



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



EXECUTIVE SUMMARY

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 2011 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 the Board of Supervisors approval in 2006, LA County's ST Elevation Myocardial Infarction (STEMI) program has expanded to 33 STEMI Receiving Facilities (SRCs), 30 in LA County and three out-of-County, and continues to receive nationwide attention for the data resulting from the program. 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. Exceeding this goal, LA County EMS has achieved a median time of 79 minutes from prehospital 12 Lead ECG time to cardiac intervention.

Although there have been no additional SRCs approved since our last annual update, the STEMI SRC program has expanded to include the transport of patients with *return of spontaneous circulation* (ROSC) following cardiac arrest to the SRC and the ability of the SRC to provide *therapeutic hypothermia* treatment.

In addition, a new policy, Reference No. 513.1, *Interfacility Transport of Patients with STEMI*, was implemented to address the transport options for hospitals without emergent percutaneous coronary intervention capability, for patients who present to them with a STEMI. Expediting the transport of a STEMI patient to a facility equipped, staffed, and prepared to administer emergency and/or definitive care appropriate to the needs of the patient is imperative for saving heart muscle and patients' lives. Furthermore, the EMS Agency is encouraging hospitals without cardiac catheterization capabilities to enter into an agreement with an approved SRC. Pre-arranged agreements facilitate patient transfers to an SRC, thereby enhancing the patient's ultimate outcome.

Efforts to evaluate and address the capabilities of a 30-year old communications system and determine future needs continue. The EMS Agency is an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications System (LA-RICS) Committee. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professional, designed and built to serve law enforcement, fire service, and health service professionals throughout Los Angeles County.

ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)

LA-RICS will support rapid, safe, effective public safety response during daily operations, and support faster, better-coordinated, large-scale responses to emergencies such as wildfires, earthquakes, or other disasters. The Los Angeles Region is designated as a high-threat area by the Department of Homeland Security. The new system will mitigate this threat by providing more efficient and effective emergency response to the region's 10 million residents.

As indicated in our last annual update, the Trauma Emergency Medical Information System (TEMIS) requires expansion and refinement to better standardize data and enable the implementation of system wide quality improvement. Costs to merge the databases, provider, base, and trauma will be offset by funds received as part of a Homeland Security grant. Negotiations with Lancet Technology to proceed with the merge have been finalized and measures have been initiated to merge the existing databases. In addition, the EMS Agency continues working with individual providers to implement electronic data capturing and to integrate receiving hospital data, SRC, and Approved Stroke Center (ASC) 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. In addition, the FAST-MAG Study was expanded into Orange County. It is anticipated that the target volume of 1700 patients will be enrolled by the end of this year.

As noted in our last update, the LA County Code, Title 7 Business Licenses, Chapter 7.16, Ambulance Ordinance, has undergone revision to ensure that all ambulance companies operating in the County are licensed. Licensure will ensure medical oversight and improve patient safety. The revised Los Angeles County Ambulance Ordinance was approved by the Board of Supervisors on June 28, 2011, effective July 28, 2011. With the approval of the revised Ambulance Ordinance, the resulting system changes will be addressed in detail in the next annual update provided.

New Business:

Hospital services were relocated from Kaiser Foundation Hospital Bellflower Medical Center to Kaiser Foundation Hospital Downey Medical Center on **September 15, 2009**. The relocation operations extended over twelve hours while the facility was placed on "*internal disaster*" to facilitate safe movement of patients, staff, and equipment. The expansive treatment area has 62 treatment stations and includes multiple triage suites, private patient rooms, and an observation unit which will facilitate patient care.

Reference No. 1138, *Burn Resource Center (BRC) Designation and Activation*, was instituted on **September 28, 2009**. This policy defines the role of a 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 offset 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.

ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)

Los Angeles County EMS Agency, Disaster Services Section, received an award from the California Emergency Services Association (CESA) on **October 7, 2009**. The CESA Gold Award was presented to the Hospital Disaster Management Training (HDMT) Workgroup for their contributions to the field of emergency management. At that time, LA County EMS Agency had been conducting HDMT courses for two years focusing on preparing hospital staff for many types of disasters and emergencies. HDMT is a collaborative effort of the Disaster Resource Center (DRC) program and the EMS Agency and is based on a disaster training course attended by DRC coordinators in Washington D.C.

The Mobile Medical Systems (MoMS), which includes the tractor and a 53 foot triple-wide trailer that opens into a 1000 square foot patient treatment unit, was deployed and exercised for the Long Beach Marathon on **October 11, 2009** and also for the LA Marathon on **March 21, 2010** in Santa Monica. To gain experience with the set-up and use, the EMS Agency has been utilizing it for exercises and public showings. The added use has increased the operational knowledge of the disaster operations team who are now able to deliver, park, open, and have the unit operational within four hours with as few as four experienced staff facility.

The ASC program was fully implemented following approval by the LA County Board of Supervisors on **November 16, 2009**. In accordance with Reference No. 521, *Stroke Patient Destination*, patients who exhibit signs of an acute stroke may be taken to a hospital that is identified as an ASC. Before a hospital can be designated as an ASC, they must meet the standards to obtain certification by The Joint Commission as a Primary Stroke Center. Since its inception, the program has expanded to 25 ASCs, 22 in LA County and three out-of-County.

EMS Update 2010 - The focus of the update included the following:

- Multiple Casualty Incidents (MCI) including the revision of Reference No. 502, *Patient Destination*, and Reference No. 506, *Trauma Triage*, revised to allow for EMT personnel to immediately transport hypotensive trauma patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the most accessible receiving (MAR), when the transport time is less than the estimated time of paramedic arrival;
- Pediatric Status Epilepticus;
- DuoDotes™;
- Penetrating Torso Trauma including the revision of Reference No. 519, *Management of Multiple Casualty Incidents*, language added for Level I Trauma Centers to automatically accept 6 immediate patients and Level II Trauma Centers to automatically accept 3 immediate patients from MCIs that involve 20 victims or more;
- Fast-Mag Update;
- Medication Reconciliation; and
- Advanced Resuscitation Therapy/Basic Resuscitation Therapy.

As an expectation for designation as a Level II, 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

ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)

dispatching of emergency medical services. 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.

AVH's Level II Trauma Center designation was approved by the Board of Supervisors on **March 30, 2010**. After years of planning, AVH's Trauma Center became operational on **May 3, 2010**. AVH was the first trauma center to be designated in over five years. AVH's designation filled not only a critical need in LA County's Trauma System, but in several other systems, including Kern County and San Bernardino County, based on their geographic location. AVH's designation helps to ensure that patients are transported in the least amount of time to enhance their ultimate outcome. Having a local trauma center provides numerous benefits to the Antelope Valley community. More lives will be saved because patients can be treated faster and closer to home. Prior to AVH's designation, patients were transported to Providence Holy Cross Medical Center nearly 50 miles. Due to this distance, patients often required transport by air which could be limited in severe weather conditions and often proved to be burdensome for families visiting loved ones. AVH's designation will save families time and money because they'll be able to visit loved ones locally and avoid travel-related expenses.

The LA County Emergency Department Approved for Pediatrics (EDAP) program celebrated its 25th 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. The EDAP program recognizes for a child to be appropriately cared for, specialized training, medical procedures, and equipment are required. EDAP hospitals have been proven to provide an essential public service that saves lives of children of all ages by providing specialized pediatric care.

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 now processed within 2 weeks of submission; 4.) EMT recertification applications must be submitted at least 30 days in advance; and 5.) Higher EMT application fees required by the State are collected to support the central registry and to offset the cost of administrative hearings.

After years of planning, Northridge Hospital Medical Center (NRH) was officially designated as a Pediatric Trauma Center (PTC) by the EMS Agency on **October 4, 2010**. NRH's PTC is named after Richie Alarcon. Richie Alarcon is the son of Los Angeles Councilman Richard Alarcon. Richie was traumatically injured in a motor vehicle crash in the San Fernando Valley nearly 20 years ago. Due to the severity of Richie's injuries, and the lack of a PTC in the San Fernando Valley, he was airlifted to Children's Hospital Los Angeles for the critical care he so desperately needed. Richie unfortunately died the next day in his father's arms. Because of his loss, opening a PTC in the San Fernando Valley became Councilman Alarcon's crusade, believing something good had to come from his tragic loss. While serving as a State Senator he introduced legislation that levied additional fines on traffic violations to support emergency medical services, of which 15 percent would go directly into "*Richie's Fund*" to support PTCs. With additional efforts from State Senator Alex Padilla and LA County Supervisor Zev

ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)

Yaroslavsky, 3rd District, local and state officials were able to raise funds for the start-up costs of opening a PTC in the San Fernando Valley.

Designation of a PTC in the San Fernando Valley helps to ensure that pediatric trauma patients receive the specialized care they need in the least amount of time in order to enhance their ultimate outcome. With NRH's PTC designation, the need to transport pediatric trauma patients out of the San Fernando Valley is nearly nonexistent. The EMS Agency continues to work with the dedicated staff at NRH to meet the additional requirements needed to also be recognized as a Pediatric Medical Center. Once achieved, the need to transport critically ill, as well as critically injured, pediatric patients out of the San Fernando Valley for the care they so desperately need, will no longer exist.

The EMS Commission passed a motion on **January 19, 2011** for the formation of a Pediatric Advisory Committee. Meetings will be held on a quarterly basis on the second Tuesday of the last month in the quarter.

EMS Update 2011 - The focus of this update included the following topics:

- AHA Updates: BLS and ACLS Review;
- Therapeutic Hypothermia;
- King Airway Review;
- Role of the Base;
- Pediatric Inhalational Epinephrine;
- Fast-Mag Update/mLAPSS Review;
- Zofran (Ondansetron) Administration;
- Congenital Adrenal Hyperplasia; and
- Treatment Protocols

The new LA County Treatment Protocols is the amalgamation of the former Base Hospital Treatment Guidelines and the Standing Field Treatment Protocols into a single set of documents that address everything from cardiac arrest to pain management, trauma to pediatrics, and hypothermia to burns. The protocols were under development for over two years and required a detailed review of all the documents governing EMS. Since the Treatment Protocols were implemented on **July 1, 2011** they will be addressed in more detail in the next annual update provided.

FACILITY / PROVIDER CHANGES:

Advanced Life Support (ALS) Provider additions:

- Reach Air (July '09)
- Impulse (December '09)
- Rescue Services International (March '10)

Emergency Department Approved for Pediatrics (EDAP) addition:

- Sherman Oaks (January '10)

Paramedic Base Hospital addition:

- Antelope Valley Hospital (January '10)

ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)

Standing Field Treatment Protocol (SFTP) Provider Agency addition:

- La Verne Fire Department (February '11)

Stroke Center additions (25):

- Cedars-Sinai Medical Center (November '09)
- Glendale Adventist Medical Center (November '09)
- Long Beach Memorial Medical Center (November '09)
- Northridge Hospital Medical Center (November '09)
- Presbyterian Intercommunity Hospital (November '09)
- Providence Little Company of Mary – San Pedro (November '09)
- Providence St. Joseph Medical Center (November '09)
- Ronald Reagan UCLA Medical Center (November '09)
- Torrance Memorial Medical Center (November '09)
- Los Alamitos Medical Center (*Orange County*) (November '09)
- Huntington Memorial Hospital (December '09)
- White Memorial Medical Center (December '09)
- St. Jude Medical Center (*Orange County*) (December '09)
- Henry Mayo Newhall Memorial Hospital (April '10)
- Providence Holy Cross Medical Center (June '10)
- Providence Little Company of Mary Medical Center - Torrance (June '10)
- Providence Tarzana Medical Center (June '10)
- Methodist Hospital of Southern California (August '10)
- Los Robles Hospital & Medical Center (*Ventura County*) (October '10)
- Kaiser Los Angeles Medical Center (November '10)
- Pomona Valley Hospital Medical Center (January '11)
- Garfield Medical Center (April '11)
- St. Mary Medical Center (May '11)
- Kaiser Foundation Hospital – Woodland Hills (June '11)
- Valley Presbyterian Hospital (June '11)

Trauma Center designation addition:

- Antelope Valley Hospital (May '10)

Pediatric Trauma Center designation addition:

- Northridge Hospital Medical Center (October '10)

In keeping with the Mission Statement of the Los Angeles County EMS Agency, *To ensure timely, compassionate, and quality emergency and disaster medical services*, LA County continues to provide high quality, responsive emergency medical care to its residents and visitors. The commitment and mutual cooperation within the EMS community is integral to fulfilling our 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
2011 (Fiscal Years 2009-'10 & 2010-'11)
CHANGES MADE ON A STANDARD



LEMSA: Los Angeles County

FY: 2009 - '10 & 2010 - '11

TABLE 1 - STANDARDS

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency. Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.				All ALS providers have been approved by the LEMSA; however, some ALS providers do not have written agreements with the LEMSA due to conflicts in the interpretation of State law and regulations with regards to ".201 rights". A response remains pending from the Attorney General regarding .201 rights. Therefore, written agreements with providers remains outstanding due to fear that by doing so, .201 rights would be extinguished. Although "written agreements" have not been established, the LEMSA continues to ensure that all EMS provider agencies adhere to all of the policies, procedures, and protocols of the EMS system.	The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers.

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; Emergency Department Approved for Pediatrics; Pediatric Medical Centers; Pediatric Trauma Centers; Perinatal Centers; and Trauma Centers. Based upon the system needs, these capabilities have been expanded, as exemplified by the addition of the following categories: ST-Elevation MI Receiving Centers; Approved Stroke Centers; Burn Surge Centers; Disaster Resource Centers and their "Umbrella Hospitals". 9-1-1 Receiving hospitals participating in any of the aforementioned EMS programs have gone through a formal approval processes by the LEMSA and ongoing continued evaluation; however, 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
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



TABLE 2: SYSTEM RESOURCES AND OPERATIONS - System Organization and Management

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

Reporting Year: **2011 (Fiscal Years 2009-10 & 2010-11)**

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: Chief Deputy Director, HS**

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: RDMHC	
Other: HRSA Grant and other grant management	
Other: _____	

5. EXPENSES:	FY 2009-2010	FY 2010-2011
Salaries and benefits (All but contract personnel)	<u>\$19,177,751</u>	\$19,131,633
Contract Services (e.g. medical director)	_____	_____
Operations (e.g. copying, postage, facilities)	_____	_____
Travel	_____	_____
Fixed assets	<u>\$134,319</u>	<u>\$353,330</u>
Indirect expenses (overhead)	_____	_____
Ambulance subsidy	_____	_____
EMS Fund payments to physicians/hospital	<u>\$19,879,014</u>	<u>\$22,790,749</u>
Dispatch center operations (non-staff)	_____	_____
Training program operations	_____	_____
Other: S&S	<u>\$17,983,522</u>	<u>\$18,354,589</u>
Other: EMS Fund payments to Physicians	<u>\$0.00</u>	<u>\$0.00</u>
Other: _____	_____	_____
TOTAL EXPENSES	<u>\$57,174,606</u>	<u>\$60,630,301</u>

6. SOURCES OF REVENUE:	FY 2009-2010	FY 2010-2011
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>\$10,504,340</u>	<u>\$10,472,143</u>
Other local tax funds (e.g., EMS district)	_____	_____
County contracts (e.g. multi-county agencies)	_____	_____
Certification fees	<u>\$203,768</u>	<u>\$383,651</u>
Training program approval fees	<u>\$496,241</u>	<u>\$586,395</u>
Training program tuition/Average daily attendance funds (ADA)	_____	_____

	FY 2009-2010	FY 2010-2011
Job Training Partnership ACT (JTPA) funds/other payments		
Base hospital application fees	<u>\$240,470</u>	<u>\$251,118</u>
Trauma center application fees	<u>\$539,981</u>	<u>\$1,006,908</u>
Pediatric facility approval fees		
Pediatric facility designation fees		
Other critical care center application fees		
Type: _____		
Other critical care center designation fees		
Other critical care center designation fees		
Ambulance service/vehicle fees		
Contributions		
EMS Fund (SB 12/612/SB 1773)	<u>\$28,516,539</u>	<u>\$32,987,596</u>
Other grants: EMS Allocation Fund		
Other fees: various other revenue/Intrafund Transfers	<u>\$4,192,182</u>	<u>\$5,820,603</u>
Other (specify): HRSA	<u>\$14,508,734</u>	<u>\$11,543,817</u>
TOTAL REVENUE	<u>\$59,202,255</u>	<u>\$63,052,231</u>

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

FY 2009-10 - Total Revenue is greater than Total Expenses due to the SB 1773 allocation of **\$2,027,649** for Pediatric Trauma Centers which was disbursed in future FYs.

FY 2010-11 - Total Revenue is greater than Total Expenses due to the SB 1773 allocation of **\$2,421,930** for Pediatric Trauma Centers which was disbursed in future FYs.

7. Fee Structure

We do not charge any fees
 Our fee structure is

	FY 2009-2010	FY 2010-2011
First responder certification		
EMS dispatcher certification		
EMT-I certification	<u>\$30.00</u>	<u>\$30.00</u>
EMT-I recertification	<u>\$20.00</u>	<u>\$20.00</u>
EMT-defibrillation certification		
EMT-defibrillation recertification		
EMT-II certification		
EMT-II recertification		
EMT-P accreditation	<u>\$265.00</u>	<u>\$265.00</u>
Mobile Intensive Care Nurse/	<u>\$125.00</u>	<u>\$125.00</u>

	FY 2009-2010	FY 2010-2011
Authorized Registered Nurse (MICN/ARN) certification	_____	_____
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>\$11,754</u>	<u>\$11,958</u>
Base hospital designation	_____	_____
Trauma center application	<u>\$41,028</u>	<u>\$71,992</u>
Trauma center designation	_____	_____
Pediatric facility approval	_____	_____
Pediatric facility designation	_____	_____
Other critical care center application	_____	_____
Type: _____	_____	_____
Other critical care center designation	_____	_____
Type: _____	_____	_____
Ambulance service license - New	<u>\$1,435.39</u>	<u>\$1,435.39</u>
Ambulance service license - Renewal	<u>\$244.34</u>	<u>\$244.34</u>
Ambulance vehicle permits - New	<u>\$373.86</u>	<u>\$373.86</u>
Ambulance vehicle permits - Renewal	<u>\$339.55</u>	<u>\$339.55</u>
Other: Ambulette operator - New	<u>\$1,435.39</u>	<u>\$1,435.39</u>
Other: Ambulette operator - Renewal	<u>\$244.34</u>	<u>\$244.34</u>
Other: Ambulette vehicle permit - New	<u>\$361.72</u>	<u>\$361.72</u>
Other: Ambulette vehicle permit - Renewal	<u>\$327.41</u>	<u>\$327.41</u>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2009-10)



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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2009-2010**

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	\$72.80	\$36.01	For the entire worksheet: 49.46% provided by Fiscal Services
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	3	\$63.71	\$31.51	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	2	\$53.92	\$26.67	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	\$61.79	\$30.56	
Trauma Coordinator	Trauma System Program Manager	1	\$55.67	\$27.54	
Medical Director	Medical Director	1	\$101.24	\$50.07	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1	\$92.00	\$45.50	
Disaster Medical Planner	Disaster Medical Officer	1	\$77.46	\$38.31	

Table 2 - System Organization & Management (FY 2009-10 cont.):

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Ambulance Program Coordinator	1	\$35.54	\$17.58	
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	\$53.60	\$26.51	
QA/QI Coordinator	Provider and Hospital Program Managers	4	\$58.96	\$29.16	
Public Info. & Education Coordinator	Pre-Hospital Certification, Risk Management and Investigators	2	\$65.77	\$32.53	
Executive Secretary	Executive Secretary	1	\$30.67	\$15.17	
Data Entry Clerk	Data Entry Clerk	2	Various	Various	
Ambulance Services	Ambulance Services	61	Various	Various	
Medical Alert Center & Communications (MACC)	Medical Alert Center & Communications (MACC)	24	Various	Various	
Other EMS Staff	Various	75	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 – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2010-11)



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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2010-2011**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (51.51 % of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	1	\$73.33	\$37.77	For the entire worksheet: 51.51% provided by Fiscal Services
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	3	\$63.84	\$32.88	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	2	\$55.06	\$28.36	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	\$62.82	\$32.36	
Trauma Coordinator	Trauma System Program Manager	1	\$59.17	\$30.48	
Medical Director	Medical Director	1	\$102.59	\$52.85	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1	\$92.00	\$47.39	
Disaster Medical Planner	Disaster Medical Officer	1	\$80.09	\$41.25	

Table 2 - System Organization & Management (FY 2010-11 cont.):

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor	Ambulance Program Coordinator	1	\$39.39	\$20.29	
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	\$59.38	\$30.59	
QA/QI Coordinator	Provider and Hospital Program Managers	4	\$58.55	\$30.16	
Public Info. & Education Coordinator	Pre-Hospital Certification, Risk Management and Investigators	2	\$66.72	\$34.37	
Executive Secretary	Executive Secretary	1	\$31.26	\$16.10	
Data Entry Clerk	Data Entry Clerk	3	Various	Various	
Ambulance Services	Ambulance Services	57	Various	Various	
Medical Alert Center & Communications (MACC)	Medical Alert Center & Communications (MACC)	24	Various	Various	
Other EMS Staff	Various	71	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

Interim Director of Health Services
John F. Schunhoff, Ph.D.

Interim Chief Medical Officer
Gail V. Anderson, Jr., MD

EMS Director
Cathy Chidester

PIO
Vacant

EMS COMMISSION

MGMT SECRETARY III

RDMHS

EMS Medical Director
William J. Koenig, M.D.

EMS QI
Sr. Nursing Instructor
Susan Mori

Chief Information Officer
IS Manager I
Kevin L. Sanderlin

Communication Systems
Senior EMS Program Head
Jose Balance

Application Development
Principal Application Developer
Jeffrey Morgan

Information Systems Analyst II
- Alfred Reyes
- Adam Martinez

Sr. Application Developer
- Prissilla Wong
Information Systems Analyst II
- Robert Hightower
Epidemiologist
- Phoung Nguyen

Information Systems Analyst I
- Kim Buard

EMS Assistant Director
Richard Tadeo

Office of Prehospital Care Operations
- Sr. EMS Program Head
- Christine Bender

- Ambulance Programs
- Sr. Nursing Instructor
- John Telmos

Hospital Program/(TEMIS)
- Sr. EMS Program Head
- Deidre Gorospe

Ambulance Services/CDO
- EMS Program Head
- Robert Moore
- Gregory Chidley

Paramedic Training Institute
- Sr. EMS Program Head
- Michale Heatley

Graphics

EMS Assistant Director
Disaster Services
Kay Fruhwirth

Office of Certification & Program Approval
- Sr. EMS Program Head
- Lucy Adams

Medical Alert Center
- Nurse Manager
- John Quiroz

Office of Disaster Response
- Sr. EMS Program Head
- James Eads

Disaster Services
- Sr. EMS Program Head
- Roel Amara

Disaster Grant Program

Disaster Training
- Sr. EMS Program Head

Disaster Management

Staff Assist. I

EMS Assistant Director
Administrative
Andree Stecker

EMS Personnel Management

EMS Reimbursement Programs/Audit
- Administrative Assistant II
- Contract Program Auditor - Vacant

Special Assignments

Head Management Services
Vacant

EMS Budget & Finance/Grant Mngt
Reporting/Front Desk/Cahier
- Financial Specialist II
- Health Care Financial Analyst
- Intermediate Clerk

Contracts Developemnt/Contract Monitoring
- Staff Analyst H.S.
- Assistant Staff Analyst H.S. (2)

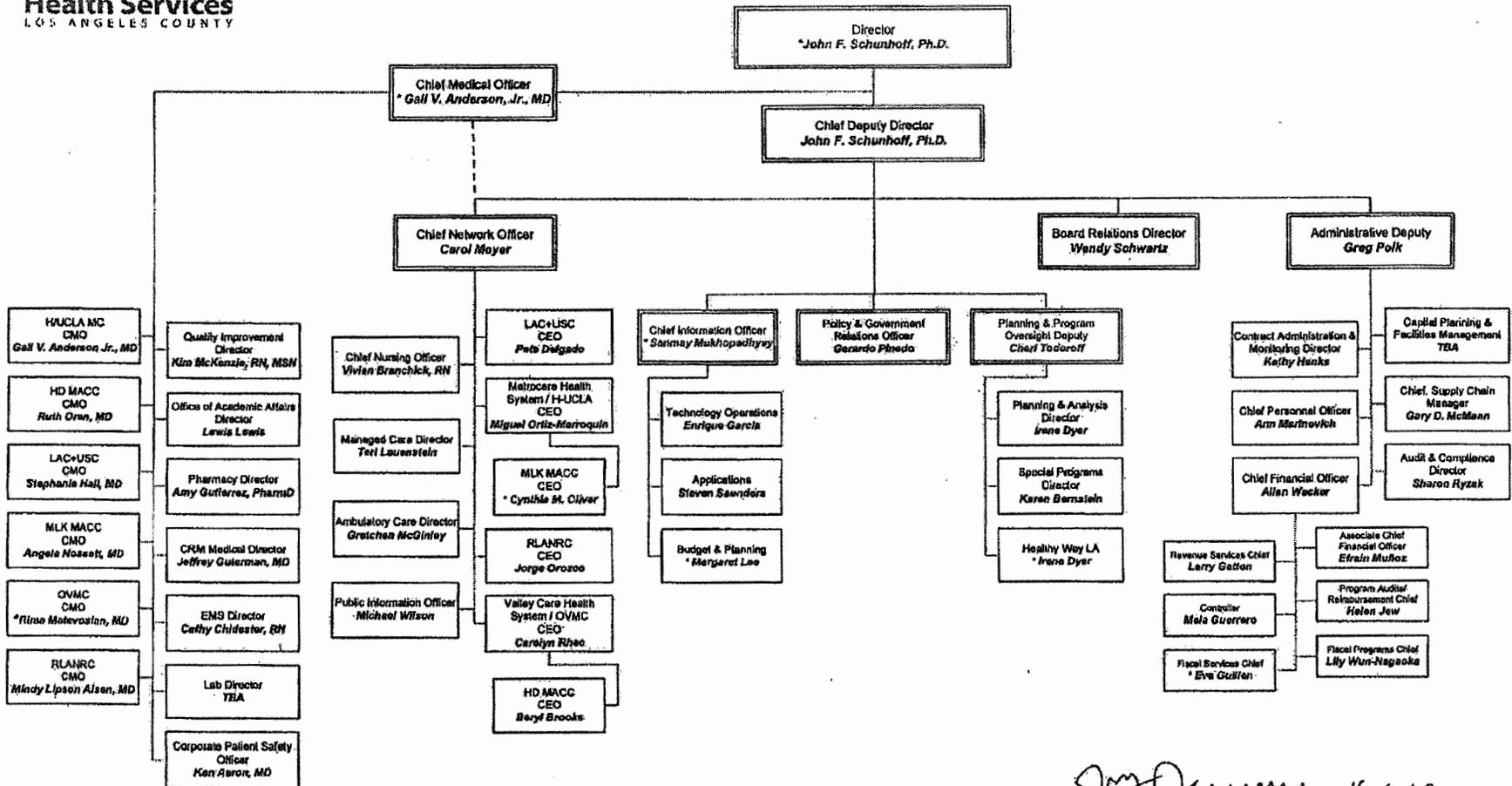
EMS Procurement
- Staff Assistant II

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 4-1-10
John F. Schunhoff, Ph.D. Date
Interim Director



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2010-11)



TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

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

Reporting Year: **Fiscal Year 2010-2011**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	5,453	N/A		761
Number newly certified this year	1,779	N/A		87
Number recertified this year	1,792	N/A		244
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	3,675	N/A
Number of certification reviews resulting in:				
a) formal investigations	182	N/A		0
b) probation	58	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	1	N/A		0
e) denials	2	N/A		0
f) denials of renewal	N/A	N/A		0
g) no action taken	135	N/A	0	0

1. Early defibrillation:
 - a) Number of EMT-I (defib) certified **11,742**
 - b) Number of public safety (defib) certified (non-EMT-I) **3,508**

2. Do you have a first responder training program Yes **No X**



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2009-10)



TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

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

Reporting Year: **Fiscal Year 2009-2010**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	5,000	N/A		680
Number newly certified this year	1,830	N/A		105
Number recertified this year	1,585	N/A		194
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	3,071	N/A
Number of certification reviews resulting in:				
a) formal investigations	182	N/A		0
b) probation	58	N/A	0	0
c) suspensions	0	N/A	0	0
d) revocations	1	N/A		0
e) denials	2	N/A		0
f) denials of renewal	N/A	N/A		0
g) no action taken	135	N/A	0	0

1. Early defibrillation:
 - a) Number of EMT=I (defib) certified 11,537
 - b) Number of public safety (defib) certified (non-EMT-I) 3,378

2. Do you have a first responder training program Yes No X



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **County of Los Angeles**

Reporting Year: **2011 (Fiscal Years 2009-10 & 2010-11)**

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

- | | | |
|----|---|---|
| 1. | Number of primary Public Service Answering Points (PSAP) | 85 |
| 2. | Number of secondary PSAPs | 13 |
| 3. | Number of dispatch centers directly dispatching ambulances | 30 |
| 4. | Number of EMS dispatch agencies utilizing EMS guidelines | 21 |
| 5. | Number of designated dispatch centers for EMS Aircraft | 2 |
| 6. | Who is your primary dispatch agency for day-to-day emergencies?
Dispatch agency for day-to-day emergencies is dependent on where the call originated. | |
| 7. | Who is your primary dispatch agency for a disaster?
Los Angeles County Fire District is the Fire Operational Area Coordinator (FOAC). | |
| 8. | Do you have an operational area disaster communication system? | Yes <input checked="" type="checkbox"/> No |
| | a. Radio primary frequency: 800 MHz trunked – Countywide Integrated Radio System (CWIRS) | |
| | b. Other methods: landline, cellphones, ReddiNet (microwave and internet), satellite phones, Hospital Emergency Administrative Radio (HEAR), and HAM | |
| | c. Can all medical response units communicate on the same disaster communications system? | Yes <input checked="" type="checkbox"/> No |

(LA Regional Tactical Communications System – Coordinated through LA County Sheriff's Department)

- d. Do you participate in the Operational Area Satellite Information System (OASIS)? **Yes X** No
- e. Do you have a plan to utilize RACES as a back-up communication system?
- 1) Within the operational area? **Yes X** No
- 2) Between the operational area and the region and/or state? **Yes X** No



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2009-10)



TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation

EMS System: **County of Los Angeles**

Reporting Year: **2011 (Fiscal Year 2009-10)**

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

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **14,915**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/ URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	8.0*	Not Applicable	Not Applicable	8.0*
Early defibrillation responder	5.27*	5.37	15.0	5.63*
Advanced life support responder	5.27*	5.36	15.0	5.48*
Transport Ambulance	6.03*	5.36	15.0	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
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



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

EMS System: **County of Los Angeles**

Reporting Year: **2011 (Fiscal Years 2009-10 & 2010-11)**

NOTE: Table 6 is to be reported by agency.

	2009-10	2010-11
1. Trauma		
a. Number of patients meeting trauma triage criteria (Trauma Data Base - Exhibit C patients)	18,880	19,574
b. Number of major trauma victims transported directly to a trauma center by ambulance (Trauma Data Base – mode of entry equal to EMS)	15,831	16,346
c. Number of major trauma patients transferred to a trauma center (Trauma Data Base - ED-to-ED transfers and Direct Admits)	512	731
d. Number of patients meeting trauma triage criteria who weren't treated at a trauma center (Base Data Base - meets trauma criteria, but not transported to a trauma center [0.12%])	295	246
2. Emergency Departments		
a. Total number of emergency departments		72
b. Number of referral emergency services		0
c. Number of standby emergency services (Catalina Island Medical Center, Community & Mission Hospital of Huntington Park, Los Angeles Community Hospital, & St. Vincent Medical Center)		4
d. Number of basic emergency services		66
e. Number of comprehensive emergency services (LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)		2
3. Receiving Hospitals		
a. Number of receiving hospitals with written agreements		0
b. Number of base hospitals with written agreements		21



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: **County of Los Angeles**

Reporting Year: **2011 (Fiscal Years 2009-10 & 2010-11)**

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
LA County does not designate CCPs but we have designated select hospitals as Disaster Resource Centers (DRC) that have additional resources to deal with medical surge. See attached map for DRCs.
 - 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 No X**

NOTE: The EMS Agency will coordinate with LA County Department of Mental Health to address mental health and behavioral issues related to disasters.

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**

***NOTE:** Formed by volunteers from LA County's Disaster Health Volunteer Surge Unit

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- continued

4. Hazardous Materials
- a. Do you have any HazMat trained medical response teams? Yes 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? 1
- 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

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- continued

9. If not, to whom do you report?
Deputy Director, Strategic Planning, LA County Department of Health Services (DHS)

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?
DHS sends a liaison to the LA County Department of Public Health's Department Operations Center and vice versa.



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-2011)

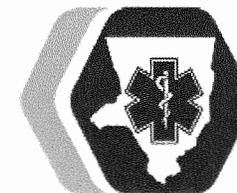


Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2009-10 & 2010-11**

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

Provider: Aegis Ambulance Service Inc.

Telephone number: (626) 685-9400

Address: 140 W. Chestnut Avenue

Monrovia, CA 91016

Number of Ambulances: 19

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

13,300 Total number of responses
0 Number of emergency responses
13,300 Number of non-emergency responses

13,300 Total number of transports
0 Number of emergency transports
13,300 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Alhambra Fire Department
Address: 301 North First Street
Alhambra, CA 91801

Telephone number: (626) 570-5190
Number of Ambulances: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4,063 Total number of responses
2,827 Number of emergency responses
1,236 Number of non-emergency responses

3,123 Total number of transports
2,316 Number of emergency transports
807 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: AmbuServe, Inc.
Address: 15105 S. Broadway Avenue
Gardena, CA 90248

Telephone number: (310) 644-0500
Number of Ambulances: 28

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

32,761 Total number of responses
1,959 Number of emergency responses
30,802 Number of non-emergency responses

27,868 Total number of transports
1,730 Number of emergency transports
26,138 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: AmeriCare Ambulance **Telephone number:** (310) 835-9390
Address: 1059 E. Bedmar Street
Carson, CA 90746 **Number of Ambulances:** 65

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>27,557</u> Total number of responses	<u>22,733</u> Total number of transports
<u>1,553</u> Number of emergency responses	<u>1,117</u> Number of emergency transports
<u>26,004</u> Number of non-emergency responses	<u>21,616</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Antelope Ambulance Service **Telephone number:** (661) 951-1998
Address: 42540 N. 6th Street East
Lancaster, CA 93535 **Number of Ambulances:** _____

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Antelope Ambulance Service failed to provide the requested information after repeated requests, both formal written request and multiple follow-up verbal requests were made.

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Arcadia Fire Department
Address: 710 S. Santa Anita Avenue
Arcadia, CA 91006

Telephone number: (626) 574-5112
Number of Ambulances: 2

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3,050 Total number of responses
3,050 Number of emergency responses
0 Number of non-emergency responses

2,181 Total number of transports
2,181 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Avalon Fire Department
Address: P.O. Box 707 (420 Avalon Canyon Road)
Avalon, CA 90704

Telephone number: (310) 510-0203
Number of Ambulances: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

827 Total number of responses
790 Number of emergency responses
37 Number of non-emergency responses

620 Total number of transports
583 Number of emergency transports
37 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Beverly Hills Fire Department
Address: 445 North Rexford Drive
Beverly Hills, CA 90210

Telephone number: (310) 281-2700
Number of Ambulances: 4

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5,925 Total number of responses
3,848 Number of emergency responses
0 Number of non-emergency responses

2,115 Total number of transports
1,658 Number of emergency transports
457 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Bowers Companies, Inc.
Address: 3355 East Spring Street, Suite 301
Long Beach

Telephone number: (562) 988-6460
Number of Ambulances: 37

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

46,271 Total number of responses
826 Number of emergency responses
45,105 Number of non-emergency responses

44,049 Total number of transports
534 Number of emergency transports
43,515 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Compton Fire Department
Address: 201 South Arcadia
Compton, CA 90220

Telephone number: (310) 605-5670
Number of Ambulances: 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

10,784 Total number of responses
10,707 Number of emergency responses
77 Number of non-emergency responses

4,931 Total number of transports
UNK Number of emergency transports
UNK Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Culver City Fire Department
Address: 9770 Culver Boulevard
Culver City, CA 90232

Telephone number: (310) 253-5900
Number of Ambulances: 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3,697 Total number of responses
3,697 Number of emergency responses
0 Number of non-emergency responses

2,416 Total number of transports
646 Number of emergency transports
1,770 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Downey Fire Department **Telephone number:** (562) 904-7301
Address: 12222 Paramount Boulevard
Downey, CA 90242 **Number of Ambulances:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>8,554</u> Total number of responses	<u>5,004</u> Total number of transports
<u>8,022</u> Number of emergency responses	<u>4,570</u> Number of emergency transports
<u>532</u> Number of non-emergency responses	<u>434</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: El Segundo Fire Department **Telephone number:** (310) 524-2395
Address: 314 Main Street
El Segundo, CA 90245 **Number of Ambulances:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>2,271</u>	Total number of responses	<u>720</u>	Total number of transports
<u>1,626</u>	Number of emergency responses	<u>720</u>	Number of emergency transports
<u>645</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Gerber Ambulance Service
Address: 19801 Mariner Avenue
Torrance, CA 90503

Telephone number: (310) 542-6464
Number of Ambulances: _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Gerber Ambulance Service failed to provide the requested information after repeated requests, both formal written request and multiple follow-up verbal requests were made.

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Glendale Fire Department
Address: 421 Oak Street
Glendale, CA 91204

Telephone number: (818) 548-6471
Number of Ambulances: 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

15,451 Total number of responses
15,402 Number of emergency responses
49 Number of non-emergency responses

7,061 Total number of transports
7,061 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Guardian Ambulance Service
Address: 18547 East Carson, Suite 1
Pasadena, CA 91107

Telephone number: (626) 792-3688
Number of Ambulances: 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5,890 Total number of responses
0 Number of emergency responses
5,890 Number of non-emergency responses

5,825 Total number of transports
0 Number of emergency transports
5,825 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Hermosa Beach Fire Department **Telephone number:** (310) 376-2479
Address: 540 Pier Avenue
Hermosa Beach, CA 90254 **Number of Ambulances:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>1,386</u>	Total number of responses	<u>762</u>	Total number of transports
<u>1,386</u>	Number of emergency responses	<u>762</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Impulse Ambulance, Inc. **Telephone number:** (818) 982-3500
Address: 12531 Vanowen Street
North Hollywood, CA 91605 **Number of Ambulances:** 11

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>4,406</u> Total number of responses	<u>3,896</u> Total number of transports
<u>0</u> Number of emergency responses	<u>26</u> Number of emergency transports
<u>3,896</u> Number of non-emergency responses	<u>3,870</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: La Verne Fire Department
Address: 2061 Third Street
La Verne, CA 91750

Telephone number: (909) 596-5991
Number of Ambulances: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,814 Total number of responses
2,447 Number of emergency responses
367 Number of non-emergency responses

1,154 Total number of transports
UNK Number of emergency transports
UNK Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Liberty Ambulance Service
Address: 9441 Washburn Road
Downey, CA 90242

Telephone number: (562) 741-6230
Number of Ambulances: 23

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

6,323 Total number of responses
21 Number of emergency responses
6,302 Number of non-emergency responses

4,999 Total number of transports
12 Number of emergency transports
4,987 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Long Beach Fire Department
Address: 3205 Lakewood Boulevard
Long Beach, CA 90808

Telephone number: (562) 570-2500
Number of Ambulances: 13

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

65,806 Total number of responses
42,330 Number of emergency responses
23,476 Number of non-emergency responses

23,644 Total number of transports
23,644 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles County Fire Dep., EMS Division
Address: 1320 N. Eastern Avenue
Los Angeles, CA 90040

Telephone number: (323) 881-2485
Number of Ambulances: N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

248,963 Total number of responses
248,963 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

1,094 Total number of responses
1,094 Number of emergency responses
0 Number of non-emergency responses

1,094 Total number of transports
1,094 Number of emergency transports
0 Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles County Sheriff's Department
Address: 1060 N. Eastern Avenue
Los Angeles, CA 90022

Telephone number: (323) 881-7800
Number of Ambulances: 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

194 Total number of responses
194 Number of emergency responses
0 Number of non-emergency responses

194 Total number of transports
194 Number of emergency transports
0 Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Los Angeles Fire Department
Address: 1200 N. Main Street
Los Angeles, CA 90012

Telephone number: (213) 485-7153
Number of Ambulances: / 2 Air

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance (2) <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

144 Total number of responses
144 Number of emergency responses
0 Number of non-emergency responses

144 Total number of transports
144 Number of emergency transports
0 Number of non-emergency transports

Los Angeles Fire Department failed to provide the requested information for the ground units after repeated requests, both formal written request and multiple follow-up verbal requests were made.

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Manhattan Beach Fire Department
Address: 400 15th Street
Manhattan Beach, CA 90266

Telephone number: (310) 802-5203
Number of Ambulances: 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,100 Total number of responses
1,500 Number of emergency responses
600 Number of non-emergency responses

900 Total number of transports
550 Number of emergency transports
350 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: MedCoast Ambulance Service
Address: 14325 Iseli Road
Santa Fe Springs, CA 90670

Telephone number: (562) 802-3765
Number of Ambulances: 25

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

29,314 Total number of responses
0 Number of emergency responses
29,314 Number of non-emergency responses

27,854 Total number of transports
24 Number of emergency transports
27,830 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: MedResponse, Inc
Address: 16128 Cohasset Street
Van Nuys, CA 91409

Telephone number: (888) 633-3000
Number of Ambulances: 24

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

24,000 Total number of responses
0 Number of emergency responses
24,000 Number of non-emergency responses

24,000 Total number of transports
18 Number of emergency transports
23,982 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Mercy Ambulance Service **Telephone number:** (888) 777-3851
Address: 7700 Imperial Highway
Downey, CA 90242 **Number of Ambulances:** 10

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

5,436 Total number of responses
0 Number of emergency responses
5,436 Number of non-emergency responses

5,210 Total number of transports
0 Number of emergency transports
5,210 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Mercy Air Service Inc. **Telephone number:** (909) 829-7030
Address: 1670 Miro Way
Rialto, CA 92376 **Number of Ambulances:** 10

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

358 Total number of responses
38 Number of emergency responses
320 Number of non-emergency responses

251 Total number of transports
21 Number of emergency transports
230 Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Monrovia Fire Department
Address: 141 East Lemon Avenue
Monrovia, CA 91016

Telephone number: (626) 256-8100
Number of Ambulances: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3,181 Total number of responses
2,997 Number of emergency responses
184 Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Montebello Fire Department
Address: 600 North Montebello Boulevard
Montebello, CA 90640

Telephone number: (323) 887-4510
Number of Ambulances: 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4,329 Total number of responses
4,242 Number of emergency responses
87 Number of non-emergency responses

3,909 Total number of transports
2,864 Number of emergency transports
1,045 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Monterey Park Fire Department
Address: 320 West Newmark Avenue
Monterey Park, CA 91754

Telephone number: (626) 307-1270
Number of Ambulances: 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

3,057 Total number of responses
3,057 Number of emergency responses
0 Number of non-emergency responses

1,843 Total number of transports
1,843 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Mauran Ambulance Service Inc. **Telephone number:** (818) 365-3182
Address: 1211 First Street
San Fernando, CA 91340 **Number of Ambulances:** 25

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

13,591 Total number of responses
0 Number of emergency responses
13,591 Number of non-emergency responses

13,591 Total number of transports
0 Number of emergency transports
13,591 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Pasadena Fire Department
Address: 199 S. Los Robles Avenue, Suite 550
Pasadena, CA 91101

Telephone number: (626) 744-4655
Number of Ambulances: 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

15,592 Total number of responses
15,592 Number of emergency responses
0 Number of non-emergency responses

8,537 Total number of transports
UNK Number of emergency transports
UNK Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Priority One Medical Transport, Inc. **Telephone number:** (800) 600-3370
Address: 740 S. Rochester Avenue, Suite E
Ontario **Number of Ambulances:** 35

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

18,640 Total number of responses
0 Number of emergency responses
18,640 Number of non-emergency responses

16,466 Total number of transports
0 Number of emergency transports
16,466 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: PRN Ambulance, Inc. **Telephone number:** (323) 888-7750
Address: 345 S. Woods Avenue
Los Angeles, CA 90022 **Number of Ambulances:** 54

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

31,234 Total number of responses
110 Number of emergency responses
31,124 Number of non-emergency responses

30,403 Total number of transports
84 Number of emergency transports
30,319 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Rescue Services International, Ltd
Address: 5462 Irwindale Avenue, Suite B
Irwindale, CA 91706

Telephone number: (626) 385-0440
Number of Ambulances: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

4,596 Total number of responses
0 Number of emergency responses
4,596 Number of non-emergency responses

4,060 Total number of transports
52 Number of emergency transports
4,008 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: San Gabriel Fire Department
Address: 1303 S. Del Mar Avenue
San Gabriel, CA 91776

Telephone number: (626) 308-2880
Number of Ambulances: 1

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,983 Total number of responses
1,893 Number of emergency responses
90 Number of non-emergency responses

1,371 Total number of transports
192 Number of emergency transports
1,179 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: San Marino Fire Department
Address: 2200 Huntington Drive
San Marino, CA 91108

Telephone number: (626) 300-0735
Number of Ambulances: 1

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

567 Total number of responses
567 Number of emergency responses
0 Number of non-emergency responses

318 Total number of transports
318 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Santa Fe Springs Fire Department
Address: 1130 Greenstone Avenue
Santa Fe Springs, CA 90670

Telephone number: (562) 944-9713
Number of Ambulances: _____

<u>Written Contract:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Santa Fe Springs Fire Department failed to provide the requested information after repeated requests, both formal written request and multiple follow-up verbal requests were made.

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Santa Monica Fire Department
Address: 333 Olympic Drive
Santa Monica, CA 90401

Telephone number: (310) 458-8651
Number of Ambulances: 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

8,933 Total number of responses
8,933 Number of emergency responses
0 Number of non-emergency responses

6,105 Total number of transports
2,777 Number of emergency transports
3,328 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Schaefer Ambulance Service **Telephone number:** (323) 469-1473
Address: 4627 W. Beverly Boulevard
Los Angeles, CA 90004-3101 **Number of Ambulances:** 51

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

54,317 Total number of responses
37,895 Number of emergency responses
16,442 Number of non-emergency responses

43,519 Total number of transports
____ Number of emergency transports
____ Number of non-emergency transports

Air Ambulance Services

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Sierra Madre Fire Department
Address: 242 West Sierra Madre Boulevard
Sierra Madre, CA 91024

Telephone number: (626) 836-0246

Number of Ambulances: 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

590 Total number of responses
590 Number of emergency responses
0 Number of non-emergency responses

406 Total number of transports
162 Number of emergency transports
244 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Trinity Ambulance & Med Transportation
Address: 11745 Firestone Boulevard, Suite #204
Norwalk, CA 90650

Telephone number: (652) 677-1000
Number of Ambulances: 3

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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 checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

1,954 Total number of transports
0 Number of emergency transports
1,954 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Torrance Fire Department
Address: 1701 Crenshaw Boulevard
Torrance, CA 90501

Telephone number: (310) 781-7000
Number of Ambulances: 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

9,479 Total number of responses
9,479 Number of emergency responses
0 Number of non-emergency responses

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Vernon Fire Department
Address: 3375 Fruitland Avenue
Vernon, CA 90058

Telephone number: (323) 583-4821
Number of Ambulances: 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

1,480 Total number of responses
1,480 Number of emergency responses
0 Number of non-emergency responses

402 Total number of transports
402 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: West Coast Ambulance, Inc. **Telephone number:** (800) 880-0556
Address: 6739 S. Victoria Avenue
Los Angeles, CA 90043 **Number of Ambulances:** 29

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

36,142 Total number of responses
0 Number of emergency responses
36,142 Number of non-emergency responses

36,142 Total number of transports
0 Number of emergency transports
36,142 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: West Covina Fire Department
Address: 1444 West Garvey Avenue
West Covina, CA 91790

Telephone number: (626) 939-8824
Number of Ambulances: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

7,396 Total number of responses
6,897 Number of emergency responses
499 Number of non-emergency responses

3,498 Total number of transports
2,430 Number of emergency transports
1,068 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Provider: Westmed/McCormick Ambulance Company **Telephone number:** (310) 798-3300
Address: 13933 Crenshaw Boulevard
Hawthorne, CA 90250-7815 **Number of Ambulances:** 58

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

<u>79,259</u> Total number of responses	<u>58,409</u> Total number of transports
<u>74,674</u> Number of emergency responses	<u>26,885</u> Number of emergency transports
<u>4,585</u> Number of non-emergency responses	<u>31,524</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



Table 9 – RESOURCE DIRECTORY – Facilities

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2009-10 & 2010-11**

Note: Complete information for each facility by county. Make copies as needed.

Facility: Alhambra Hospital
Address: 100 South Raymond Avenue
 Alhambra, CA 91801

Telephone Number: (626) 570-1606

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>PICU:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<u>EDAP:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Facility: Antelope Valley Medical Center
Address: 1600 West Avenue J
 Lancaster, CA 93534

Telephone Number: (661) 949-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
<u>PICU:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<u>EDAP:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Table 9 – Resource Directory – Facilities

Facility: Catalina Island Medical Center
Address: 100 Falls Canyon Road
 Avalon, CA 90704

Telephone Number: (310) 510-0700

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Facility: Bellflower Medical Center
Address: 9542 East Artesia Boulevard
 Bellflower, CA 90706

Telephone Number: (562) 925-8355

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
 Montebello, CA 90640

Telephone Number: (323) 726-1222

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Table 9 – Resource Directory – Facilities

Facility: Brotman Medical Center
Address: 3828 Delmar Terrace
 Culver City, CA 90231

Telephone Number: (310) 836-7000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: California Hospital Medical Center
Address: 1401 South Grand Avenue
 Los Angeles, CA 90015

Telephone Number: (213) 748-2411

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I		<input checked="" type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Boulevard
 Los Angeles, CA 90048

Telephone Number: (310) 855-5000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:			
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Table 9 – Resource Directory – Facilities

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
 Inglewood, CA 90301

Telephone Number: (310) 673-4660

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: Children’s Hospital Los Angeles
Address: 4650 Sunset Boulevard
 Los Angeles, CA 90027

Telephone Number: (323) 660-2450

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level: <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: Citrus Valley Medical Center-Inter-Community Campus
Address: 210 West San Bernardino Road
 Covina, CA 91723

Telephone Number: (626) 331-7331

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: Citrus Valley Medical Center-Queen of the Valley Campus
Address: 1115 South Sunset Avenue
 West Covina, CA 91790

Telephone Number: (626) 962-4011

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
 Norwalk, CA 90650

Telephone Number: (562) 868-3751

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

Facility: Community Hospital of Long Beach
Address: 1720 Termino Avenue
 Long Beach, CA 90804

Telephone Number: (562) 498-1000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

Table 9 – Resource Directory – Facilities

Facility: Downey Regional Medical Center
Address: 11500 Brookshire Avenue
 Downey, CA 90241

Telephone Number: (562) 904-5000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
 Los Angeles, CA 90023

Telephone Number: (323) 268-5514

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: East Valley Hospital
Address: 150 W. Route 66
 Glendora, CA 91740

Telephone Number: (626) 335-0231

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
 Encino, CA 91436

Telephone Number: (818) 995-5000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
 Glendora, CA 91749

Telephone Number: (626) 963-8411

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
 Monterey Park, CA 91754

Telephone Number: (626) 573-2222

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: Glendale Adventist Medical Center
Address: 1509 East Wilson Terrace
 Glendale, CA 91206

Telephone Number: (818) 409-8000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
 Glendale, CA 91204

Telephone Number: (818) 502-1900

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Blvd.
 Los Angeles, CA 90017

Telephone Number: (213) 977-2121

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Greater El Monte Community Hospital
Address: 1701 Santa Anita Avenue
 South El Monte, CA 91733

Telephone Number: (626) 579-7777

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Facility: Henry Mayo Newhall Memorial Hospital
Address: 23845 West McBean Parkway
 Valencia, CA 91355

Telephone Number: (661) 253-8000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Facility: Huntington Memorial Hospital
Address: 100 West California Boulevard
 Pasadena, CA 91105

Telephone Number: (626) 397-5000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
PICU: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Table 9 – Resource Directory – Facilities

Facility: Kaiser Foundation - Baldwin Park
Address: 1011 Baldwin Boulevard
 Baldwin Park, CA 91706

Telephone Number: (626) 851-1011

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Facility: Kaiser Downey Medical Center
Address: 9333 Imperial Highway
 Downey, CA 90242

Telephone Number: (562) 920-3023

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Facility: Kaiser Foundation - Los Angeles
Address: 4867 Sunset Boulevard
 Los Angeles, CA 90027

Telephone Number: (323) 783-4011

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: Kaiser Foundation - Panorama City
Address: 13652 Cantara Street
 Panorama City, CA 91402

Telephone Number: (818) 375-2000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Kaiser Foundation – South Bay Medical Center
Address: 25825 South Vermont Avenue
 Harbor City, CA 90710

Telephone Number: (310) 325-5111

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Kaiser Foundation - West Los Angeles
Address: 6041 Cadillac Avenue
 Los Angeles, CA 90034

Telephone Number: (323) 857-2000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Kaiser Foundation - Woodland Hills
Address: 5601 De Soto Avenue
 Woodland Hills, CA 91367

Telephone Number: (818) 719-2000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
 Torrance, CA 90502

Telephone Number: (310) 222-2345

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
PICU: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
 Sylmar, CA 91342

Telephone Number: (818) 364-1555

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: LAC + USC Medical Center
Address: 1200 North State Street
 Los Angeles, CA 90033

Telephone Number: (323) 226-2622

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center:	
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
				<input checked="" type="checkbox"/> Level I	<input type="checkbox"/> Level II
				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Lakewood Regional Medical Center
Address: 3700 S. Street
 Lakewood, CA 90712

Telephone Number: (562) 531-2550

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:	
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Long Beach Memorial Medical Center
Address: 2801 Atlantic Avenue
 Long Beach, CA 90806

Telephone Number: (562) 933-2000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center:	
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
				<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Los Angeles Comm. Hospital of Norwalk
Address: 13222 Bloomfield Avenue
 Norwalk, CA 90650

Telephone Number: (562) 863-4763

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Los Angeles Metropolitan Medical Center
Address: 2231 S. Western Ave.
 Los Angeles, CA 90018

Telephone Number: 000.00.0000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Marina Del Rey Hospital
Address: 4650 Lincoln Boulevard
 Marina Del Rey, CA 90291

Telephone Number: (310) 823-8911

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
 Gardena, CA 90247

Telephone Number: (310) 532-4200

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Methodist Hospital of Southern California
Address: 300 West Huntington Drive
 Arcadia, CA 91007

Telephone Number: (626) 445-4441

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
 Panorama City, CA 91402

Telephone Number: (818) 787-2222

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
 Monterey Park, CA 91754

Telephone Number: (626) 570-9000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: Northridge Hospital Medical Center, Roscoe Campus
Address: 18300 Roscoe Boulevard
 Northridge, CA 91328

Telephone Number: (818) 885-8500

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Level I		<input checked="" type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: Olympia Medical Center
Address: 5900 West Olympic Boulevard
 Los Angeles, CA 90036

Telephone Number: (310) 657-5900

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Table 9 – Resource Directory – Facilities

Facility: Pacific Hospital of Long Beach
Address: 2776 Pacific Avenue
 Long Beach, CA 90806

Telephone Number: (562) 595-1911

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Facility: Pacifica Hospital of the Valley
Address: 9449 San Fernando Road
 Sun Valley, CA 91352

Telephone Number: (818) 767-3310

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
 Palmdale, CA 93551

Telephone Number: (661) 940-1498

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Table 9 – Resource Directory – Facilities

Facility: Pomona Valley Hospital Medical Center
Address: 1798 North Garey Avenue
 Pomona, CA 91767

Telephone Number: (909) 623-8715

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Presbyterian Intercommunity Hospital
Address: 12401 East Washington Boulevard
 Whittier, CA 90602

Telephone Number: (562) 698-0811

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
 Mission Hills, CA 91345

Telephone Number: (818) 365-8051

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Providence Saint Joseph Medical Center
Address: 501 South Buena Vista Street
 Burbank, CA 91505

Telephone Number: (818) 843-5111

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Providence Little Company of Mary –San Pedro Hospital
Address: 1300 West Seventh Street
 San Pedro, CA 90732

Telephone Number: (310) 832-3311

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Providence Little Company of Mary Hospital-Torrance
Address: 4101 Torrance Boulevard
 Torrance, CA 90503

Telephone Number: (310) 540-7676

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Providence Tarzana Medical Center - Tarzana Campus
Address: 18321 Clark Street
 Tarzana, CA 91356

Telephone Number: (818) 881-0800

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
 Los Angeles, CA 90027

Telephone Number: (323) 413-3000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Facility: Ronald Reagan UCLA Medical Center
Address: 757 Westwood Plaza
 Los Angeles, CA 90095

Telephone Number: (310) 825-9111

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Level I		<input type="checkbox"/> Level II	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III		<input type="checkbox"/> Level IV	

Table 9 – Resource Directory – Facilities

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
 Lynwood, CA 90262

Telephone Number: (310) 900-7301

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: St. John's Health Center
Address: 2121 Santa Monica Blvd.
 Santa Monica, CA 90404

Telephone Number: (310) 829-5511

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: St. Mary Medical Center
Address: 1050 Linden Avenue
 Long Beach, CA 90813

Telephone Number: (562) 491-9000

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input checked="" type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: San Dimas Community Hospital
Address: 1350 West Covina Boulevard
 San Dimas, CA 91773

Telephone Number: (909) 599-6811

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:			
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
 San Gabriel, CA 91776

Telephone Number: (626) 289-5454

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:			
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: Santa Monica-UCLA Medical Center
Address: 1250 16th Street
 Santa Monica, CA 90404

Telephone Number: (310) 319-4000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:			
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: Sherman Oaks Community Hospital
Address: 4929 Van Nuys Boulevard
 Sherman Oaks, CA 91403

Telephone Number: (818) 981-7111

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
 Torrance, CA 90505

Telephone Number: (310) 325-9110

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Facility: Tri-City Regional Medical Center
Address: 21530 South Pioneer Boulevard
 Hawaiian Gardens, CA 90716

Telephone Number: (562) 860-0401

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Trauma Center what level:	
PICU: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
EDAP: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

Table 9 – Resource Directory – Facilities

Facility: Valley Presbyterian Hospital
Address: 15107 Van Owen Street
 Van Nuys, CA 91405

Telephone Number: (818) 782-6600

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: Verdugo Hills Hospital
Address: 1812 Verdugo Boulevard
 Glendale, CA 91208

Telephone Number: (818) 790-7100

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
 West Hills, CA 91307

Telephone Number: (818) 676-4000

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Burn Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pediatric Critical Care Center:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Trauma Center:		If Trauma Center what level:			
PICU:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level III		<input type="checkbox"/> Level II <input type="checkbox"/> Level IV	
EDAP:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

Table 9 – Resource Directory – Facilities

Facility: White Memorial Medical Center
Address: 1720 Caesar Chavez Avenue
 Los Angeles, CA 90033

Telephone Number: (323) 268-5000

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center:</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
<u>PICU:</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
<u>EDAP:</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	

Facility: Whittier Hospital Medical Center
Address: 9080 Colima Road
 Whittier, CA 90605

Telephone Number: (562) 945-3561

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<u>Base Hospital:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Pediatric Critical Care Center:</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
<u>PICU:</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
<u>EDAP:</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Level III <input type="checkbox"/> Level IV	



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2009-10)



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2009-10**

Note: Table 10 is to be completed for each provider by county. Make copies as needed.

Training Institution Name/Address		Contact Name/Telephone Number
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536-5426		Name: Dr. Karen Cowell, Dean, or Lance Hodge, Instructor Office: 661.722.6300 Ext. 6402 Fax: 661.722.6403 e-mail: kcowell@avc.edu or lhodge@avc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$144 plus \$232 for texts Refresher: \$144 plus \$232 for texts	**Program Level: EMT Number of students completing training per year: Initial training: 53 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 2 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
University of Antelope Valley 44201 10 th Street West Lancaster, CA 93534		Name: Sandra Johnson or Marco Johnson Office: 661.726.1911 Fax: 661.726.5158 e-mail: mjavmc@aol.com or marco.johnson@uav.edu
Student Eligibility: Open to the general public High School Diploma Valid Driver's License 18 years of Age	Cost of Program: Basic: \$1,500 Refresher: \$150	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 116 Refresher: 51 Continuing Education: 8 Expiration date: 05/31/2014 Number of courses: Initial training: 7 Refresher: 24 Continuing Education: 20

Training Institution Name/Address		Contact Name/Telephone Number
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 Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 85 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2013 Number of courses: Initial training: 8 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Antelope Valley ROP – Palmdale High School Campus 2131 E. Avenue R Palmdale, CA 93550		Name: Andra Ratliff Office: 661.575.1026 Fax: 661.575.1037 e-mail: aratliff@avhsd.org
Student Eligibility: Palmdale High School Health Career's Restricted to Academy Student – High School Seniors	Cost of Program: Basic: No charge Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 33 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2013 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 79 Continuing Education: 79 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 19 Continuing Education: 21

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Susan Hayward Office: 818.238.3453 Fax: 818.238.3483 e-mail: shayward@ci.burbank.ca.us
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 125 Continuing Education: 0 Expiration date: 08/31/2014 Number of courses: Initial training: 0 Refresher: 12 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9020 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$695 plus \$55 for texts Refresher: \$160	**Program Level: EMT Number of students completing training per year: Initial training: 692 Refresher: 124 Continuing Education: 1,000 Expiration date: 07/31/2013 Number of courses: Initial training: 28 Refresher: 6 Continuing Education: 224

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Cerritos Community College 11110 Alondra Blvd. Norwalk, CA 90650		Name: Russ LoBue or Jenine Nolan Office: 562.862.2451 Ext. 4671 or Ext. 3201 Fax: 562.467.5077 e-mail: rlobue@cerritos.edu or jnolan@cerritos.edu
Student Eligibility: Open to the general public Student must be enrolled through Cerritos College Prerequisite: CPR for the Professional Rescuer	Cost of Program: Basic: College tuition for 5 Units Textbook: \$55 Background check: \$55 Vaccinations – cost vary Uniform & Supplies: \$50 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 100 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Citrus College 1000 West Foothill Blvd. Glendora, CA 91741-1899		Name: Cliff Hadsell, PhD Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu
Student Eligibility: 18 years of age Pass physical exam Drug screen TB test Current on all vaccinations Pass background check Free range of motion in all extremities Able to lift 150 Lbs.	Cost of Program: Basic: \$252 plus \$175 for texts Refresher: \$175	**Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 2 Continuing Education: 15 Expiration date: 06/30/2012 Number of courses: Initial training: 6 Refresher: 1 Continuing Education: 4

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: patti.haley@canyons.edu
Student Eligibility: Open to the general public 18 years of age	Cost of Program: Basic: College tuition for 7.5 Units Additional costs for background check, physical, immunizations, titers, uniforms, text, and skill books Refresher: \$36 per Unit plus college fees	**Program Level: EMT Number of students completing training per year: Initial training: 293 Refresher: 44 Continuing Education: 19 Expiration date: 01/31/2014 Number of courses: Initial training: 9 Refresher: 2 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Culver City Fire Department 9770 Culver Blvd. Culver City, CA 90230		Name: Robert Kohlhepp Office: 310.253.6810 Fax: 310.253.5901 e-mail: Robert.kohlhepp@culvercity.org
Student Eligibility: Restricted to Culver City Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 55 Continuing Education: 55 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: pittmacl@elac.edu
Student Eligibility: Open to the general public CPR Updated immunizations record Background check	Cost of Program: Basic: \$288 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 27 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2016 Number of courses: Initial training: 5 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
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: mgomez@esgvrop.org
Student Eligibility: Open to the general public BLS for Healthcare provider Background check TB test	Cost of Program: Basic: \$3,567 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 66 Refresher: 0 Continuing Education: 0 Expiration date: 08/31/2012 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Name: Kevin Coffelt Office: 310.660.3616 Fax: e-mail: rbfdkev@yahoo.com
Student Eligibility: Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program: Basic: \$90 college tuition Background check: \$52 TB test: \$5 - \$30 Misc.: \$12 Refresher: \$30	**Program Level: EMT Number of students completing training per year: Initial training: 180-200 Refresher: 20-30 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 9 Refresher: 2 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
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 CPR Training	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 350 Expiration date: 12/31/2011 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 13

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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@providenc.org
Student Eligibility: Open to the general public	Cost of Program: Basic: College tuition for 10 Units Plus text fees and basic college fees Refresher: \$150	**Program Level: EMT Number of students completing training per year: Initial training: 200 Refresher: 20 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 4 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Glendale Fire Department 421 Oak Street Glendale, CA 91204-1813		Name: Gregory Anderson Office: 818.550.5632 Fax: 818.409.7111 e-mail: ganderson@ci.glendale.ca.us
Student Eligibility: Restricted to City of Glendale Fire Department and EMT personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 110 Continuing Education: 230 Expiration date: 01/31/2013 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 30

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
La Puente Valley ROP 18501 Gale Avenue, Suite 100 City of Industry, CA 91748-1359		Name: David Wolf Office: 626.810.3300 Fax: 626.581.9107 e-mail: david.wolf@ocfa.org
Student Eligibility: Open to the general public	Cost of Program: Basic: \$800 Refresher: \$125	**Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: 20 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 2 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
La Verne Fire Department 2061 Third Street 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 Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 30 Expiration date: 03/31/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 1



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Year 2010-11)



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2010-11**

Note: *Table 10 is to be completed for each provider by county. Make copies as needed.*

Training Institution Name/Address		Contact Name/Telephone Number
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536-5426		Name: Dr. Karen Cowell, Dean, or Lance Hodge, Instructor Office: 661.722.6300 Ext. 6402 Fax: 661.722.6403 e-mail: kcowell@avc.edu or lhodge@avc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$400 Refresher: N/a	**Program Level: EMT Number of students completing training per year: Initial training: 49 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 2 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
University of Antelope Valley 44201 10 th Street West Lancaster, CA 93534		Name: Sandra Johnson or Marco Johnson Office: 661.726.1911 Fax: 661.726.5158 e-mail: mjavmc@aol.com or marco.johnson@uav.edu
Student Eligibility: Open to the general public High School Diploma Valid Driver's License 18 years of Age	Cost of Program: Basic: \$1,500 Refresher: \$150	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 92 Refresher: 66 Continuing Education: 21 Expiration date: 05/31/2014 Number of courses: Initial training: 8 Refresher: 13 Continuing Education: 21

Training Institution Name/Address		Contact Name/Telephone Number
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 Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 85 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2013 Number of courses: Initial training: 8 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Antelope Valley ROP – Palmdale High School Campus 2131 E. Avenue R Palmdale, CA 93550		Name: Andra Ratliff Office: 661.575.1026 Fax: 661.575.1037 e-mail: aratliff@avhsd.org
Student Eligibility: Palmdale High School Health Career's Restricted to Academy Student – High School Seniors	Cost of Program: Basic: No charge Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 33 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2013 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 79 Continuing Education: 79 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 13 Continuing Education: 18

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Susan Hayward Office: 818.238.3453 Fax: 818.238.3483 e-mail: shayward@ci.burbank.ca.us
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 125 Continuing Education: 0 Expiration date: 08/31/2014 Number of courses: Initial training: 0 Refresher: 12 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9020 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$695 plus \$55 for texts Refresher: \$160	**Program Level: EMT Number of students completing training per year: Initial training: 692 Refresher: 124 Continuing Education: 1,000 Expiration date: 07/31/2013 Number of courses: Initial training: 28 Refresher: 6 Continuing Education: 224

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Cerritos Community College 11110 Alondra Blvd. Norwalk, CA 90650		Name: Russ LoBue or Jenine Nolan Office: 562.862.2451 Ext. 4671 or Ext. 3201 Fax: 562.467.5077 e-mail: rlobue@cerritos.edu or jnolan@cerritos.edu
<p>Student Eligibility:</p> <p>Open to the general public</p> <p>Student must be enrolled through Cerritos College</p> <p>Prerequisite: CPR for the Professional Rescuer</p>	<p>Cost of Program:</p> <p>Basic: College tuition for 5 Units Textbook: \$55 Background check: \$55 Vaccinations – cost vary Uniform & Supplies: \$50</p> <p>Refresher: N/A</p>	<p>**Program Level: EMT</p> <p>Number of students completing training per year: Initial training: 100 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012</p> <p>Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0</p>

Training Institution Name/Address		Contact Name/Telephone Number
Citrus College 1000 West Foothill Blvd. Glendora, CA 91741-1899		Name: Cliff Hadsell, PhD Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu
<p>Student Eligibility:</p> <p>18 years of age Pass physical exam Drug screen TB test Current on all vaccinations Pass background check Free range of motion in all extremities Able to lift 150 Lbs.</p>	<p>Cost of Program:</p> <p>Basic: \$252 plus \$175 for texts Refresher: \$175</p>	<p>**Program Level: EMT</p> <p>Number of students completing training per year: Initial training: 120 Refresher: 2 Continuing Education: 15 Expiration date: 06/30/2012</p> <p>Number of courses: Initial training: 6 Refresher: 1 Continuing Education: 4</p>

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: patti.haley@canyons.edu
Student Eligibility: Open to the general public 18 years of age	Cost of Program: Basic: College tuition for 7.5 Units Additional costs for background check, physical, immunizations, titers, uniforms, text, and skill books Refresher: \$36 per Unit plus college fees	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 216 Refresher: 46 Continuing Education: 19 Expiration date: 01/31/2014 Number of courses: Initial training: 9 Refresher: 2 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Culver City Fire Department 9770 Culver Blvd. Culver City, CA 90230		Name: Robert Kohlhepp Office: 310.253.6810 Fax: 310.253.5901 e-mail: Robert.kohlhepp@culvercity.org
Student Eligibility: Restricted to Culver City Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 0 Refresher: 61 Continuing Education: 61 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Downey Fire Department 11111 Brookshire Avenue Downey, CA 90241		Name: Robert Hohn Office: 562.904.7346 Fax: 562.869.3994 e-mail: robert.hohn@downeyfire.org
Student Eligibility: Restricted to Downey Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 70 Continuing Education: 70 Expiration date: 04/30/2013 Number of courses: Initial training: Refresher: 1 Continuing Education: 1

Training Institution Name/Address		Contact Name/Telephone Number
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: pittmacl@elac.edu
Student Eligibility: Open to the general public CPR Updated immunizations record Background check	Cost of Program: Basic: \$288 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 54 Refresher: 0 Continuing Education: 0 Expiration date: 01/31/2016 Number of courses: Initial training: 5 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: mgomez@esgvrop.org
Student Eligibility: Open to the general public BLS for Healthcare provider Background check TB test	Cost of Program: Basic: \$3,567 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 66 Refresher: 0 Continuing Education: 0 Expiration date: 08/31/2012 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Name: Kevin Coffelt Office: 310.660.3616 Fax: e-mail: rbfdkev@yahoo.com
Student Eligibility: Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program: Basic: \$90 college tuition Background check: \$52 TB test: \$5 - \$30 Misc.: \$12 Refresher: \$30	**Program Level: EMT Number of students completing training per year: Initial training: 180-200 Refresher: 20-30 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 9 Refresher: 2 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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 CPR Training	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 350 Expiration date: 12/31/2011 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 13

Training Institution Name/Address		Contact Name/Telephone Number
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@providenc.org
Student Eligibility: Open to the general public	Cost of Program: Basic: College tuition for 10 Units Plus text fees and basic college fees Refresher: \$150	**Program Level: EMT Number of students completing training per year: Initial training: 200 Refresher: 20 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 4 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Glendale Fire Department 421 Oak Street Glendale, CA 91204-1813		Name: Gregory Anderson Office: 818.550.5632 Fax: 818.409.7111 e-mail: ganderson@ci.glendale.ca.us
Student Eligibility: Restricted to City of Glendale Fire Department and EMT personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 110 Continuing Education: 230 Expiration date: 01/31/2013 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 30

Training Institution Name/Address		Contact Name/Telephone Number
La Puente Valley ROP 18501 Gale Avenue, Suite 100 City of Industry, CA 91748-1359		Name: David Wolf Office: 626.810.3300 Fax: 626.581.9107 e-mail: david.wolf@ocfa.org
Student Eligibility: Open to the general public	Cost of Program: Basic: \$800 Refresher: \$125	**Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: 20 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 2 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
La Verne Fire Department 2061 Third Street 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 Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 30 Expiration date: 03/31/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 1

Training Institution Name/Address		Contact Name/Telephone Number
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 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Long Beach Fire Department 2990 Redondo Avenue Long Beach, CA 90806		Name: Joanne Dolan Office: 562.570.9490 Fax: 562.570.9549 e-mail: joanne_dolan@longbeach.gov
Student Eligibility: Restricted to Long Beach Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 40 Continuing Education: 500 Expiration date: 04/30/2013 Number of courses: Initial training: 0 Refresher: 3 Continuing Education: 25

Training Institution Name/Address		Contact Name/Telephone Number
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: linda.ullman@lacity.org
Student Eligibility: Restricted to Los Angeles Fire Department personnel, and certain City of Los Angeles departments that maintain certified EMT personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 1,260 Continuing Education: Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 36 Continuing Education:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Fire Department 5801 S. Eastern Avenue, Suite 100 Commerce, CA 90040		Name: Jason Robertson Office: 213.200.1952 Fax: 323.869.0311 e-mail: jroberts@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 40 Continuing Education: Expiration date: 12/31/2012 Number of courses: Initial training: 3 Refresher: 1 Continuing Education:

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Lifeguards 2600 The Strand Manhattan Beach, CA 90266		Name: Danielle Pollard Office: 310.939.7209 Fax: 310.545.4280 e-mail: blanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguards, Fire Suppression Aid, Call Firefighter, U.S. Coast Guard, Los Angeles County Sheriff, or Lake Lifeguard	Cost of Program: Basic: N/A Refresher: \$185 for non-Fire Department County safety employees	**Program Level: EMT Number of students completing training per year: Initial training: 36 Refresher: 250 Continuing Education: 10 Expiration date: 06/30/2012 Number of courses: Initial training: 1 Refresher: 12 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: firetaz53@att.net or reynosokarin@lacoed.edu or ganderson@ci.glendale.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$40 Refresher: \$100	**Program Level: EMT Number of students completing training per year: Initial training: 33 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 3 Refresher: 3 Continuing Education:
Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Sheriff's Department 4700 Ramona Blvd., Room 106 Monterey Park, CA 91754		Name: Sgt. Sue Burakowski or Richard Hayne Office: 323.526.5101 Fax: e-mail: smburako@lasd.org or Richard.hayne@providence.org
Student Eligibility: Restricted to Los Angeles County Sheriff Department, sworn and civilian employees	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 5 Refresher: 70-80 Continuing Education: Expiration date: 05/31/2012 Number of courses: Initial training: 2 Refresher: 4-6 Continuing Education:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Joan Lockwood Office: 310.386.4360 Fax: e-mail: sandiplace@aol.com
Student Eligibility: Must be enrolled at Los Angeles Harbor College	Cost of Program: Basic: \$288 - plus \$85 for texts Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 60 Refresher: 0 Continuing Education: 0 Expiration date: 05/31/2013 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91401-4096		Name: Alan R. Cowen Office: 818.947.2982 Fax: 818.947.2620 e-mail: cowenar@lavc.edu
Student Eligibility: Must be enrolled at Los Angeles Valley College 18 years of age Background check CPR for Professional Rescuer	Cost of Program: Basic: \$288 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 160 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Montebello Fire Department 600 N. Montebello Blvd. Montebello, CA 90640		Name: Dan France Office: 323.887.4510 Fax: 323.887.4506 e-mail: dfrance@cityofmontebello.fire.org
Student Eligibility: Restricted to Montebello Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration date: 07/31/2013 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Mount San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789		Name: Stephen A. Williams, RN, MEd Office: 909.594.5611 Ext. 4750 Fax: 909.468.4175 e-mail: swilliams@mtsac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$800 includes physical and background check Refresher: \$100	**Program Level: EMT Number of students completing training per year: Initial training: 70 Refresher: 20-30 Continuing Education: 40 Expiration date: 12/31/2013 Number of courses: Initial training: 4 Refresher: 2 Continuing Education: 40

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: mhanley@dhs.lacounty.gov
Student Eligibility: Must be enrolled at El Camino College EMT for 1 year Contact PTI for additional requirements	Cost of Program: Basic: \$858.50 – El Camino College tuition Refresher: N/A	**Program Level: Paramedic Number of students completing training per year: Initial training: 120 Refresher: 0 Continuing Education: 0 Expiration date: 12/31/2010 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, Ca 91345		Name: Kathy Carroll or Carol Govier Office: Health Careers Fax: 818.365.2695 e-mail: kcemtkids@aol.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$75 Refresher: \$75	**Program Level: EMT Number of students completing training per year: Initial training: 325 Refresher: 75 Continuing Education: 25 Expiration date: 06/30/2012 Number of courses: Initial training: 8 Refresher: 3 Continuing Education: 3

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: mbarilla@cityofpasadena.net
Student Eligibility: Restricted to Pasadena Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 170 Continuing Education: 170 Expiration date: 06/30/2012 Number of courses: Initial training: 1 Refresher: 12 Continuing Education: 12

Training Institution Name/Address		Contact Name/Telephone Number
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: kmurphy@sgfd.org
Student Eligibility: Restricted to City of San Gabriel employees	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 32 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Rio Hondo College Fire Academy 11400 Greenstone Avenue Santa Fe Springs, CA 90670		Name: Tracy E. Rickman Office: 562.941.4082 Ext. 21 Fax: 562.941.7382 e-mail: trickman@riohondo.edu
Student Eligibility: Completion of FT 121 (Emergency First Responder Course) with a grade of "B" or better	Cost of Program: Basic: \$252 registration plus \$450 for background check, drug test, and texts Refresher: \$175	**Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 8 Continuing Education: 11 Expiration date: 06/30/2012 Number of courses: Initial training: 5 Refresher: 1 Continuing Education: 1

Training Institution Name/Address		Contact Name/Telephone Number
Santa Fe Springs Fire Rescue 11300 Greenstone Avenue Santa Fe Springs, CA 90670-4619		Name: Robert Yellen Office: 562.572.0851 Fax: 562.941.1817 e-mail: bobyellen@santafesprings.org
Student Eligibility: Restricted to Santa Fe Springs Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 44 Expiration date: 06/30/2010 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 100 Continuing Education: 100 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Training Institution Name/Address		Contact Name/Telephone Number
Southern California ROC 2300 Crenshaw Blvd. Torrance, CA 90501		Name: Stephen Lemmon Office: 310.224.4200 Fax: 310.782.6040 e-mail: slemmon@scroc.k12.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$400 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 45-50 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501		Name: Randy Peterson Office: 310.781.7018 Fax: 310.781.7030 e-mail: ripeterson@torrancece.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	** <u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 140 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
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 Reading comprehension assessment required Background check	Cost of Program: Basic: \$1,150 Refresher: \$260	** <u>Program Level:</u> EMT Number of students completing training per year: Initial training: 85 Refresher: 1 Continuing Education: 1 Expiration date: 06/30/2012 Number of courses: Initial training: 3 Refresher: 1 Continuing Education: 6

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
UCLA Center for Prehospital Care 10990 Wilshire Blvd., Suite 1450 Los Angeles, CA 90024		Name: Barry Jensen Office: 310.312.9316 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 Number of students completing training per year: Initial training: 380 Refresher: 264 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 15 Refresher: 12 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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 Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 80 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Long Beach Fire Department 2990 Redondo Avenue Long Beach, CA 90806		Name: Joanne Dolan Office: 562.570.9490 Fax: 562.570.9549 e-mail: joanne_dolan@longbeach.gov
Student Eligibility: Restricted to Long Beach Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	** <u>Program Level</u> : EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 40 Continuing Education: 500 Expiration date: 04/30/2013 Number of courses: Initial training: 0 Refresher: 3 Continuing Education: 25

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: linda.ullman@lacity.org
Student Eligibility: Restricted to Los Angeles Fire Department personnel, and certain City of Los Angeles departments that maintain certified EMT personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 1,190 Continuing Education: Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 36 Continuing Education:

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Fire Department 5801 S. Eastern Avenue, Suite 100 Commerce, CA 90040		Name: Jason Robertson Office: 213.200.1952 Fax: 323.869.0311 e-mail: jroberts@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 40 Continuing Education: Expiration date: 12/31/2012 Number of courses: Initial training: 3 Refresher: 1 Continuing Education:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Lifeguards 2600 The Strand Manhattan Beach, CA 90266		Name: Danielle Pollard Office: 310.939.7209 Fax: 310.545.4280 e-mail: blanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguards, Fire Suppression Aid, Call Firefighter, U.S. Coast Guard, Los Angeles County Sheriff, or Lake Lifeguard	Cost of Program: Basic: N/A Refresher: \$185 for non-Fire Department County safety employees	**Program Level: EMT Number of students completing training per year: Initial training: 36 Refresher: 250 Continuing Education: 10 Expiration date: 06/30/2012 Number of courses: Initial training: 1 Refresher: 12 Continuing Education: 12

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Office of Education 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: firetaz53@att.net or reynosokarin@lacoed.edu or ganderson@ci.glendale.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$50 Refresher: \$100	**Program Level: EMT Number of students completing training per year: Initial training: 1 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 1 Refresher: 1 Continuing Education:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles County Sheriff's Department 4700 Ramona Blvd., Room 106 Monterey Park, CA 91754		Name: Sgt. Sue Burakowski or Richard Hayne Office: 323.526.5101 Fax: e-mail: smburako@lasd.org or Richard.hayne@providence.org
Student Eligibility: Restricted to Los Angeles County Sheriff Department, sworn and civilian employees	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 5 Refresher: 70-80 Continuing Education: Expiration date: 05/31/2012 Number of courses: Initial training: 2 Refresher: 4-6 Continuing Education:

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Joan Lockwood Office: 310.386.4360 Fax: e-mail: sandiplace@aol.com
Student Eligibility: Must be enrolled at Los Angeles Harbor College	Cost of Program: Basic: \$288 - plus \$85 for texts Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 60 Refresher: 0 Continuing Education: 0 Expiration date: 05/31/2013 Number of courses: Initial training: 2 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91401-4096		Name: Alan R. Cowen Office: 818.947.2982 Fax: 818.947.2620 e-mail: cowenar@lavc.edu
Student Eligibility: Must be enrolled at Los Angeles Valley College 18 years of age Background check CPR for Professional Rescuer	Cost of Program: Basic: \$288 Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 160 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Montebello Fire Department 600 N. Montebello Blvd. Montebello, CA 90640		Name: Dan France Office: 323.887.4510 Fax: 323.887.4506 e-mail: dfrance@cityofmontebello.fire.org
Student Eligibility: Restricted to Montebello Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 0 Expiration date: 07/31/2013 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Mount San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789		Name: Stephen A. Williams, RN, MEd Office: 909.594.5611 Ext. 4750 Fax: 909.468.4175 e-mail: swilliams@mtsac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$800 includes physical and background check Refresher: \$100	**Program Level: EMT Number of students completing training per year: Initial training: 70 Refresher: 20-30 Continuing Education: 40 Expiration date: 12/31/2013 Number of courses: Initial training: 4 Refresher: 2 Continuing Education: 40

Training Institution Name/Address		Contact Name/Telephone Number
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: mhanley@dhs.lacounty.gov
Student Eligibility: Must be enrolled at El Camino College EMT for 1 year Contact PTI for additional requirements	Cost of Program: Basic: \$858.50 – El Camino College tuition Refresher: N/A	**Program Level: Paramedic Number of students completing training per year: Initial training: 120 Refresher: 0 Continuing Education: 0 Expiration date: 12/31/2010 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, Ca 91345		Name: Kathy Carroll or Carol Govier Office: Health Careers Fax: 818.365.2695 e-mail: kcemtkids@aol.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$75 Refresher: \$75	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 325 Refresher: 75 Continuing Education: 25 Expiration date: 06/30/2012 Number of courses: Initial training: 8 Refresher: 3 Continuing Education: 3

Training Institution Name/Address		Contact Name/Telephone Number
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: mbarilla@cityofpasadena.net
Student Eligibility: Restricted to Pasadena Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 0 Refresher: 170 Continuing Education: 170 Expiration date: 06/30/2012 Number of courses: Initial training: 1 Refresher: 12 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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: kmurphy@sqfd.org
Student Eligibility: Restricted to City of San Gabriel employees	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 32 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education:

Training Institution Name/Address		Contact Name/Telephone Number
Rio Hondo College Fire Academy 11400 Greenstone Avenue Santa Fe Springs, CA 90670		Name: Tracy E. Rickman Office: 562.941.4082 Ext. 21 Fax: 562.941.7382 e-mail: trickman@riohondo.edu
Student Eligibility: Completion of FT 121 (Emergency First Responder Course) with a grade of "B" or better	Cost of Program: Basic: \$252 registration plus \$450 for background check, drug test, and texts Refresher: \$175	**Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 8 Continuing Education: 11 Expiration date: 06/30/2012 Number of courses: Initial training: 5 Refresher: 1 Continuing Education: 1

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Santa Fe Springs Fire Rescue 11300 Greenstone Avenue Santa Fe Springs, CA 90670-4619		Name: Robert Yellen Office: 562.572.0851 Fax: 562.941.1817 e-mail: bobyellen@santafesprings.org
Student Eligibility: Restricted to Santa Fe Springs Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT & Paramedic Number of students completing training per year: Initial training: 0 Refresher: 0 Continuing Education: 44 Expiration date: 06/30/2010 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Training Institution Name/Address		Contact Name/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 100 Continuing Education: 100 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 0 Continuing Education: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
Southern California ROC 2300 Crenshaw Blvd. Torrance, CA 90501		Name: Stephen Lemmon Office: 310.224.4200 Fax: 310.782.6040 e-mail: slemmon@scroc.k12.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$400 Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 45-50 Refresher: 0 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 4 Refresher: 0 Continuing Education: 0

Training Institution Name/Address		Contact Name/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501		Name: Randy Peterson Office: 310.781.7018 Fax: 310.781.7030 e-mail: rjpeterson@torrancece.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	** <u>Program Level</u> : EMT Number of students completing training per year: Initial training: 0 Refresher: 140 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 0 Refresher: 1 Continuing Education: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Contact Name/Telephone Number
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 Reading comprehension assessment required Background check	Cost of Program: Basic: \$700 Refresher: \$260	**Program Level: EMT Number of students completing training per year: Initial training: 63 Refresher: 1 Continuing Education: 1 Expiration date: 06/30/2012 Number of courses: Initial training: 2 Refresher: 2 Continuing Education: 2

Training Institution Name/Address		Contact Name/Telephone Number
UCLA Center for Prehospital Care 10990 Wilshire Blvd., Suite 1450 Los Angeles, CA 90024		Name: Barry Jensen Office: 310.312.9316 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 Number of students completing training per year: Initial training: 380 Refresher: 264 Continuing Education: 0 Expiration date: 06/30/2012 Number of courses: Initial training: 15 Refresher: 12 Continuing Education: 0



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)



Table 11 – RESOURCE DIRECTORY – Dispatch Agencies

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2009-2010 & 2010-11**

Note: Complete information for each facility by county. Make copies as needed.

Name & Address: AmbuServe 15105 S. Broadway Street Gardena, CA 90248		Primary Contact & Phone Number: 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 6 BLS _____ LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
Name & Address: American Medical Response – Antelope Valley 1055 W. Avenue J Lancaster, CA 93534		Primary Contact & Phone Number: 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: 10 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 11 – Resource Directory – Dispatch Agencies

Name & Address: Americare Med Services, Incorporated 1059 E. Bedmar Street Carson, CA 91746			Primary Contact & Phone Number: Brett Selter Director Business Development 310.835.9390 Ext.134 bselter@ameericare.org		
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: _____ EMT-D _____ ALS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Antelope Ambulance Service 42540 N. 6 th Street East Lancaster, CA 93534			Primary Contact & Phone Number: Aaron Aumann General Manager 661.951.1998 aaron@antelopeamb.com		
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: _____ EMT-D _____ ALS _____ 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 11 – Resource Directory – Dispatch Agencies

Name & Address: Bowers Ambulance Service 3355 East Spring Street, Suite 301 Long Beach, CA 90806			Primary Contact & Phone Number: Ken Kaufmann Paramedic Coordinator 562.480.1542 kenk@bowersambulance.com		
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		

Name & Address: Culver City Fire Department 9770 Culver Boulevard Culver City, CA 90232			Primary Contact & Phone Number: David White Assistant Fire Chief 310.253.5900 david.white@culvercity.org		
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>39</u> ALS <u>17</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		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Downey Fire Communications Center 12222 Paramount Blvd. Downey, CA 90242		Primary Contact & Phone Number: 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: <table border="0"> <tr> <td><u> 12 </u> EMD</td> <td><u> </u> EMT-D</td> <td><u> </u> ALS</td> </tr> <tr> <td><u> </u> BLS</td> <td><u> </u> LALS</td> <td><u> </u> Other</td> </tr> </table>	<u> 12 </u> EMD	<u> </u> EMT-D	<u> </u> ALS	<u> </u> BLS	<u> </u> LALS	<u> </u> Other
<u> 12 </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 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 Downey Fire Communications Center is the Dispatch Agency for the following Fire Departments: Compton, Downey, and Santa Fe Springs.						

Name & Address: El Segundo Fire Department 314 Main Street El Segundo, CA 90245		Primary Contact & Phone Number: Hal Nixt EMS Chief 310.524.2228 hnist@elsegundo.org							
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: <table border="0"> <tr> <td><u> </u> EMD</td> <td><u> </u> EMT-D</td> <td><u> 23 </u> ALS</td> </tr> <tr> <td><u> 23 </u> BLS</td> <td><u> </u> LALS</td> <td><u> </u> Other</td> </tr> </table>	<u> </u> EMD	<u> </u> EMT-D	<u> 23 </u> ALS	<u> 23 </u> BLS	<u> </u> LALS	<u> </u> Other
<u> </u> EMD		<u> </u> EMT-D	<u> 23 </u> ALS						
<u> 23 </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						

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503		Primary Contact & Phone Number: 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 <u> 4 </u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Guardian Ambulance Service 1854 E. Carson Pasadena, CA 91107		Primary Contact & Phone Number: Melinda Smith Director of Operations 626.792.3688 operations@guardianamubulance.org	
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> 6 </u> ALS <u> 15 </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 11 – Resource Directory – Dispatch Agencies

Name & Address: Hall Ambulance Service 1001 21 st Street Bakersfield, CA 93301			Primary Contact & Phone Number: 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:		
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>18</u> EMD <u>18</u> BLS	_____ EMT-D _____ LALS	_____ ALS _____ Other
			<input type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> State

Name & Address: La Habra Heights Fire Department 1245 N. Hacienda Boulevard La Habra Heights, CA 90631			Primary Contact & Phone Number:		
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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:___	<u>9</u> EMD _____ BLS	_____ EMT-D _____ LALS	_____ ALS _____ Other
			<input type="checkbox"/> County	<input type="checkbox"/> Federal	<input type="checkbox"/> State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: La Verne Fire/Police Department 2061 Third Street La Verne, CA 91750		Primary Contact & Phone Number: 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: <table border="0"> <tr> <td><u> 9 </u> EMD</td> <td><u> </u> EMT-D</td> <td><u> </u> ALS</td> </tr> <tr> <td><u> </u> BLS</td> <td><u> </u> LALS</td> <td><u> </u> Other</td> </tr> </table>	<u> 9 </u> EMD	<u> </u> EMT-D	<u> </u> ALS	<u> </u> BLS	<u> </u> LALS	<u> </u> Other
<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"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State						

Name & Address: Long Beach Fire / Fire Communications Center 3205 Lakewood Boulevard Long Beach, CA 90808		Primary Contact & Phone Number: Joanne Dolan Director of Education & QI 562.570.2547 joanne.nolan@longbeach.gov							
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: <table border="0"> <tr> <td><u> 16 </u> EMD</td> <td><u> </u> EMT-D</td> <td><u> 75 </u> ALS</td> </tr> <tr> <td><u> 351 </u> BLS</td> <td><u> </u> LALS</td> <td><u> </u> Other</td> </tr> </table>	<u> 16 </u> EMD	<u> </u> EMT-D	<u> 75 </u> ALS	<u> 351 </u> BLS	<u> </u> LALS	<u> </u> Other
<u> 16 </u> EMD		<u> </u> EMT-D	<u> 75 </u> ALS						
<u> 351 </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"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State						

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063		Primary Contact & Phone Number: Jesse Vela Chief, Director of EMS 323.838.2212 jvela@fire.lacounty.gov													
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: <table border="0"> <tr> <td><u>88</u></td> <td>EMD</td> <td>_____</td> <td>EMT-D</td> <td><u>1204</u></td> <td>ALS</td> </tr> <tr> <td><u>3082</u></td> <td>BLS</td> <td>_____</td> <td>LALS</td> <td>_____</td> <td>Other</td> </tr> </table>	<u>88</u>	EMD	_____	EMT-D	<u>1204</u>	ALS	<u>3082</u>	BLS	_____	LALS	_____	Other
<u>88</u>		EMD	_____	EMT-D	<u>1204</u>	ALS									
<u>3082</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 type="checkbox"/> Fire District <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State												

Name & Address: Los Angeles Fire Department – Operations Control 200 N. Main Street Los Angeles, CA 90012		Primary Contact & Phone Number: 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: <table border="0"> <tr> <td><u>102</u></td> <td>EMD</td> <td>_____</td> <td>EMT-D</td> <td><u>30</u></td> <td>ALS</td> </tr> <tr> <td><u>72</u></td> <td>BLS</td> <td>_____</td> <td>LALS</td> <td>_____</td> <td>Other</td> </tr> </table>	<u>102</u>	EMD	_____	EMT-D	<u>30</u>	ALS	<u>72</u>	BLS	_____	LALS	_____	Other
<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"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State												

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Mauran Ambulance Services, Incorporated 1211 First Street San Fernando, CA 91340			Primary Contact & Phone Number: Marda Safaryan Owner 818.365.3182 Muran_ambulance@yahoo.com		
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: _____ EMT-D _____ ALS _____ LALS _____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: MedReach Ambulance 1303 Kona Rancho Dominguez, CA 90220			Primary Contact & Phone Number: Robert Aragon Operations Manager 310.567.0654 robertaragon@medreachambulance.com		
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: _____ EMT-D _____ ALS _____ 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 11 – Resource Directory – Dispatch Agencies

Name & Address: PRN Ambulance, Incorporated 35 South Woods Avenue Los Angeles, CA 90022		Primary Contact & Phone Number: Roy Carroll Director of Operations 323.888.7750	
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> 52 </u> ALS <u> 118 </u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Redondo Beach Fire Department 401 South Broadway Redondo Beach, CA 90277		Primary Contact & Phone Number: Daniel P. Madrigal Fire Chief 310.318.0663 dan.magrigal@redondo.org	
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> 31 </u> ALS <u> 18 </u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Rescue Services International, LTD. 5462 Irwindale Avenue, Suite B Irwindale, CA 91706		Primary Contact & Phone Number: Jeff Putnam Operations Manager 626.385.0440 Ext. 104	
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: _____ EMD _____ EMT-D _____ ALS <u>7</u> BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Santa Monica Fire Department 333 Olympic Blvd. Santa Monica, CA 90401		Primary Contact & Phone Number: 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 _____ EMT-D <u>45</u> ALS <u>45</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

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Schaefer Ambulance Service, Incorporated 4627 Beverly Boulevard Los Angeles, CA 90004			Primary Contact & Phone Number: Leslie McNeal Assistant Vice President 323.468.1612 lesliemcneal@aol.com		
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>12</u> EMD	<u> </u> EMT-D	<u>1</u> ALS
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>10</u> BLS	<u> </u> LALS	<u> </u> Other
			If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State

Name & Address: South Bay Regional Communications Center 4440 W. Broadway Hawthorne, CA 90250			Primary Contact & Phone Number: Ralph Mailloux 310.973.1802		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
			<u>16</u> EMD	<u> </u> EMT-D	<u> </u> ALS
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> </u> BLS	<u> </u> LALS	<u> </u> Other
			If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	<input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State
			South Bay Regional Communications Center is the Dispatch Agency for the following Fire Departments: Hermosa Beach and Manhattan Beach.		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Torrance Fire Department 1701 Crenshaw Boulevard Torrance, CA 90501		Primary Contact & Phone Number: Randy Peterson Captain 310.781.7018 rjpeterson@torrance.ca.gov	
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>48</u> ALS <u>139</u> BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Verdugo Communications Center 421 Oak Street Glendale, CA 91204		Primary Contact & Phone Number: Don Wise Executive Administrator 818.548.3313 dwise@ci.glendale.ca.us	
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 <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 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.

Table 11 – Resource Directory – Dispatch Agencies

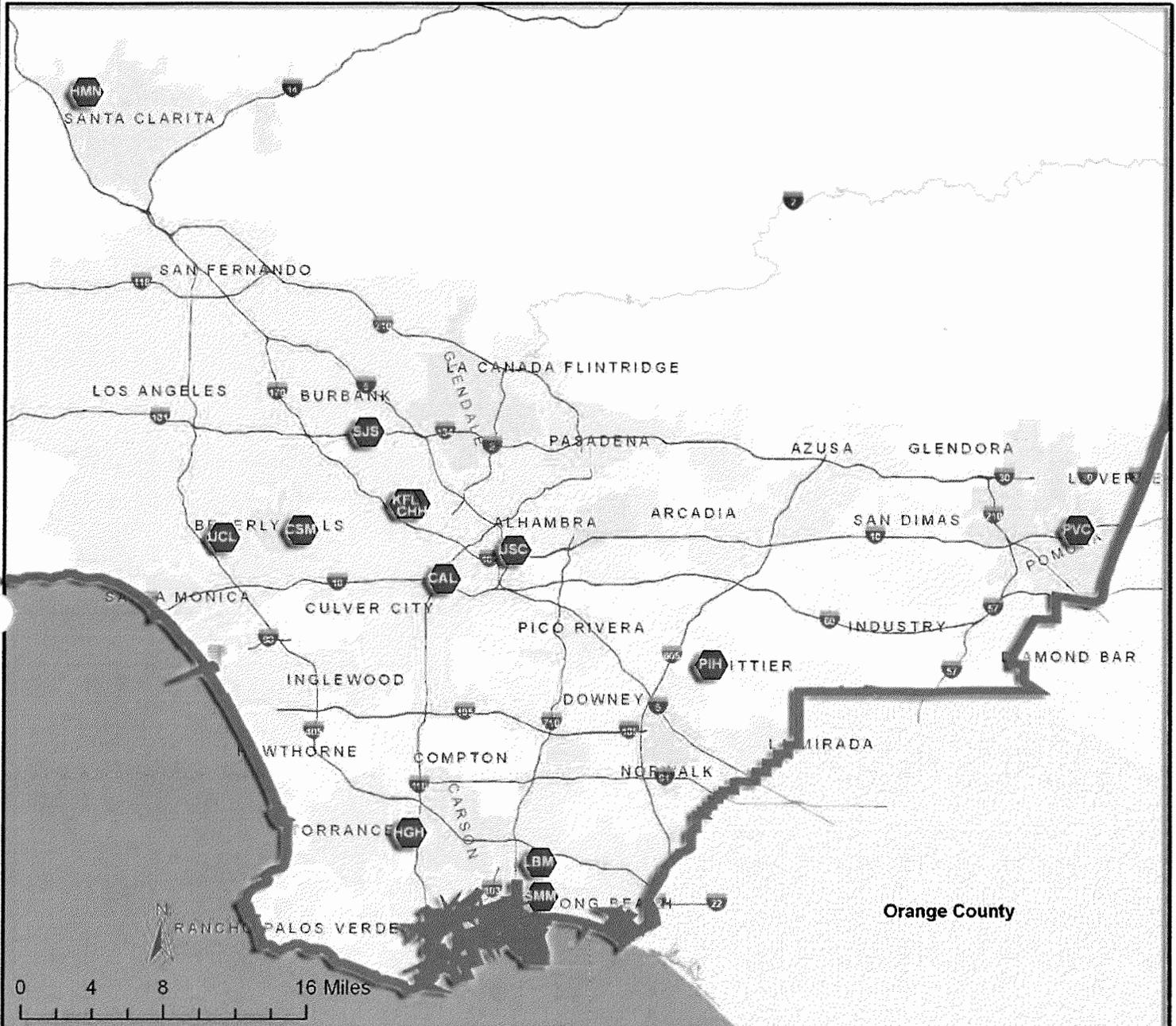
Name & Address: West Covina Fire Communications 1435 W. Puente Avenue West Covina, CA 91790			Primary Contact & Phone Number: Paul Segalla Fire Chief 626.338.8800 paul.segalla@westcovina.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input 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> 55 </u> ALS <u> 13 </u> BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: West Med/McCormick Ambulance Company 13933 Crenshaw Boulevard Hawthorne, CA 90250			Primary Contact & Phone Number: Joseph Chidley Chief Executive Officer 562.254.2548 jchidley@mccormickamubulance.com		
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> 14 </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		

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

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

REFERENCE NO. 1102.1



 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
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 1</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 2</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Schaefer Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains Urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Alhambra</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Alhambra Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Alhambra has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Arcadia</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Arcadia has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Beverly Hills</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Beverly Hills Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Beverly Hills has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Burbank</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Burbank Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Burbank has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Culver City</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Culver City Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Culver City has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Downey</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Downey Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Downey has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of El Segundo</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">El Segundo Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">El Segundo has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Hermosa Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Hermosa Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Hermosa Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of La Verne</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">La Verne Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">La Verne has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Long Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Long Beach Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Long Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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 Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Los Angeles</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Los Angeles has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Manhattan Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Manhattan Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Monterey Park</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Monterey Park has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Gabriel</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Gabriel has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Marino</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Marino Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Marino has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Santa Monica</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Santa Monica has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Sierra Madre</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Sierra Madre Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of South Pasadena</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">South Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Torrance</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Torrance has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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 Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Avalon</p>
<p>Name of Current Provider(s): <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>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Avalon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of West Covina</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of West Covina Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">West Covina has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></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 West Covina has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Fernando</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Los Angeles Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Fernando has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Vernon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Vernon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Vernon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Glendale</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Glendale Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Glendale has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2011
(Fiscal Years 2009-10 & 2010-11)
AMBULANCE ZONE SUMMARY FORM**

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

<p>Local EMS Agency or County Name:</p> <p style="margin-left: 40px;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="margin-left: 40px;">City of Compton</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="margin-left: 40px;">Compton Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="margin-left: 40px;">Compton has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</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>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="margin-left: 40px;">Non-exclusive covers "Emergency Ambulance" calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</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>

MAY 31 2012

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



May 30, 2012

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 2009/10 and 2010/11 Emergency Medical Services Plan Updates*, and have found them 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 1.24 - ALS Systems - Los Angeles County EMS has approved all ALS providers, however some ALS providers do not have written agreements. Your objective is to negotiate and implement ALS provider agreements with all ALS providers. Please show your progress on obtaining written agreements with all ALS providers in your next EMS plan update.

Standard 5.01 - Assessment of Capabilities – Your current plan states that Los Angeles County assesses and reassesses acute care facilities and they have gone through a formal approval process however 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.

Transportation Plan: Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of Los Angeles County's ambulance zones.

Cathy Chidester
May 30, 2012
Page 2

Your annual update will be due on May 30, 2013. Please submit Los Angeles County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads "Howard Backer". The signature is written in a cursive style with a long, sweeping underline.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

Attachment

Attachment

EMSA Determination Level of Exclusivity

Los Angeles County May 30, 2012

Zone	Exclusivity			Type			Level								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
EOA 1		X	Competitive Process	X				X							
EOA 2		X	Competitive Process	X				X							
EOA 3		X	Competitive Process	X				X							
EOA 4		X	Competitive Process	X				X							
EOA 5		X	Competitive Process	X				X							
EOA 6		X	Competitive Process	X				X							
EOA 7		X	Competitive Process	X				X							
City of Alhambra		X	Non-Competitive	X				X							
City of Arcadia		X	Non-Competitive	X				X							
City of Avalon		X	Non-Competitive	X				X							
City of Beverly Hills		X	Non-Competitive	X				X							

Zone	Exclusivity			Type			Level								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Service	9-1-1 Emergency Response	7-Digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
City of Burbank		X	Non-Competitive	X				X							
City of Compton	X														
City of Culver City		X	Non-Competitive	X				X							
City of Downey		X	Non-Competitive	X				X							
City of El Segundo		X	Non-Competitive	X				X							
City of Glendale		X	Non-Competitive	X				X							
City of Hermosa Beach		X	Non-Competitive	X				X							
City of La Verne		X	Non-Competitive	X				X							
City of Long Beach		X	Non-Competitive	X				X							
City of Los Angeles		X	Non-Competitive	X				X							
City of Manhattan Beach		X	Non-Competitive	X				X							
City of Monterey Park		X	Non-Competitive	X				X							
City of Pasadena		X	Non-Competitive	X				X							
City of San Fernando		X	Non-Competitive	X				X							
City of San Gabriel		X	Non-Competitive	X				X							
City of San Marino		X	Non-Competitive	X				X							
City of Santa Monica		X	Non-Competitive	X				X							
City of Sierra Madre		X	Non-Competitive	X				X							
City of South Pasadena		X	Non-Competitive	X				X							
City of Torrance		X	Non-Competitive	X				X							
City of Vernon		X	Non-Competitive	X				X							
City of West Covina		X	Non-Competitive	X				X							