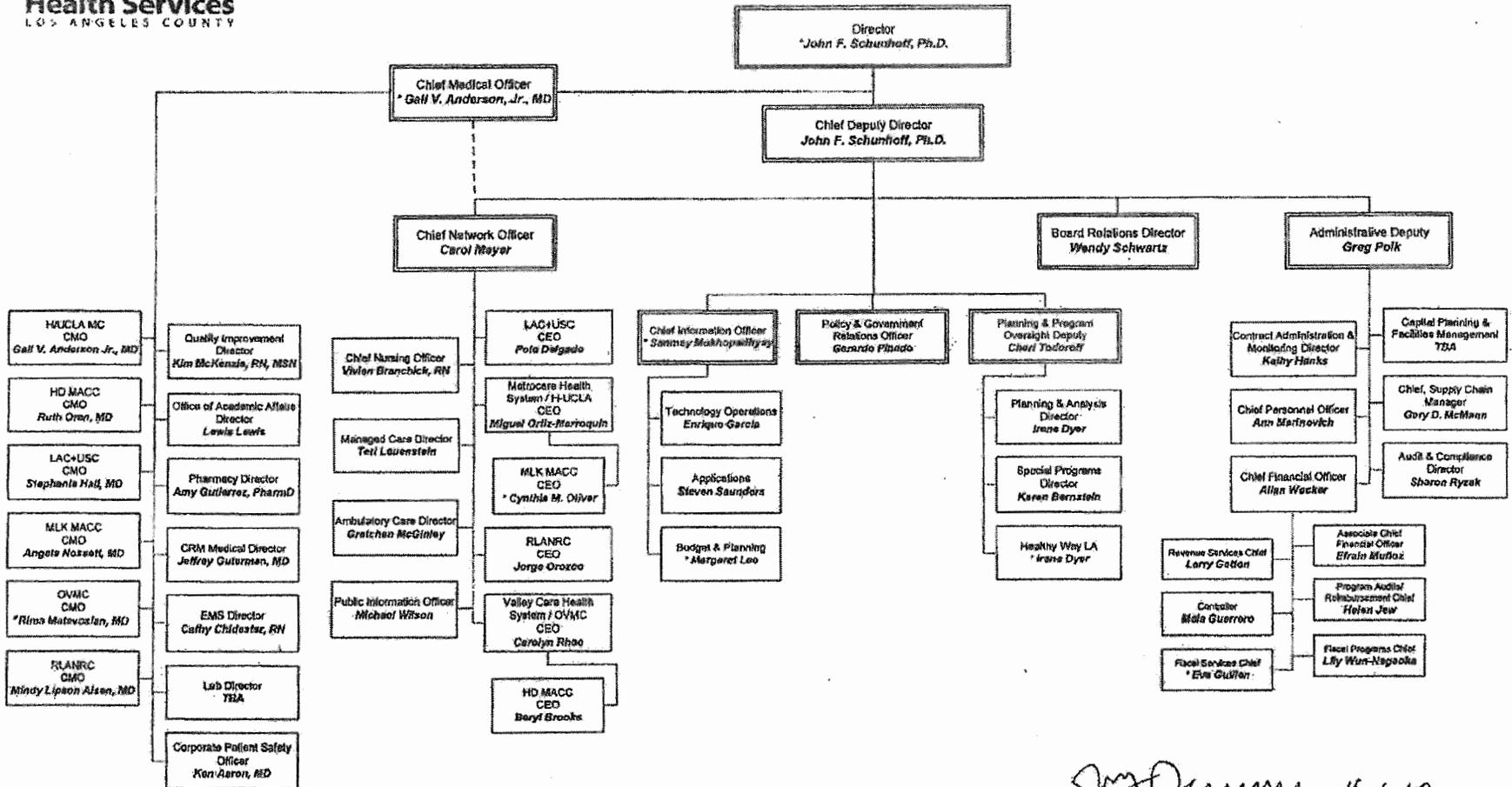


Approved by: Cathy Chidester   
EMS Director

Approved by: John F. Schunhoff, Ph.D.   
Interim Director



DEPARTMENT OF HEALTH SERVICES  
Organizational Chart



\* Interim  
\* To Be Announced (TBA)

*John F. Schunhoff*  
John F. Schunhoff, Ph.D.  
Interim Director

4-1-10  
Date



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
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**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Revision #4 (4/20/07)

EMS System: **Los Angeles County Emergency Medical Services Agency**

Reporting Year: **Fiscal Year 2008-2009**

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	5880	N/A		778
Number newly certified this year	1673	N/A		109
Number recertified this year	1346	N/A		235
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	3675	N/A
Number of certification reviews resulting in:				
a) formal investigations	141	N/A		0
b) probation	49	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	1	N/A		0
e) denials	5	N/A		0
f) denials of renewal	2	N/A		0
g) no action taken	84	N/A	0	0

- |    |   |  |
|----|---|--|
| 1. | Number of EMS dispatch agencies utilizing EMD Guidelines: | 18   |
| 2. | Early defibrillation:                                     | 9  |
|    | a) Number of EMT=I (defib) certified                      | 9993                                       |
|    | b) Number of public safety (defib) certified (non-EMT-I)  | 2826                                       |
| 3. | Do you have a first responder training program            | Yes <input checked="" type="checkbox"/> No |



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**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: **County of Los Angeles**

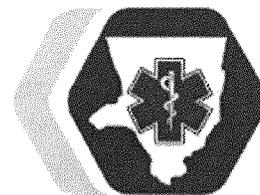
Reporting Year: **2010 (Fiscal Year 2008-09)**

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

- |    |   |            |
|----|---|------------|
| 1. | Number of primary Public Service Answering Points (PSAP)  | <b>102</b> |
| 2. | Number of secondary PSAPs   | <b>15</b>  |
| 3. | Number of dispatch centers directly dispatching ambulances  | <b>26</b>  |
| 4. | Number of designated dispatch centers for EMS Aircraft  | <b>2</b>   |
| 5. | Do you have an operational area disaster communication system? <b>Yes <u>X</u> No</b><br>a. Radio primary frequency: <b>800 MHz trunked – Countywide Integrated Radio System (CWIRS)</b><br>b. Other methods: <b>landline, cellphones, ReddiNet (microwave and internet), satellite phones, Hospital Emergency Administrative Radio (HEAR), HAM</b><br>c. Can all medical response units communicate on the same disaster communications system? <b>Yes <u>X</u> No</b><br><b>(LA Regional Tactical Communications System – Coordinated through LA County Sheriff’s Department)</b><br>d. Do you participate in OASIS? <b>Yes <u>X</u> No</b><br>e. Do you have a plan to utilize RACES as a back-up communication system?<br><b>Yes <u>X</u> No _____</b><br>1) Within the operational area? <b>Yes <u>X</u> No</b><br>2) Between the operational area and the region and/or state? <b>Yes <u>X</u> No</b> |            |
| 6. | Who is your primary dispatch agency for day-to-day emergencies? <b>Dispatch agency for day-to-day emergencies is dependent on where the call originated.</b>  |            |
| 7. | Who is your primary dispatch agency for a disaster? <b>Los Angeles County Fire District is the Fire Operational Area Coordinator (FOAC).</b>  |            |



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
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**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation**

EMS System: **County of Los Angeles**

Reporting Year: **2010 (Fiscal Year 2008-09)**

**Note:** Table 5 is to be answered for each county.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers **8,647**

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes	<b>METRO/ URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	5.02*	Not Applicable	Not Applicable	5.02*
Early defibrillation responder	5.63*	Not Applicable	Not Applicable	5.63*
Advanced life support responder	5.48*	Not Applicable	Not Applicable	5.48*
Transport Ambulance	6.51*	Not Applicable	Not Applicable	6.51*

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



Los Angeles County – Department of Health Services  
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**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care**

EMS System: **County of Los Angeles**

Reporting Year: **2010 (Fiscal Year 2008-09)**

**NOTE:** Table 6 is to be reported by agency.

**1. Trauma**

a. Number of patients meeting trauma triage criteria	20,092
b. Number of major trauma victims transported directly to a trauma center by ambulance	18,723
c. Number of major trauma patients transferred to a trauma center	403
d. Number of patients meeting triage criteria who weren't treated at a trauma center	966

**2. Emergency Departments**

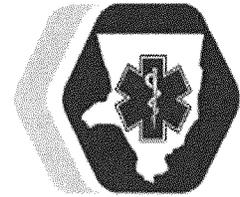
a. Total number of emergency departments	73
b. Number of referral emergency services	0
c. Number of standby emergency services	5
d. Number of basic emergency services	66
e. Number of comprehensive emergency services	2

**3. Receiving Hospitals**

a. Number of receiving hospitals with written agreements	0
b. Number of base hospitals with written agreements	20



Los Angeles County – Department of Health Services  
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**TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical**

EMS System: **County of Los Angeles**

Reporting Year: **2010 (Fiscal Year 2008-09)**

**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 (DRC)**
  - b. How are they staffed? **Hospital personnel, Disaster Healthcare Volunteers (ESAR-VHP), Medical Reserve Corps, DMATs**
  - 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? **LA County has fire department based 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  No
- d. Do you have the ability to do decontamination in the field? Yes  No

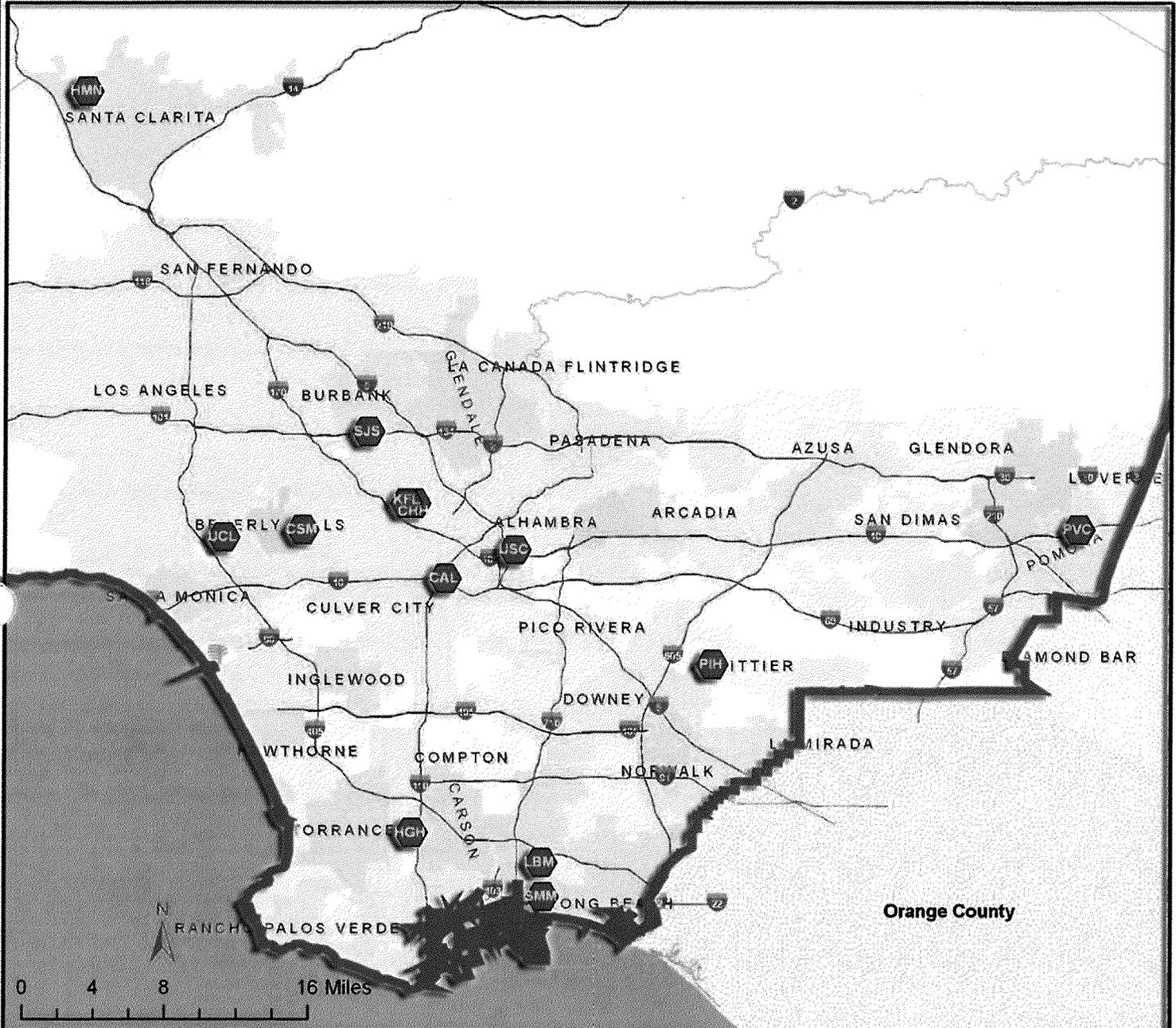
## OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes  No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
- a. real event? Yes  No
- b. exercise? Yes  No
4. List all counties with which you have a written medical mutual aid agreement.  
**Orange, Riverside, San Bernardino, Santa Barbara, Ventura, San Luis Obispo, San Diego, Inyo, Mono, and Imperial counties.**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes  No
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes  No
7. Are you part of a multi-county EMS system for disaster response? Yes  No
8. Are you a separate department or agency? Yes  No
9. If not, to whom do you report? **Chief Medical Officer, Department Of Health Services**
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Not applicable**

DEPARTMENT OF HEALTH SERVICES  
 COUNTY OF LOS ANGELES

SUBJECT: **DISASTER RESOURCE CENTERS IN LOS ANGELES COUNTY**

REFERENCE NO. 1102.1



Orange County

● Disaster Resource Center (has decontamination capability)

Code	Hosp_Name	Address	City	Zip
CAL	California Hospital Medical Center	1401 S. Grand Avenue	Los Angeles	90015
CHH	Childrens Hospital Los Angeles	4650 W. Sunset Boulevard	Los Angeles	90027-6062
CSM	Cedars Sinai Medical Center	8700 Beverly Boulevard	Los Angeles	90048-1865
HGH	LAC Harbor-UCLA Medical Center	1000 W. Carson Street	Torrance	90502-2004
HMN	Henry Mayo Newhall Memorial Hospital	23845 W. McBean Parkway	Valencia	91355-2083
KFL	Kaiser Foundation - Sunset (Los Angeles)	4950 W. Sunset Boulevard	Los Angeles	90027
LBM	Long Beach Memorial Medical Center	2801 Atlantic Avenue	Long Beach	90806-1737
PIH	Presbyterian Intercommunity Hospital	12401 E. Washington Boulevard	Whittier	90602
PVC	Pomona Valley Hospital Medical Center	1798 N. Garey Avenue	Pomona	91767
SJS	Providence Saint Joseph Medical Center	501 S. Buena Vista Street	Burbank	91505
SMM	St. Mary Medical Center	1050 Linden Avenue	Long Beach	90813-3393
UCL	Ronald Reagan UCLA Medical Center	757 Westwood Plaza	Los Angeles	90095
USC	LAC+USC Medical Center	1200 N. State Street GH Rm 1112	Los Angeles	90033-1083



**EMERGENCY MEDICAL SERVICES AGENCY**  
 LOS ANGELES COUNTY



**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES**  
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**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2008-2009**

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: <a href="mailto:kcowell@avc.edu">kcowell@avc.edu</a> or <a href="mailto:lhodge@avc.edu">lhodge@avc.edu</a>
Student Eligibility*:  Open to the general public	Cost of Program:  Basic: \$144  Refresher: \$144	**Program Level: EMT-I Number of students completing training per year: Initial training: approx 80 Refresher: approx 10 Cont. Education: 0 Expiration date: 3/31/2011  Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 1
Training Institution Name/Address		Contact Person/Telephone No.
University of Antelope Valley (former Antelope Valley Medical College) 44201 10 <sup>th</sup> Street West Lancaster, CA 93534		Name: Sandra Johnson or Marco Johnson Office: 661-726-1911 Fax: 661-726-158 e-mail: <a href="mailto:mjavmc@aol.com">mjavmc@aol.com</a> or <a href="mailto:marco.johnson@uav.edu">marco.johnson@uav.edu</a>
Student Eligibility*:  Open to the general public  High School Diploma Valid driver's license 18 years old	Cost of Program:  Basic: \$1500  Refresher: \$150	**Program Level: EMT-I Number of students completing training per year: Initial training: 143 Refresher: 54 Cont. Education: 20 Expiration date: 9/30/2010  Number of courses: Initial training: 7 Refresher: 24 Cont. Education: 20

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley ROP - Main Campus 1156 E. Avenue S Palmdale, CA 93550		Name: Andra Ratliff Office: 661-575-1026 Fax: 661-575-1037 e-mail: aratliff@avhsd.org
Student Eligibility*:  Open to the general public – adult students only	Cost of Program:  Basic: \$350.00  Refresher: N/A	<u>**Program Level: EMT-I</u> Number of students completing training per year: Initial training: approx; 330 Refresher: 0 Cont. Education: 0 Expiration date: 1/31/2013  Number of courses: Initial training: 11 Refresher: 0 Cont. Education: 0

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley ROP - Palmdale High School Campus 2131 E. Ave R Palmdale, CA 93550		Name: Andra Ratliff Office: 661-575-1028 Fax: 661.575.1037 e-mail: aratliff@avhsd.org
Student Eligibility*:  Palmdale High School Health Career's  Restricted to Academy Students – High School Seniors Only	Cost of Program:  Basic: No charge  Refresher: N/A	<u>**Program Level: EMT-I</u> Number of students completing training per year: Initial training: 200 approx Refresher: 0 Cont. Education: 0 Expiration date: 1/31/2013  Number of courses: Initial training: 5 Refresher: 0 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:ssstokes@beverlyhills.org">ssstokes@beverlyhills.org</a>
Student Eligibility*:  Restricted to sworn persons, employed by the City of Beverly Hills Fire Department	Cost of program:  Basic: N/A  Refresher: N/A	<b>**Program Level: EMT-I and Paramedic</b> Number of students completing training per year: Initial training: 0 Refresher: 66 Cont. Education: 80 Expiration date: 6/30/2010  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 21

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: <a href="mailto:kallen@ci.burbank.ca.us">kallen@ci.burbank.ca.us</a>
Student Eligibility*:  Restricted to Burbank Fire Department employee only. All members attending are either EMT or EMT-P or both.	Cost of Program:  Basic: N/A  Refresher: N/A	<b>**Program Level: EMT-I and Paramedic</b> 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:

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:admin@cietm.com">admin@cietm.com</a>
<b>Student Eligibility*:</b>  Open to the general public.	<b>Cost of Program:</b>  Basic: \$595.00 Course fee \$55.00 Textbook fee  Refresher: \$ 160.00	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 450 Refresher: 180 Cont. Education: 500-1000 Expiration date: 8/31/2012  Number of courses: Initial training: 16 Refresher: 12 Cont. Education: 224

Training Institution Name/Address		Contact Person/Telephone No.
Cerritos Community College 11110 Alondra Blvd Norwalk, Ca 90650		Name: Russ LoBue or Jenine Nolan Office: 562-860-2451 ext. 4671 or ext 3201 Fax: 562-467-5077 e-mail: <a href="mailto:rlobue@cerritos.edu">rlobue@cerritos.edu</a> or <a href="mailto:jnolan@cerritos.edu">jnolan@cerritos.edu</a>
<b>Student Eligibility*:</b>  Open to the general public  Students must be enrolled through Cerritos College Prerequisite: CPR for the Professional Rescuer	<b>Cost of Program:</b>  Basic: College Tuition for 5 Units Textbook: approx. \$55 Background Check: approx. \$55 Vaccinations – Cost varies Uniform and supplies: approx. \$50  Refresher: N/A	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 100 Refresher: 0 Cont. Education: 0 Expiration date: 5/31/2010  Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Citrus College 1000 West Foothill Blvd, Glendora, CA 91741-1899		Name: Cliff Hadsell, PhD Office: 626-914-8755 Fax: 626-914-8724 e-mail: <a href="mailto:chadsell@citruscollege.edu">chadsell@citruscollege.edu</a>
<b>Student Eligibility*:</b>  Open to the general public  18 yo on or before the first day of class High school diploma or GED No criminal record Must pass physical and TB screening Must be enrolled or concurrently enrolled in EMS Prep 100	<b>Cost of Program:</b>  Basic: \$182.00  Refresher: \$150.00	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 125 Refresher: 4 Cont. Education: 4 Expiration date: 12/31/2011  Number of courses: Initial training: 6 Refresher: 1 Cont. Education: 4

Training Institution Name/Address		Contact Person/Telephone No.
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899		Name: Patti Haley Office: 661-362-5804 Fax: 661-365-5438 e-mail: <a href="mailto:patti.haley@canyons.edu">patti.haley@canyons.edu</a>
<b>Student Eligibility*:</b>  Open to the general public. 18 years of age on first day of class	<b>Cost of Program:</b> Basic: \$ 195.00 plus college fees such as parking, health center and ASG fees. Additional costs include background check (\$48), physical, immunizations, titers, uniform, text and skill books.  Refresher: \$40.00 plus college fees such as parking, health center and ASG.	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: approx 225 Refresher: approx 60 Cont. Education: 0 Program Expiration date: 3/31/2011  Number of courses: Initial training: 9 Refresher: 2 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Culver City Fire Department 9770 Culver Blvd Culver City, CA 90230		Name: Robert Kohlhepp Office: 310-253-6810 Fax: 310-253-5901 e-mail: <a href="mailto:robert.kohlhepp@culvercity.org">robert.kohlhepp@culvercity.org</a>
Student Eligibility*:  Restricted to Culver City Fire Department Personnel Only	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 70 Expiration date: 12/31/2011  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 12

Training Institution Name/Address		Contact Person/Telephone No.
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Name: Cheryl Pittman Office: 323-267-3793 Fax: 323-265-8619 e-mail: <a href="mailto:pittmacl@elac.edu">pittmacl@elac.edu</a>
Student Eligibility*:  Open to the general public	Cost of Program:  Basic: \$ 208.00  Refresher: \$ 52.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 55 Refresher: 0 Cont. Education: 0 Expiration date: 12/31/2011  Number of courses: Initial training: 5 Refresher: 0 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
East San Gabriel Valley ROP Technical Center 1501 West Del Norte Street West Covina, CA 91790		Name: Mary Ann Gomez-Angel Office: 626-472-5174 Fax: 626-472-5125 e-mail: <a href="mailto:mgomez@esgvrop.org">mgomez@esgvrop.org</a>
<b>Student Eligibility*:</b>  Open to the general public Must have a BLS for the Healthcare Provider card to enroll Live Scan Background Check TB Test prior to ride-along	<b>Cost of Program:</b>  Basic: \$ 3,567.00  Refresher: N/A	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 66 Refresher: 0 Cont. Education: 0 Expiration date: 8/31/2012  Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 0

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: <a href="mailto:rbfdkey@yahoo.com">rbfdkey@yahoo.com</a>
<b>Student Eligibility*:</b>  Must have AHA or ARC BLS for HElatcare Provider card to enroll. Pass DOJ Live Scan Background Check for clinical requirement.  * Open to El Camino College enrolled students only.	<b>Cost of Program:</b>  Basic: \$90.00 college tuition Plus Background check - \$52.00 TB test - \$5.00 to \$30.00 Stethoscope - \$12.00  Refresher: \$30.00 tuition	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 180-200 Refresher: 20-30 Cont. Education: 0 Expiration date: 3/31/2011  Number of courses: Initial training: 9 Refresher: 2 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Emergency Concepts EMS Education 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 general public	Cost of Program:  Basic: N/A  Refresher: N/A  CE: \$125.00 24 hrs includes CPR + skills \$ 50.00 Skills only \$ 25.00 CPR only CE \$ 20.00 per 4 hour session	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 350 Expiration date: 12/31/2011  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 13 per year

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 general public	Cost of Program:  Basic: Standard unit fee x 10 units plus text and college fees  Refresher: \$150.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 200 Refresher: 20 Cont. Education: 0 Expiration date: 12/31/2011  Number of courses: Initial training: 2 Refresher: 4 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Glendale Fire Department 421 Oak Street Glendale, CA 91204-1813		Name: Gregory Anderson Office: 818-550-5632 Fax: 818-409-7111 e-mail: <a href="mailto:ganderson@ci.glendale.ca.us">ganderson@ci.glendale.ca.us</a>
Student Eligibility*:  Restricted to City of Glendale Fire Department and EMT personnel	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 110 Cont. Education: 230 Expiration date: 1/31/2013  Number of courses: Initial training: 0 Refresher: 1 Cont. Education: 30

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: <a href="mailto:david.wolf@ocfa.org">david.wolf@ocfa.org</a>
Student Eligibility*:  Open to the general public	Cost of Program:  Basic: \$ 800.00  Refresher: \$ 125.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 80 Refresher: 20 Cont. Education: 0 Expiration date: 6/30/2010  Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
La Verne Fire Department 2061 Third St. La Verne, CA 91750		Name: David Benson Office: 909-596-5991 Fax: 909-596-8774 e-mail: dbenson@lvpd.org
Student Eligibility*:  Restricted to La Verne Fire 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: 0 Refresher: 0 Cont. Education: 30 Expiration date: 3/31/2012  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 1

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*:  Open to the general public	Cost of Program:  Basic: College tuition (varies)  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 120 Refresher: 0 Cont. Education: 0 Expiration date: 12/31/2011  Number of courses: Initial training: 2 Refresher: 0 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:joanne_dolan@longbeach.gov">joanne_dolan@longbeach.gov</a>
<b>Student Eligibility*:</b>  Restricted to Long Beach Fire Department employees only. All attendees have EMT or EMT-P, or both.	<b>Cost of Program:</b>  Basic: N/A  Refresher: N/A	<b>**Program Level: EMT-I and Paramedic</b> Number of students completing training per year: Initial training: 0 Refresher: 40 Cont. Education: 500 Expiration date: 4/30/2013  Number of courses: Initial training: 0 Refresher: 3 Cont. Education: 25

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Fire Department 1700 Stadium Way, Room 241 Los Angeles, CA 90012-1404		Name: Linda Ullum Office: 213-485-8004 Fax: 213-473-4203 e-mail: <a href="mailto:linda.ullum@lacity.org">linda.ullum@lacity.org</a>
<b>Student Eligibility*:</b>  Restricted to certain Los Angeles Fire Department members and certain City of Los Angeles personnel.	<b>Cost of Program:</b>  Basic: N/A  Refresher: N/A	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 0 Refresher: 1300 Cont. Education: 0 Expiration date: 3/31/2011  Number of courses: 0 Initial training: 0 Refresher: 42 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
L.A. County Fire Department 5801 S. Eastern Ave, Suite 100 Commerce, CA 90040		Name: Jason Robertson Office: 213-200-1952 Fax: 323-869-0311 e-mail: <a href="mailto:jroberts@fire.lacounty.gov">jroberts@fire.lacounty.gov</a>
Student Eligibility*:  Restricted to Los Angeles County Fire Department personnel	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: 12/31/2012  Number of courses: Initial training: 3 Refresher: 1 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Lifeguards 2600 The Strand Manhattan Beach, CA 90266		Name: Danielle Pollard Office: 310-939-7209 Fax: 310-545-4280 e-mail: <a href="mailto:blanich@fire.lacounty.gov">blanich@fire.lacounty.gov</a>
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: EMT-I Number of students completing training per year: Initial training: 36 Refresher: 250 Cont. Education: 10 Expiration date: 12/31/2011  Number of courses: Initial training: 1 Refresher: 12 Cont. Education: 12

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Regional Occupational Program 9300 Imperial Highway Downey, CA 90242-2890		Name: Kelly Chulick / Karin Reynoso / Greg Anderson Office: 661-313-1322 / 562-922-6850 / 818-974-7052 Fax: 562-922-8949 e-mail: <a href="mailto:firetaz53@att.net">firetaz53@att.net</a> / <a href="mailto:reynoso_karin@lacoedu">reynoso_karin@lacoedu</a> <a href="mailto:ganderson@ci.qlrindale.ca.us">ganderson@ci.qlrindale.ca.us</a>
Student Eligibility*:  Open to general public, at least 18 yo.  Note: Glendale USD and Alhambra USD have EMT programs	Cost of Program:  Basic: \$ 40.00  Refresher: \$ 100.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 33 Refresher: 0 Cont. Education: 0 Expiration date: 12/31/2011  Number of courses: Initial training: 3 Refresher: 3 Cont. Education: 0

Training Institution Name/Address		Contact Person/Telephone No.
L.A. County Sheriff's Department 4700 Ramona Blvd. Rm 106 Monterey Park, CA 91754		Name: Sgt. Sue Berkowski or Richard Hayne Office: 323-526-5101 Fax: e-mail: <a href="mailto:smburako@lasd.org">smburako@lasd.org</a> or <a href="mailto:richard.hayne@providence.org">richard.hayne@providence.org</a>
Student Eligibility*:  Restricted to Los Angeles County Sheriff civilian and sworn employees necessary to perform their duties.	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 5 Refresher: 70-80 Cont. Education: Expiration date: 12/31/2009  Number of courses: Initial training: 2 Refresher: 4-6 Cont. Education:

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:sandjplace@aol.com">sandjplace@aol.com</a>
<p><b>Student Eligibility*:</b></p> <p>Open to the general public. Must be enrolled at L.A. Harbor College</p>	<p><b>Cost of Program:</b></p> <p>Basic: \$72.00 plus book \$80.00 Refresher: \$18.00</p>	<p><b>**Program Level: EMT-I</b></p> <p>Number of students completing training per year: Initial training: 50 Refresher: 4 Cont. Education: 0 Expiration date: 3/312/2007</p> <p>Number of courses: Initial training: 2 Refresher: 2 Cont. Education: 0</p>

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: <a href="mailto:cowenar@lavc.edu">cowenar@lavc.edu</a>
<p><b>Student Eligibility*:</b></p> <p>Open to the general public. Students enrolled at LAVC interested in .EMT class (Fire Tech 96), must be 18 y/o and have NO felony convictions.</p> <p>Prerequisite: "CPR for the Professional Rescuer" card from the ARC or "BLS for the Healthcare Provider" card from the AHA</p>	<p><b>Cost of Program:</b></p> <p>Basic: \$208.00 Refresher: N/A</p>	<p><b>**Program Level: EMT-I</b></p> <p>Number of students completing training per year: Initial training: 220 Refresher: 0 Cont. Education:0 Expiration date: 12/31/2011</p> <p>Number of courses: Initial training: 4 Refresher: 0 Cont. Education: 0</p>

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Montebello Fire Department 600 N. Montebello Blvd, Montebello, CA 90640		Name: Dan France Office: 323-887-4510 Fax: 323-887-4506 e-mail: <a href="mailto:dfrance@cityofmonmtbelo.fire.org">dfrance@cityofmonmtbelo.fire.org</a>
Student Eligibility*:  Restricted to Montebello Fire Department members	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 0 Expiration date: 12/31/2013  Number of courses: 0 Initial training: 0 Refresher: 1 Cont. Education: 0

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: <a href="mailto:swilliams@MtSAC.edu">swilliams@MtSAC.edu</a>
Student Eligibility*:  Open to general public.	Cost of Program:  Basic: \$800.00 including physical and background  Refresher: \$100.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 70 Refresher: 20-30 Cont. Education: 40 Expiration date: 12/31/2013  Number of courses: Initial training: 4 Refresher: 2 Cont. Education: 40

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:swilliams@MtSAC.edu">swilliams@MtSAC.edu</a>
Student Eligibility*:  Open to general public. See Mt. San Antonio College for prerequisites	Cost of Program:  Paramedic: \$930.00	<b>**Program Level: Paramedic</b> Number of students completing training per year: Initial training: 45-60 Refresher: 0 Cont. Education: 50 Expiration date: 12/31/2013  Number of courses: Initial training: 3 Refresher: 0 Cont. Education: 40

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: <a href="mailto:kcemtkids@aol.com">kcemtkids@aol.com</a>
Student Eligibility*:  Open to the public	Cost of Program:  Basic: \$ 75  Refresher: \$75	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: 325 Refresher: 75 Cont. Education: 25 Expiration date: 9/30/2009  Number of courses: Initial training: 8 Refresher: 3 Cont. Education: 3

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Paramedic Training Institute 10100 Pioneer Blvd., Suite 200 Santa Fe Springs, CA 90670		Name: Michele Hanley Office: 562-347-1570 Fax: 562-941-5835 e-mail: <a href="mailto:mhanley@dhs.lacounty.gov">mhanley@dhs.lacounty.gov</a>
<b>Student Eligibility*:</b>  Open to the general public Enroll through El Camino College.  Must be EMT for 1 year Contact PTI for other requirements	<b>Cost of Program:</b>  Basic: \$885 student fees \$858.50 – El Camino College tuition  Refresher: N/A	<b>**Program Level: Paramedic</b> Number of students completing training per year: Initial training: 120 Refresher: 0 Cont. Education: 0 Expiration date: 12/31/2010  Number of courses: Initial training: 4 Refresher: 0 Cont. Education: 0

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:
<b>Student Eligibility*:</b>	<b>Cost of Program:</b>  Basic: \$  Refresher: \$	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2007  Number of courses: Initial training: Refresher: Cont. Education:

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: 626-564-8367 Fax: 626-356-0561 e-mail: <a href="mailto:mbarilla@cityofpasadena.net">mbarilla@cityofpasadena.net</a>
Student Eligibility*:  Restricted to Pasadena Fire 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: 0 Refresher: 170 Cont. Education: 170 Expiration date: 12/31/2012  Number of courses: Initial training: 1 Refresher: 12 Cont. Education: 12

Training Institution Name/Address		Contact Person/Telephone No.
San Gabriel Fire Department 1303 South Del Mar Avenue San Gabriel, CA 91776		Name: Kevin Murphy Office: 626-308-2888 Fax: 626-280-6474 e-mail: <a href="mailto:kmurphy@sqfd.org">kmurphy@sqfd.org</a>
Student Eligibility*:  Restricted to City of San Gabriel employee	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 32 Expiration date: 4/30/2011  Number of courses: Initial training: 0 Refresher: 0 Cont. Education:

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
Santa Fe Springs Fire Rescue 11300 Greenstone Ave, Santa Fe Springs, CA 90670-4619		Name: Robert Yellen Office: 562-572-0851 Fax: 562-941-1817 e-mail: <a href="mailto:bobyellen@santafesprings.org">bobyellen@santafesprings.org</a>
Student Eligibility*:  Restricted to Santa Fe Springs Fire personnel.	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I and Paramedic Number of students completing training per year: Initial training: 0 Refresher: 0 Cont. Education: 44 Expiration date: 6/30/2010  Number of courses: Initial training: 0 Refresher: 0 Cont. Education: 12

Training Institution Name/Address		Contact Person/Telephone No.
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310-458-4929 Fax: 310-458-8650 e-mail: <a href="mailto:jodi.nevandro@smgov.net">jodi.nevandro@smgov.net</a>
Student Eligibility*:  Restricted to Santa Monica Fire Department employees	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 105 Cont. Education: Expiration date: 5/31/2012  Number of courses: Initial training: 0 Refresher: 12 Cont. Education: 12

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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: <a href="mailto:slemmon@scroc.k12.ca.us">slemmon@scroc.k12.ca.us</a>
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-I 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:

Training Institution Name/Address		Contact Person/Telephone No.
Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501		Name: Randy Peterson Office: 310-781-7018 Fax: 310-781-7030 e-mail: <a href="mailto:rjpeterson@torrancece.gov">rjpeterson@torrancece.gov</a>
Student Eligibility*:  Restricted to Torrance Fire Department employees	Cost of Program:  Basic: N/A  Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: 0 Refresher: 145 Cont. Education: 0 Expiration date: 6/30/2012  Number of courses: Initial training: 0 Refresher: 1 Cont. Education: 12

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

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

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: 380 Refresher: 264 Cont. Education: 0a Expiration date: 6/30/2011  Number of courses: Initial training: 15 Refresher: 12 Cont. Education: 0

**Table 8 – RESOURCES DIRECTORY – Approved Training Programs**

Training Institution Name/Address		Contact Person/Telephone No.
UCLA Paramedic Education Program P.O. Box 957367 405 Hilgard Ave Los Angeles, CA 90095		Name: Heather Davis Office: 310-680-1100 Fax: 310-672-0221 e-mail: <a href="mailto:hdavis@mednet.ucla.edu">hdavis@mednet.ucla.edu</a>
<b>Student Eligibility*:</b>  Open to all students who meet minimum education and experience requirements.  18 years of age High School Diploma Six months EMT experience in past 2 years Passing score on EMT and Health Occupation Basic Entrance Test	<b>Cost of Program:</b>  Basic: \$9500.00  Refresher: N/A	<b>**Program Level: Paramedic</b> Number of students completing training per year: Initial training: 120 Refresher: N/A Cont. Education: 100 Expiration date:  Number of courses: Initial training: 3 Refresher: N/A Cont. Education:



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2010**  
**(Fiscal Year 2008-09)**



**Table 9 – RESOURCES DIRECTORY – Dispatch Agency**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2008-2009**

<b>Name &amp; Address:</b> AmbuServe 15105 S. Broadway Street Gardena, CA 90248		<b>Primary Contact &amp; Phone Number:</b> 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      _____ 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
<b>Name &amp; Address:</b> American Medical Response – Antelope Valley 1055 W. Avenue J Lancaster, CA 93534		<b>Primary Contact &amp; Phone Number:</b> 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      _____ 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 (cont.):**

<b>Name &amp; Address:</b> Americare Med Services, Incorporated 1059 E. Bedmar Street Carson, CA 91746		<b>Primary Contact &amp; Phone Number:</b> Brett Selter Managing Director 310.835.9390 EXT 134	
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      _____ EMT-D <u>  8  </u> ALS <u> 102 </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

<b>Name &amp; Address:</b> Antelope Ambulance Service 42540 N. 6 <sup>th</sup> Street East Lancaster, CA 93534		<b>Primary Contact &amp; Phone Number:</b> Aaron Aumann General 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      _____ EMT-D <u>  6  </u> ALS <u> 22 </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 (cont.):**

<b>Name &amp; Address:</b> APT Ambulance 1227 S. La Brea Avenue Inglewood, CA 90301			<b>Primary Contact &amp; Phone Number:</b> 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:		
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: _____	<u>7</u> EMD <u>      </u> BLS	<u>      </u> EMT-D <u>      </u> LALS	<u>      </u> ALS <u>      </u> Other

<b>Name &amp; Address:</b> Avalon Fire/Sheriff's Department 215 Sumner, P.O. box 1551 Avalon, CA			<b>Primary Contact &amp; Phone Number:</b> Watch Commander on Duty 310.510.0174		
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:		
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: _____	<u>6</u> EMD <u>      </u> BLS	<u>      </u> EMT-D <u>      </u> LALS	<u>      </u> ALS <u>      </u> Other

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> Beverly Hills Police Department Communications Bureau 445 North Rexford Drive Beverly Hills, CA 90210			<b>Primary Contact &amp; Phone Number:</b> Sean Stokes EMS Coordinator 310.281.2733		
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:		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	<u>22</u> EMD <u>54</u> BLS	_____ EMT-D _____ LALS	<u>25</u> ALS _____ Other
			<input type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> State

<b>Name &amp; Address:</b> Bowers Ambulance Service 3355 East Spring Street, Suite 301 Long Beach, CA 90806			<b>Primary Contact &amp; Phone Number:</b> Ken Knufmann Paramedic Coordinator 562.480.1542		
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:		
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: _____	<u>8</u> EMD <u>3</u> BLS	_____ EMT-D _____ LALS	_____ ALS _____ Other
			<input type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> State

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> Culver City Fire Department 9770 Culver Boulevard Culver City, CA 90232			<b>Primary Contact &amp; Phone Number:</b> David White Assistant Fire Chief 310.253.5900		
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 <u>32</u> BLS	_____ EMT-D _____ LALS	<u>32</u> ALS _____ 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"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State		

<b>Name &amp; Address:</b> Downey Fire Communications Center 12222 Paramount Blvd. Downey, CA 90242			<b>Primary Contact &amp; Phone Number:</b> Tracy Gonzales Supervisor 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:		
			<u>12</u> EMD _____ BLS	_____ EMT-D _____ LALS	_____ ALS _____ 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"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State		
Downey Fire Communications Center is the Dispatch Agency for the following Fire Departments: Compton, Downey, and Santa Fe Springs.					

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> El Segundo Fire Department and Dispatch Center 314 Main Street El Segundo, CA 90245			<b>Primary Contact &amp; Phone Number:</b> John Bibee EMS Chief 310.524.2228		
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      _____ 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		

<b>Name &amp; Address:</b> Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503			<b>Primary Contact &amp; Phone Number:</b> 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      _____ 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 (cont.):**

<b>Name &amp; Address:</b> Guardian Ambulance Service 1854 E. Carson Pasadena, CA 91107		<b>Primary Contact &amp; Phone Number:</b> Catherine Jackuback CEO 626.792.3688	
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: 4 EMD      _____ 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

<b>Name &amp; Address:</b> Hall Ambulance Service 1001 21 <sup>st</sup> Street Bakersfield, CA 93301		<b>Primary Contact &amp; Phone Number:</b> John Surface 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: 18 EMD      _____ EMT-D      _____ ALS 18 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 (cont.):**

<b>Name &amp; Address:</b> City of La Verne Fire/Police Department 2061 Third Street La Verne, CA 91750		<b>Primary Contact &amp; Phone Number:</b> Alan Chandler Battalion Chief 909.596.5991	
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>  9  </u> EMD <u>      </u> EMT-D <u>      </u> ALS <u>      </u> BLS <u>      </u> LALS <u>      </u> 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

<b>Name &amp; Address:</b> Long Beach Fire / Fire Communications Center 3205 Lakewood Boulevard Long Beach, CA 90808		<b>Primary Contact &amp; Phone Number:</b> Matt Gruneisen EMS Coordinator 562.570.2558	
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>  18  </u> EMD <u>      </u> EMT-D <u>  160  </u> ALS <u>  500  </u> BLS <u>      </u> LALS <u>      </u> 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

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> Los Angeles City Fire Department – Operations Control 200 N. Main Street Los Angeles, CA 90012		<b>Primary Contact &amp; Phone Number:</b> David Frelinger Chief 213.978.3742	
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>102</u> EMD      _____ EMT-D <u>30</u> ALS <u>72</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

<b>Name &amp; Address:</b> Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063		<b>Primary Contact &amp; Phone Number:</b> Jesse Vela Chief, Director of EMS 323.838.2212	
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>90</u> EMD      _____ EMT-D <u>1200</u> ALS <u>3000</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 type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> Mauran Ambulance Services, Incorporated 1211 First Street San Fernando, CA 91340		<b>Primary Contact &amp; Phone Number:</b> Oxana Loutseiko Office Manager 818.365.3182							
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: <table> <tr> <td><u>  3  </u> EMD</td> <td><u>      </u> EMT-D</td> <td><u>  20  </u> ALS</td> </tr> <tr> <td><u>  37  </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>  3  </u> EMD	<u>      </u> EMT-D	<u>  20  </u> ALS	<u>  37  </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>  3  </u> EMD		<u>      </u> EMT-D	<u>  20  </u> ALS						
<u>  37  </u> BLS	<u>      </u> LALS	<u>      </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: <table> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Fire District</td> <td><input type="checkbox"/> Federal</td> <td></td> </tr> </table>	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal	
<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> State							
<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal								

<b>Name &amp; Address:</b> McCormick Ambulance 13933 Crenshaw Boulevard Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> Michael Jones Managing Director 310.349.8904							
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: <table> <tr> <td><u>  12  </u> EMD</td> <td><u>      </u> EMT-D</td> <td><u>  20  </u> ALS</td> </tr> <tr> <td><u> 238 </u> BLS</td> <td><u>      </u> LALS</td> <td><u>      </u> Other</td> </tr> </table>	<u>  12  </u> EMD	<u>      </u> EMT-D	<u>  20  </u> ALS	<u> 238 </u> BLS	<u>      </u> LALS	<u>      </u> Other
<u>  12  </u> EMD		<u>      </u> EMT-D	<u>  20  </u> ALS						
<u> 238 </u> BLS	<u>      </u> LALS	<u>      </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: <table> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Fire District</td> <td><input type="checkbox"/> Federal</td> <td></td> </tr> </table>	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal	
<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 (cont.):**

<b>Name &amp; Address:</b> MedReach Ambulance 1303 Kona Rancho Dominguez, CA 90220		<b>Primary Contact &amp; Phone Number:</b> Robert Aragon Operations Manager 310.781.9395	
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      _____ 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

<b>Name &amp; Address:</b> Patriot Ambulance 13437 Inglewood Avenue Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> Dave Kohan Director 310.973.7494	
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>2</u> EMD      _____ EMT-D      _____ ALS <u>2</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 (cont.):**

<b>Name &amp; Address:</b> PRN Ambulance, Incorporated 35 South Woods Avenue Los Angeles, CA 90022		<b>Primary Contact &amp; Phone Number:</b> Eric Somers Communications Manager 323.888.7750 Ext. 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: <u>10</u> EMD      _____ 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

<b>Name &amp; Address:</b> Reach Airmedical Services 451 Aviation Boulevard Santa Rosa, CA 95403		<b>Primary Contact &amp; Phone Number:</b> Rob Frick General Manager 661.902.3368	
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      _____ EMT-D <u>8</u> 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 (cont.):**

<b>Name &amp; Address:</b> Redondo Beach Police/Fire Dispatch 415 Diamond Street Redondo Beach, CA 90277		<b>Primary Contact &amp; Phone Number:</b> Ed Radomsky 310.318.0663 Ext. 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      _____ EMT-D      _____ ALS <u>16</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

<b>Name &amp; Address:</b> Rescue Services International, LTD. 1305 West Arrow Highway, Suite 206 San Dimas, CA 91773		<b>Primary Contact &amp; Phone Number:</b> Virginia Munger-Shipp President/CEO 949.795.9594	
Written Contract: <input checked="" type="checkbox"/> yes <input 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>2</u> EMD      _____ EMT-D      _____ ALS <u>1</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 (cont.):**

<b>Name &amp; Address:</b> Santa Monica Fire Department 333 Olympic Blvd. Santa Monica, CA 90401		<b>Primary Contact &amp; Phone Number:</b> Jodi Nevandro EMS Nurse Educator 310.458.4929	
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>8</u> EMD <u>43</u> ALS <u>43</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

<b>Name &amp; Address:</b> Schaefer Ambulance Service, Incorporated 4627 Beverly Boulevard Los Angeles, CA 90004		<b>Primary Contact &amp; Phone Number:</b> Leslie McNeal Assistant Vice President 323.468.1612	
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 <u>1</u> 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

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> South Bay Regional Communications Center 4440 W. Broadway Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> Ralph Mailloux 310.973.1802	
Written Contract: <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>16</u> EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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
			South Bay Regional Communications Center is the Dispatch Agency for the following Fire Departments: Hermosa Beach and Manhattan Beach.

<b>Name &amp; Address:</b> Torrance Fire Department 3300 Civic Center Drive Torrance, CA 90504		<b>Primary Contact &amp; Phone Number:</b> Steve Deuel Captain 310.781.7042	
Written Contract: <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>6</u> EMD      _____ EMT-D      _____ ALS <u>6</u> BLS      _____ LALS      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> Verdugo Communications Center 421 Oak Street Glendale, CA 91204		<b>Primary Contact &amp; Phone Number:</b> Don Wise Communications Supervisor 818.548.3313	
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      _____ 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 Verdugo Fire Communications Center is the Dispatch Center for the following Fire Department: Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey, Pasadena, San Gabriel, San Marino, Sierra Madre, and South Pasadena.

<b>Name &amp; Address:</b> West Covina Fire Communications 1435 W. Puente Avenue West Covina, CA 91790		<b>Primary Contact &amp; Phone Number:</b> Paul Segalla Fire Chief 626.338.8800	
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      _____ 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

**Table 9 – RESOURCES DIRECTORY – Dispatch Agency (cont.):**

<b>Name &amp; Address:</b> West Med Ambulance Incorporated 13933 Crenshaw Boulevard Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> 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: _____ EMD      _____ 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

**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2010**  
**(Fiscal Year 2008-09)**  
**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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 1</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">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.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2010**  
**(Fiscal Year 2008-09)**  
**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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 2</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">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.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2010**  
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**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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 3</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Schaefer Ambulance Service</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
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**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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 4</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 5</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">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.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 6</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Care Ambulance Service</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains Urban area only. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 6.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 7</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 7.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Alhambra</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Alhambra Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Alhambra has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Arcadia</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Arcadia Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Arcadia has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Beverly Hills</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Beverly Hills Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Beverly Hills has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Burbank</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Burbank Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Burbank has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Culver City</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Culver City Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Culver City has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Downey</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Downey Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Downey has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of El Segundo</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">El Segundo Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">El Segundo has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Hermosa Beach</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Hermosa Beach Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Hermosa Beach has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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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><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 40px;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 40px;">City of La Verne</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="margin-left: 40px;">La Verne Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">La Verne has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="margin-left: 40px;">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="margin-left: 40px;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="margin-left: 40px;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 40px;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 40px;">City of Long Beach</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="margin-left: 40px;">Long Beach Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">Long Beach has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="margin-left: 40px;">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="margin-left: 40px;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="margin-left: 40px;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Los Angeles</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Los Angeles City Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Los Angeles has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Manhattan Beach</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Manhattan Beach Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Manhattan Beach has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Monterey Park</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Monterey Park Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Monterey Park has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Pasadena</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Pasadena Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Pasadena has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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 Pasadena has provided service without a change in scope or manner prior to 1981.</p>

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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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of San Gabriel</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of San Gabriel Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">San Gabriel has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of San Marino</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of San Marino Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">San Marino has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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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><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Santa Monica</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Santa Monica Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Santa Monica has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Sierra Madre</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Sierra Madre Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of South Pasadena</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of South Pasadena Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">South Pasadena has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Torrance</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Torrance Fire Department  Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Torrance has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Avalon</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Avalon Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Avalon has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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>

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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><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 40px;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 40px;">City of West Covina</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="margin-left: 40px;">City of West Covina Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">West Covina has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="margin-left: 40px;">The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="margin-left: 40px;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p style="margin-left: 40px;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of San Fernando</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Los Angeles Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">San Fernando has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Vernon</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Vernon Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Vernon has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p><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></p> <p style="text-align: center;">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.</p>

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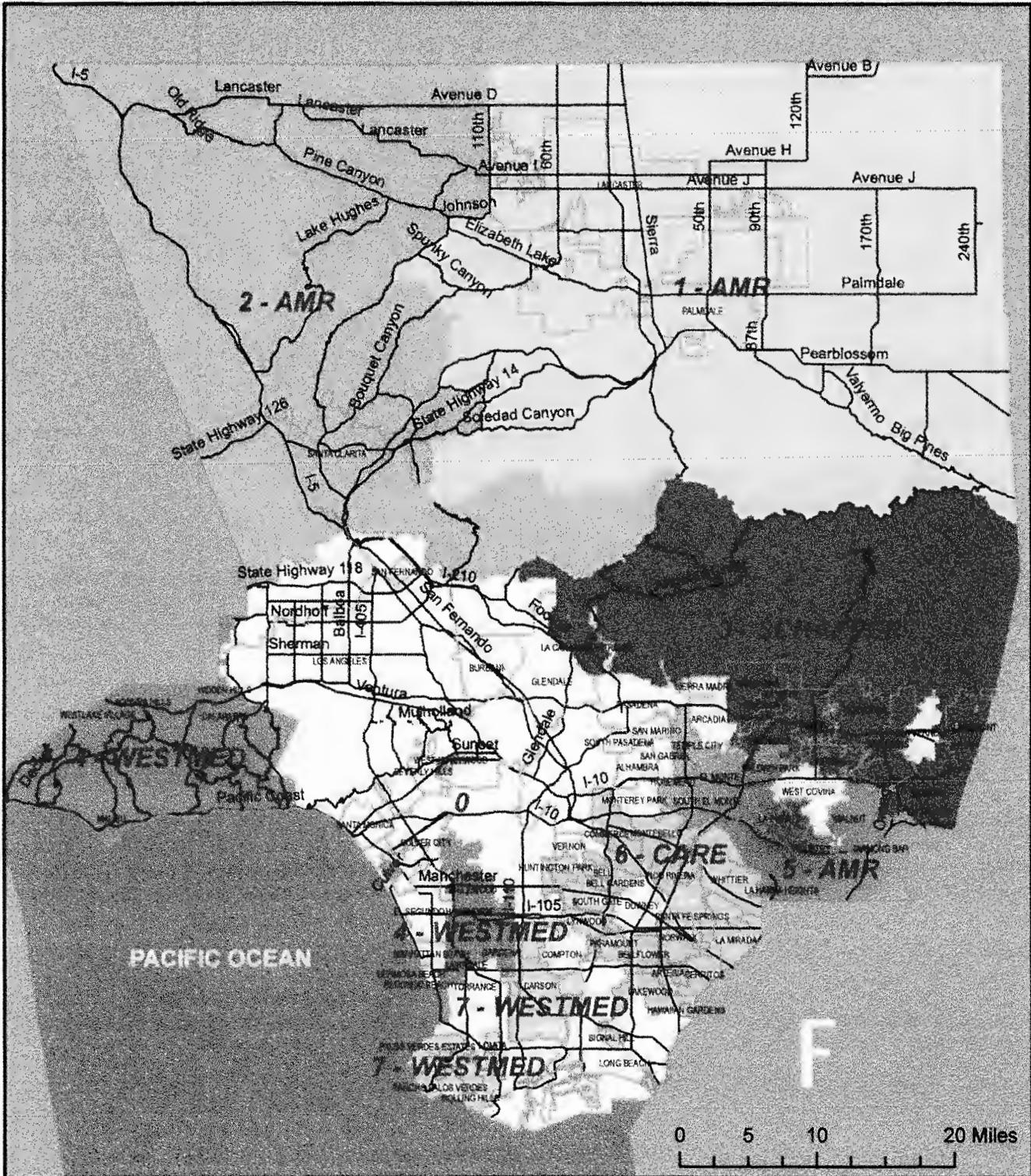
<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Glendale</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Glendale Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Glendale has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. 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.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 40px;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 40px;">City of Compton</p>
<p><b>Name of Current Provider(s):</b>  <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="margin-left: 40px;">Compton Fire Department  Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">Compton has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>  <small>Include intent of local EMS agency and Board action.</small></p> <p style="margin-left: 40px;">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. This agreement expired on June 30, 2009. The County is developing an RFP for this zone.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>  <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></p> <p style="margin-left: 40px;">Non-exclusive covers "Emergency Ambulance" calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>  <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></p> <p style="margin-left: 40px;">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. The County is developing an RFP for this zone.</p> <p><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></p>

# Exclusive Operating Areas - 2006 - 2016



**Legend**

-----	2001 Supervisorial Districts	Non-County Area	Area 4	Pacific Ocean
—	majorstreets2000	Area 1	Area 5	
□	cities2000	Area 2	Area 6	
		Area 3	Area 7	

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 By: PLN

OCT 29 2010

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



November 3, 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 2009 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*. Following are comments on the EMS plan update:

**Standard 5.01 - Assessment of Capabilities** – Your current plan states that Los Angeles County does not have formal contracts for paramedic receiving hospitals. Your objective is to develop and implement written agreements with all paramedic receiving hospitals. In your next annual update please show your progress in implementing written agreements with paramedic receiving hospitals.

**Trauma System Status Report** – The EMS Authority approved Los Angeles County's last Trauma System Status Report in October 2008 and requested your next report be submitted with the 2009 EMS Plan Update. In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." The last Trauma System Status Report from Los Angeles is dated 2007. While in the past the Trauma System Status Reports have been requested separate from the EMS Plan Updates, the EMS Authority is working with all local EMS agencies to submit both documents on the same schedule. Please expedite the submission of Los Angeles County's Trauma System Status Report.

Your next annual update will be due on November 3, 2011. 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 that reads "Daniel R. Smiley".

Daniel R. Smiley  
Interim Director