



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2012**  
**(Fiscal Year 2011-2012)**



**EXECUTIVE SUMMARY**

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County 2012 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, Los Angeles County's ST Elevation Myocardial Infarction (STEMI) program has expanded to 34 STEMI Receiving Facilities (SRCs), 31 in Los Angeles County and three out-of-County, and continues to receive nationwide attention for the data resulting from the program. The most recent addition was Hollywood Presbyterian Medical Center in April of this year. Los Angeles County continues to maintain 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, Los Angeles County EMS maintains a median time of 79 minutes from prehospital 12-lead electrocardiogram time to cardiac intervention.

The Approved Stroke Center (ASC) program was fully implemented following approval by the Los Angeles County Board of Supervisors back in November 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 or Det Norske Veritas as a Primary Stroke Center. Since its inception, the program has expanded to 28 ASCs, 25 in Los Angeles County and three out-of-County. The most recent additions are West Hills Hospital and Medical Center in August 2011, and Verdugo Hills Hospital in January and Antelope Valley Hospital in February of 2012.

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.

With over 80 public safety agencies and approximately 34,000 first-responders, and encompassing a sprawling terrain of over 4,060 square miles that approximately 10 million

ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)

people call home, the Los Angeles region seeks a modern interoperable public safety broadband network that allows multiple agencies to respond to the widest possible variety of emergencies. The LA-RICS Authority is proposing to deploy a 700 MHz public safety mobile broadband network across all of Los Angeles County, featuring almost 300 wireless 700 MHz public safety broadband sites using new and existing infrastructure, fixed microwave backhaul rings, and 100-miles of high-capacity fiber backbone. The network would enable computer-aided dispatch, rapid law-enforcement queries, real-time video streaming, medical telemetry and patient tracking, geographic information systems services for first responders, and many other broadband-specific applications.

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.

On April 2, 2012, verbal notification was received from the Department of Commerce (DOC) indicating a freeze on the LA-RICS Authority's ability to spend Broadband Technology Opportunity Program grant funding pending a determination of FirstNet system architecture for the Nationwide Public Safety Broadband Network. The LA-RICS Authority is continuing to work with the DOC to clarify what portions of the project may continue, and which portions must remain suspended. At this time, the LA-RICS procurement is still on hold until the LA-RICS Authority determines the best option in moving forward with the procurement process.

Efforts continue to expand and refine the Trauma Emergency Medical Information System (TEMIS) to better standardize data and enable the implementation of system wide quality improvement. As a component of a Homeland Security Grant, EMS, Base Hospital, Trauma Center, SRC, and ASC databases will be merged to provide for expansion, allow information sharing, and enable implementation of system-wide performance improvement.

Copies of databases have been created for development/testing purposes, and the basic architecture and various algorithms have been developed. Some test merging has taken place, and mapping work continues. Meanwhile, duplicate and blank record issues are being resolved with the involved facilities and agencies. Ultimately, we hope to have a report generator that can report on aspects of a patient encounter throughout the various phases of care. The sequence number will function as the primary unique identifier, but probabilistic matching and individual review will also need to be utilized.

In addition, the EMS Agency continues working with individual providers to implement electronic data collection. Los Angeles City Fire Department, which accounts for approximately 35 percent of EMS responses, has implemented an electronic patient care record and has been able to successfully submit data to the EMS Agency.

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. It is anticipated that the target volume of 1700 patients will be enrolled by the end of calendar year 2012.

**NEW BUSINESS:**

**Los Angeles County Treatment Protocols:**

Los Angeles County Treatment Protocols, implemented on **July 1, 2011**, are 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.

**Los Angeles County Ambulance Ordinance:**

In recognizing that ambulances companies are providing care to patients when they are most vulnerable, and that appropriate oversight is critical to public safety, the Los Angeles County Code, Title 7 Business Licenses, Chapter 7.16, Ambulance Ordinance, was revised to ensure that all ambulance companies operating in both the unincorporated and incorporated areas of the County are licensed. Licensure will ensure medical oversight, improve patient safety, and ensure that all companies operating in the County comply with State and County rules and regulations. The revised Los Angeles County Ambulance Ordinance, approved by the Board of Supervisors on June 28, 2011, became effective on **July 28, 2011**.

“Existing” (operating in the County prior to July 28, 2011) ambulance companies were given a deadline of January 30, 2012 for submission of an application for a Los Angeles County Ambulance Operator Business License. Companies that failed to do so, were notified that they were out of compliance with the Ambulance Ordinance and must “cease and desist” operation in Los Angeles County until such time that an application is submitted and approved. Additionally, new companies (as of July 28, 2011) wishing to operate in the County could not begin operation until an application was submitted and approved. Furthermore, any new company that began operations in the County without an Ambulance Operator Business License, or any “existing” company that did not submit their application by the January 30, 2012 deadline and continued to operate in the County could receive penalties of \$5,000 per occurrence and could be subject to misdemeanor infractions.

The EMS Agency staff continues working to develop new policies and procedures for the enforcement of the Ambulance Ordinance and the processing of the applications. As of **June 30, 2012**, a total of 27 companies have been licensed, 44 “existing” companies have submitted applications, five new companies have also submitted applications, six “existing” companies did not submit applications by the deadline, and applications from two companies have been denied. These two companies may no longer operate in Los Angeles County.

**The Mobile Medical Systems (MoMS):**

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 once again deployed and exercised for the Long Beach Marathon on **October 9, 2011**, and also for the Los Angeles Marathon on **March 18, 2012**, in Santa Monica. To maintain experience with the set-up and use, the EMS Agency continues utilizing it for exercises and public showings.

In addition, the *Decontamination Trailer* was deployed on **January 1, 2012**, for the Rose Parade and Bowl at the County of Los Angeles Fire Department's (LACoFD) Camp 2 in Pasadena.

ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)

Camp 2 is a helicopter standby location during fire season. The LACoFD operates ten fire camps strategically located throughout the County to assist in the suppression of wildland fires, complete fuels management projects, and to assist with minor building construction projects.

**Emergency Preparedness Fair:**

An Emergency Preparedness Fair was held on **March 2, 2012** in collaboration with Hubert H. Humphrey Comprehensive Health Center. This event featured exhibits and information to educate the public about planning for a natural or man-made disaster. A number of agencies participated in the event including the Los Angeles County Department of Public Health, the City of Los Angeles Emergency Management Department, the American Red Cross, SOS Survival Products, the Los Angeles County Disaster Healthcare Volunteers, the San Onofre Nuclear Generation Station, the Los Angeles County Department of Animal Control, and Dexter the Disaster Awareness Dog. The main objective of the event was to teach the importance of emergency preparedness.

**EDAP Program Suspended:**

East Los Angeles Doctor's Hospital suspended their EDAP program effective **April 16, 2012**.

**Sidewalk CPR:**

On **June 7, 2012**, thanks to a unique collaboration between the EMS Agency, the Los Angeles County Fire Department, and the American Heart Association, over 5,000 residents of Los Angeles County learned the basics of "hands only" cardiopulmonary resuscitation (CPR). The "*Sidewalk CPR*" event synchronized CPR training at more than 80 retail and public sites throughout the County. BLS-certified personnel were provided by fire stations, ambulance companies, and hospitals to train residents in the simple "hands only" CPR technique that is vital to saving the life of someone in sudden cardiac arrest. Currently only 30% of patients experiencing sudden cardiac arrest receive CPR; it is hoped that through this program this percentage will increase.

**Revised Trauma Triage Criteria:**

The revised trauma triage criteria comprised the majority of EMS Update 2012. Deadline for completion of the mandatory training program for all EMS providers, paramedics and mobile intensive care nurses was **June 11, 2012**. Transportation according to the revised guidelines began May 1, 2012 if the provider on scene had completed the training program. Refer to the *Trauma System Status Report 2012* submitted in conjunction with this Annual Update for further details.

**EMS System Data Report:**

The first *EMS System Data Report* was presented on **July 1, 2012**. The goals of the systemwide data report include:

- Provide EMS data to our system participants and in doing so encourage them to recognize the importance of their data in managing our system.
- Highlight data gaps and their impact on our ability to make data driven decisions and to properly evaluate the quality of patient care provided.
- Demonstrate how the EMS system design parallels the healthcare needs of the community in addressing the leading causes of death and disability (heart attack, stroke, and trauma) as reported by Public Health.

ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)

Future use of the data will help guide us as we continue to shape our system to meet the needs of our ever changing community. A copy of the *EMS System Data Report* is included in the documents submitted with this annual update.

**FACILITY / PROVIDER CHANGES:**

Standing Field Treatment Protocol Provider Agencies (Total of 14 provider agencies, addition is noted in **BOLD**):

- Alhambra Fire Department
- Burbank Fire Department
- Culver City Fire Department
- Downey Fire Department
- La Verne Fire Department (February '11)
- Long Beach Fire Department
- Los Angeles Fire Department
- Los Angeles Sheriff's Department
- **Monterey Park Fire Department**
- San Marino Fire Department
- Santa Fe Springs Fire Department
- Santa Monica Fire Department
- Torrance Fire Department
- West Covina Fire Department

STEMI Receiving Centers (Total of 34 facilities, addition is noted in **BOLD**. A SRC map is included with the documents submitted.):

- Antelope Valley Hospital (February '07)
- Beverly Hospital (February '07)
- Cedars Sinai Medical Center (March '07)
- Citrus Valley Medical Center Inter-Community Campus (March '07)
- Garfield Medical Center (June '07)
- Glendale Adventist Medical Center (January '07)
- Glendale Memorial Hospital and Health Center (March '07)
- Good Samaritan Hospital (July '07)
- **Hollywood Presbyterian Medical Center** (April '12)
- Huntington Memorial Hospital (January '07)
- LAC Harbor-UCLA Medical Center (May '07)
- LAC+USC Medical Center (December '07)
- Lakewood Regional Medical Center (March '09)
- Long Beach Memorial Medical Center (January '07)
- Los Robles Hospital and Medical Center (Ventura County, August '07)
- Methodist Hospital of Southern California (January '07)
- Northridge Hospital Medical Center (December '06)
- Palmdale Regional Medical Center (May '07)
- Pomona Valley Medical Center (January '07)
- Presbyterian Intercommunity Hospital (March '07)

ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)

- Providence Holy Cross Medical Center (January '07)
- Providence Little Company of Mary Hospital (February '07)
- Providence St. Joseph Medical Center (December '06)
- Providence Tarzana Medical Center (January '07)
- Saint John's Health Center (June '07)
- Saint Jude Medical Center (Orange County, May '08)
- San Antonio Community Hospital (San Bernardino County, February '09)
- Santa Monica-UCLA Medical Center (February '07)
- St. Mary Medical Center (May '07)
- Torrance Memorial Medical Center (December '06)
- UCLA Medical Center (June '07)
- Valley Presbyterian Hospital (January '07)
- West Hills Hospital and Medical Center (April '07)
- White Memorial Medical Center (March '07)

Approved Stroke Centers (Total of 28 facilities, additions are noted in **BOLD**. An ASC map is included with the documents submitted.):

- **Antelope Valley Hospital** (February '12)
- Cedars-Sinai Medical Center (November '09)
- Garfield Medical Center (April '11)
- Glendale Adventist Medical Center (November '09)
- Henry Mayo Newhall Memorial Hospital (April '10)
- Huntington Memorial Hospital (December '09)
- Kaiser Los Angeles Medical Center (November '10)
- Kaiser Foundation Hospital – Woodland Hills (June '11)
- Long Beach Memorial Medical Center (November '09)
- Los Alamitos Medical Center (*Orange County*) (November '09)
- Los Robles Hospital & Medical Center (*Ventura County*) (October '10)
- Methodist Hospital of Southern California (August '10)
- Northridge Hospital Medical Center (November '09)
- Pomona Valley Hospital Medical Center (January '11)
- Presbyterian Intercommunity Hospital (November '09)
- Providence Little Company of Mary – San Pedro (November '09)
- Providence Little Company of Mary Medical Center - Torrance (June '10)
- Providence Holy Cross Medical Center (June '10)
- Providence St. Joseph Medical Center (November '09)
- Providence Tarzana Medical Center (June '10)
- Ronald Reagan UCLA Medical Center (November '09)
- St. Jude Medical Center (*Orange County*) (December '09)
- St. Mary Medical Center (May '11)
- Torrance Memorial Medical Center (November '09)
- Valley Presbyterian Hospital (June '11)
- **Verdugo Hills Hospital** (January '12)
- **West Hills Hospital & Medical Center** (August '11)
- White Memorial Medical Center (December '09)

ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)

Licensed Ambulance Operators (Total of 27 newly licensed companies. Reference No. 401.1, Licensed Ambulance Operators, is included with the documents submitted.):

- Aegis Ambulance Service, Inc.
- AmbuServe Inc.
- American Medical Response of Southern California
- AmeriCare Ambulance
- Antelope Ambulance Service
- Bowers Companies, Inc.
- Care Ambulance Service
- Emergency Ambulance Service, Inc.
- Gentle Care Transport
- Geber Ambulance Service
- Guardian Ambulance Service
- Impulse Ambulance, Inc.
- Liberty Ambulance Service
- Mauran Ambulance Service
- MedCoast Ambulance Service
- MedReach Ambulance
- MedResponse, Inc.
- Mercy Air
- Mercy Ambulance Service
- Priority One Medical Transport, Inc.
- PRN Ambulance, Inc.
- Rescue Services International, Ltd.
- Schaefer Ambulance Service
- Symons Ambulance
- Trinity Ambulance and Medical Transportation, LLC
- West Coast Ambulance, Inc.
- Westmed/McCormick Ambulance Company

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 Los Angeles County, the largest multi-jurisdictional EMS system in the Country. In keeping with the Mission Statement of the Los Angeles County EMS Agency, *To ensure timely, compassionate, and quality emergency and disaster medical services*, Los Angeles County continues to provide high quality, responsive emergency medical care to its residents and visitors.



Los Angeles County-Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**2012 (Fiscal Year 2011-2012)**  
**CHANGES MADE ON A STANDARD**



LEMSA: Los Angeles County

FY: 2011-2012

**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. |                    |                                |                                 | Although all ALS providers have been approved by the LEMSA, only written agreements are in place with private ALS providers. Written agreements with public ALS providers remain outstanding due to conflicts in the interpretation of State law and regulations with regards to ".201 rights", and the fear that by signing such an agreement their .201 rights would be extinguished. As previously indicated, a response from the Office of the Attorney General (OAG) remains pending with regards to .201 rights. Furthermore, it is unlikely there will be any progression on meeting this goal until a response from the OAG is issued. Although "written agreements" have not been established with public ALS providers, the LEMSA continues to ensure that all EMS provider agencies, public and private, 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. Since it is likely there will be no progression on this objective until a response is issued from the OAG, we respectfully request the removal of this long range goal, or at a minimum its deferral until a response is issued. |

| 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 continues to assess and periodically reassess EMS-related capabilities in all of the following categories: Paramedic Base Stations; Trauma Centers; Emergency Departments Approved for Pediatrics; Pediatric Medical Centers; Pediatric Trauma Centers; Perinatal Centers; ST-Elevation MI Receiving Centers; Approved Stroke Centers; Burn Surge Centers; and Disaster Resource Centers and their "Umbrella Hospitals". 9-1-1 receiving hospitals participating in any of the aforementioned EMS programs have undergone a formal approval processes by the LEMSA, with written agreements in place; however, written agreements remain outstanding for 9-1-1 receiving hospitals without some type of specialty program. Currently, only 11 facilities exist, out of 68, without some type of specialty program. | Develop and implement written agreements with the remaining outstanding facilities. |



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**2012 (Fiscal Year 2011-12)**



**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: **Los Angeles County Emergency Medical Services Agency**  
 Reporting Year: **Fiscal Year 2011-12**

**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: Deputy Director, Health Services**
  
4. Indicate the non-required functions which are performed by the agency:
 

|   |   |
|---|---|
| Implementation of exclusive operating areas (ambulance franchising) | X |
| Designation of trauma centers/trauma care system planning           | X |



**6. SOURCES OF REVENUE:**

|   |                            |
|---|----------------------------|
| Special project grant(s) [from EMSA]:                         |                            |
| Preventive Health and Health Services (PHHS) Block Grant      | _____                      |
| Office of Traffic Safety (OTS)                                | _____                      |
| State general fund  | _____                      |
| County general fund   | <u>\$8,978,236</u>         |
| Other local tax funds (e.g., EMS district)                    | _____                      |
| County contracts (e.g. multi-county agencies)                 | _____                      |
| Certification fees  | <u>\$432,316</u>           |
| Training program approval fees                                | <u>\$673,562</u>           |
| Training program tuition/Average daily attendance funds (ADA) | _____                      |
| Job Training Partnership ACT (JTPA) funds/other payments      | _____                      |
| Base hospital application fees                                | <u>\$252,776</u>           |
| Trauma center application fees                                | _____                      |
| Trauma center designation fees                                | <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                   | _____                      |
| Type:   | _____                      |
| Ambulance service/vehicle fees                                | _____                      |
| Contributions   | _____                      |
| EMS Fund (SB 12/612/SB 1773)                                  | <u>\$28,084,068</u>        |
| Other grants: EMS Allocation Fund                             | _____                      |
| Other fees: various other revenue/Intrafund Transfers         | <u>\$6,812,563</u>         |
| Other (specify): HRSA   | <u>\$11,039,287</u>        |
| <b>TOTAL REVENUE</b>  | <u><b>\$57,279,716</b></u> |

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

Total Revenue is greater than Total Expenses due to the SB 1773 allocation of \$2,098,255 for Pediatric Trauma Centers which was disbursed in future FYs.

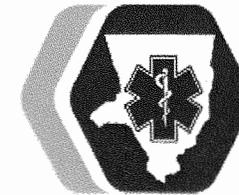
**7. Fee Structure:**

**Our fee structure is:**

|  |                  |
|--|------------------|
| First responder certification  | _____            |
| EMS dispatcher certification   | _____            |
| EMT-I certification  | _____ \$30.00    |
| EMT-I recertification  | _____ \$20.00    |
| EMT-defibrillation certification   | _____            |
| EMT-defibrillation recertification   | _____            |
| EMT-II certification   | _____            |
| EMT-II recertification   | _____            |
| EMT-P accreditation  | _____ \$265.00   |
| Mobile Intensive Care Nurse /Authorized Registered Nurse<br>(MICN/ARN) certification | _____ \$125.00   |
| 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  | _____            |
| Base hospital designation  | _____ \$12,165   |
| Trauma center application  | _____            |
| Trauma center designation  | _____ \$71,922   |
| Pediatric facility approval  | _____            |
| Pediatric facility designation   | _____            |
| Other critical care center application / designation                                 | _____            |
| Type: _____  | _____            |
| Ambulance service license - New  | _____ \$4,846.00 |
| Ambulance service license - Renewal  | _____ \$2,923.00 |
| Ambulance vehicle permits - New  | _____ \$373.86   |
| Ambulance vehicle permits - Renewal  | _____ \$339.55   |
| Other: Ambulette Operator - New  | _____ \$4,846.00 |
| Other: Ambulette Operator - Renewal  | _____ \$2,923.00 |
| Other: Ambulette Vehicle Permit - New  | _____ \$361.72   |
| Other: Ambulette Vehicle Permit - Renewal  | _____ \$327.41   |



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
 2012 (Fiscal Year 2011-12)



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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2011-2012**

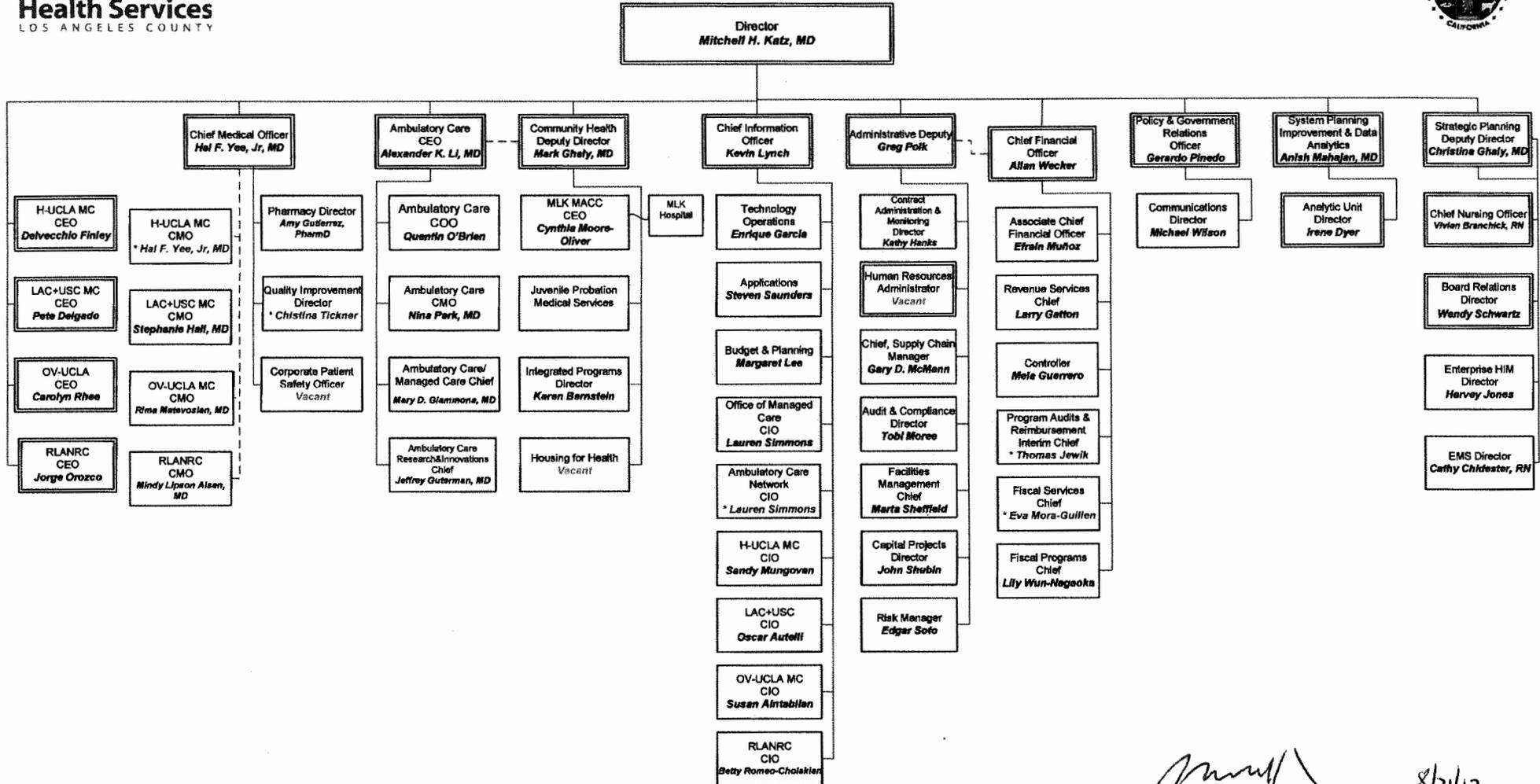
| CATEGORY  | ACTUAL TITLE                                   | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (50.45 % of Salary) | COMMENTS |
|---|--|--------------------------|---------------------------------|------------------------------|----------|
| EMS Admin./Coord./Director                          | Director, EMS Agency                           | 1                        | \$73.33                         | \$37.00                      |          |
| Asst. Admin./Admin. Asst./Admin. Mgr.               | Assistant Director                             | 3                        | \$63.51                         | \$32.04                      |          |
| ALS Coord./Field Coord./ Training Coordinator       | Training Coordinator                           | 1                        | \$59.76                         | \$30.15                      |          |
| Program Coordinator/ Field Liaison (Non-clinical)   | Program Director, Paramedic Training Institute | 1                        | \$49.24                         | \$24.84                      |          |
| Trauma Coordinator                                  | Trauma System Program Manager                  | 1                        | \$58.69                         | \$29.61                      |          |
| Medical Director                                    | Medical Director                               | 1                        | \$106.62                        | \$53.79                      |          |
| Other MD/Medical Consult/ Training Medical Director | Medical Director, PTI                          | 1                        | \$48.07                         | \$24.25                      |          |
| Disaster Medical Planner                            | Disaster Medical Officer                       | 1                        | \$79.80                         | \$40.26                      |          |

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

| CATEGORY                                     | ACTUAL TITLE  | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (50.45% of Salary) | COMMENTS |
|--|---|--------------------------|---------------------------------|-----------------------------|----------|
| Dispatch Supervisor                          | Ambulance Program Coordinator                                 | 1                        | \$41.58                         | \$20.98                     |          |
| Data Evaluator/Analyst                       | TEMIS Sr. Program Head  | 1                        | \$59.29                         | \$29.91                     |          |
| QA/QI Coordinator                            | Provider and Hospital Program Managers                        | 4                        | \$58.65                         | \$29.59                     |          |
| Public Info. & Education Coordinator         | Pre-Hospital Certification, Risk Management and Investigators | 2                        | \$67.08                         | \$33.84                     |          |
| Executive Secretary                          | Executive Secretary   | 1                        | \$31.13                         | \$15.71                     |          |
| Data Entry Clerk                             | Data Entry Clerk  | 3                        | Various                         | Various                     |          |
| Ambulance Services                           | Ambulance Services  | 67                       | 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.

**DEPARTMENT OF HEALTH SERVICES**  
**Organizational Chart**



\* Interim

  
\_\_\_\_\_  
Mitchell H. Katz, MD  
Director

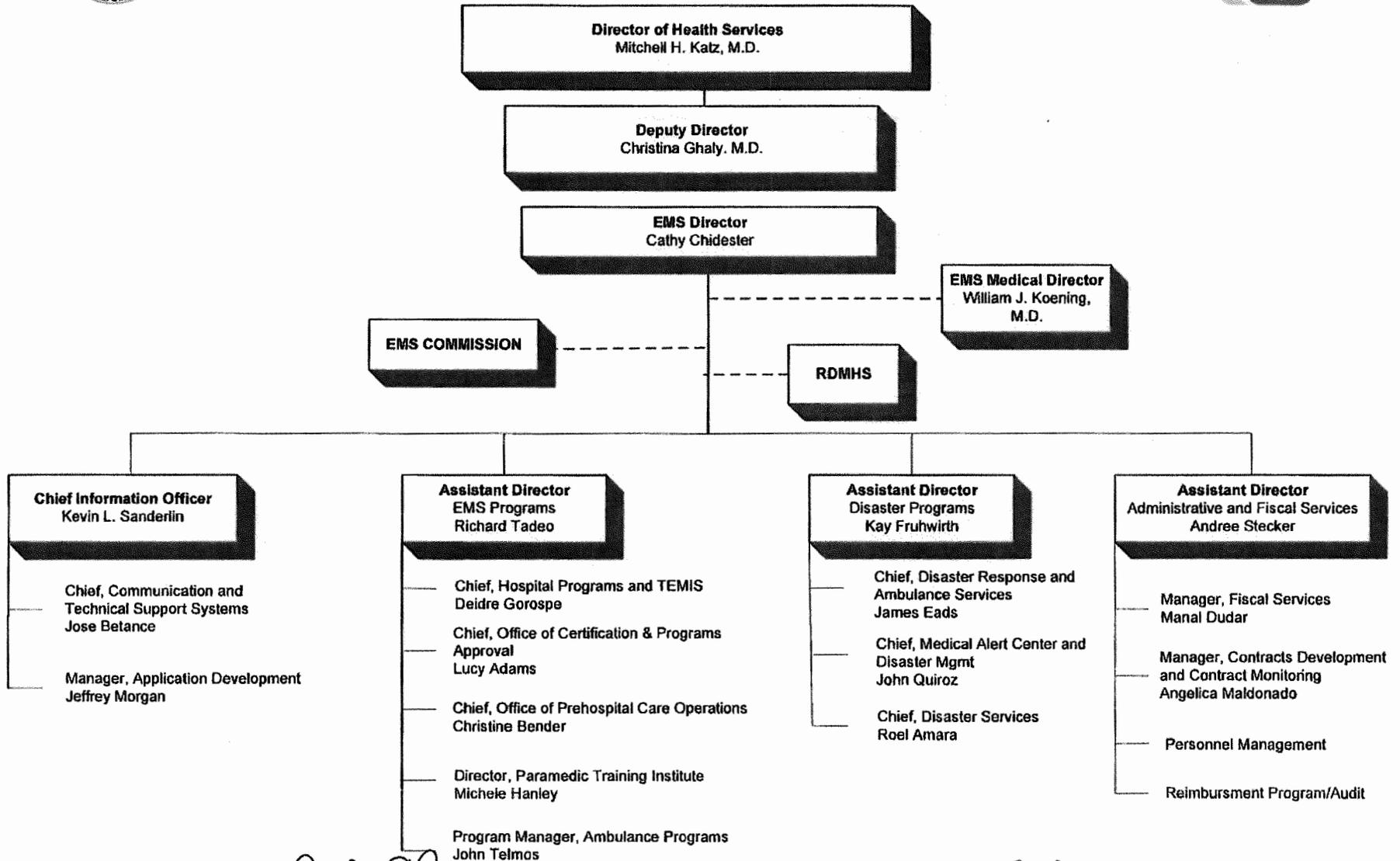
8/21/12  
\_\_\_\_\_  
Date



# LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



## ORGANIZATIONAL CHART



Approved by: Cathy Chidester

*Cathy Chidester*  
EMS Director

Approved by: Christina Ghaly, M.D.

*Christina Ghaly*  
Deputy Director



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2012**  
**(Fiscal Year 2011-2012)**



**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

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

Reporting Year: **Fiscal Year 2011 - 2012**

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

|  | EMT - Is | EMT - IIs | EMT - Ps | MICN |
|--|----------|-----------|----------|------|
| Total Certified  | 7,072    | N/A       |          | 783  |
| Number newly certified this year                                     | 1,819    | N/A       |          | 46   |
| Number recertified this year   | 2,669    | N/A       |          | 298  |
| Total number of accredited personnel on July 1 of the reporting year | N/A      | N/A       | 3,785    | N/A  |
| Number of certification reviews resulting in:                        |          |           |          |      |
| a) formal investigations   | 334      | N/A       |          | 0    |
| b) probation   | 52       | N/A       |          | 0    |
| c) suspensions   | 0        | N/A       |          | 0    |
| d) revocations   | 5        | N/A       |          | 0    |
| e) denials   | 3        | N/A       |          | 0    |
| f) denials of renewal  | N/A      | N/A       |          | 0    |
| g) no action taken   | 131      | N/A       |          | 0    |

1. Early defibrillation:
  - a) Number of EMT=I (defib) certified 11,578
  - b) Number of public safety (defib) certified (non-EMT-I) 3,446
  
2. Do you have a first responder training program Yes  No



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2012**  
**(Fiscal Year 2011-2012)**



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

EMS System: **County of Los Angeles**

Reporting Year: **2012 (Fiscal Year 2011-2012)**

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

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

- e. Do you have a plan to utilize RACES as a back-up communication system? **Yes X** No
- 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 2012**  
**(Fiscal Year 2011-2012)**



**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation**

EMS System: **County of Los Angeles**

Reporting Year: **2012 (Fiscal Year 2011-2012)**

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers **18,607**

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

| Enter the response times in the appropriate boxes | METRO/<br>URBAN | SUBURBAN/<br>RURAL | WILDERNESS     | SYSTEMWIDE |
|---|-----------------|--------------------|----------------|------------|
| BLS and CPR capable first responder               | 6.51*           | Not Applicable     | Not Applicable | 6.51*      |
| Early defibrillation responder                    | 5.45*           | Not Applicable     | Not Applicable | 5.45*      |
| Advanced life support responder                   | 5.37*           | Not Applicable     | Not Applicable | 5.37*      |
| Transport Ambulance                               | 6.27*           | Not Applicable     | Not Applicable | 6.27*      |

\* 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 2012**  
**(Fiscal Year 2011-2012)**



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

EMS System: **County of Los Angeles**

Reporting Year: **2012 (Fiscal Year 2011-2012)**

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

**1. Trauma**

|  |               |
|--|---------------|
| a. Number of patients meeting trauma triage criteria<br><b>(Trauma Data Base - Exhibit C patients)</b>   | <b>21,930</b> |
| b. Number of major trauma victims transported directly to a trauma center by ambulance<br><b>(Trauma Data Base – mode of entry equal to EMS)</b>   | <b>18,450</b> |
| c. Number of major trauma patients transferred to a trauma center<br><b>(Trauma Data Base - ED-to-ED transfers and Direct Admits)</b>  | <b>865</b>    |
| d. Number of patients meeting trauma triage criteria who weren't treated at a trauma center<br><b>(Base Data Base - meets trauma criteria, but not transported to a trauma center [0.12%])</b> | <b>199</b>    |

**2. Emergency Departments**

|   |           |
|---|-----------|
| a. Total number of emergency departments  | <b>72</b> |
| b. Number of referral emergency services  | <b>0</b>  |
| c. Number of standby emergency services<br><b>(Catalina Island Medical Center, Community &amp; Mission Hospital of Huntington Park, Los Angeles Community Hospital, &amp; St. Vincent Medical Center)</b> | <b>4</b>  |
| d. Number of basic emergency services   | <b>66</b> |
| e. Number of comprehensive emergency services<br><b>(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)</b>  | <b>2</b>  |

**3. Receiving Hospitals**

|  |           |
|--|-----------|
| a. Number of receiving hospitals with written agreements | <b>0</b>  |
| b. Number of base hospitals with written agreements      | <b>21</b> |



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2012**  
**(Fiscal Years 2011 & 2012)**



**TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical**

EMS System: **County of Los Angeles**

Reporting Year: **2012 (Fiscal Years 2011-2012)**

**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), and Medical Reserve Corps**
  - c. Do you have a supply system for supporting them for 72 hours? Yes  No
  
2. CISD –
 

Do you have a CISD provider with 24 hour capability? Yes  No
  
- 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  No
  - b. For each team, are they incorporated into your local response plan? Yes  No
  - c. Are they available for statewide response? Yes  No
  - d. Are they part of a formal out-of-state response system? Yes  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 2012**  
**(Fiscal Year 2011-2012)**



**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2011-2012**

**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:** 21

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

**Transporting Agencies**

19,000 Total number of responses  
0 Number of emergency responses  
19,000 Number of non-emergency responses

19,000 Total number of transports  
0 Number of emergency transports  
19,000 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 **Telephone number:** (626) 570-5190  
**Address:** 301 North First Street  
Alhambra, CA 91801 **Number of Ambulances:** 2

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

**Transporting Agencies**

3,834 Total number of responses  
3,834 Number of emergency responses  
0 Number of non-emergency responses

3,212 Total number of transports  
2,804 Number of emergency transports  
408 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

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

**Transporting Agencies**

30637 Total number of responses  
2206 Number of emergency responses  
28431 Number of non-emergency responses

24967 Total number of transports  
2025 Number of emergency transports  
22942 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:** American Medical Response  
**Address:** 1055 W. Avenue J  
Lancaster, CA 93534

**Telephone number:** (877) 808-2100  
**Number of Ambulances:** 92

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

**Transporting Agencies**

119,392 Total number of responses  
89,370 Number of emergency responses  
30,022 Number of non-emergency responses

79,399 Total number of transports  
58,909 Number of emergency transports  
20,490 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  
**Address:** 1059 E. Bedmar Street  
Carson, CA 90746

**Telephone number:** (310) 835-9390  
**Number of Ambulances:** 50

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

**Transporting Agencies**

40,062 Total number of responses  
9,780 Number of emergency responses  
36,282 Number of non-emergency responses

34,866 Total number of transports  
6,187 Number of emergency transports  
28,679 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:** Antelope Ambulance Service  
**Address:** 42540 N. 6<sup>th</sup> Street East  
Lancaster, CA 93535

**Telephone number:** (661) 951-1998  
**Number of Ambulances:** 7

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

**Transporting Agencies**

7,100 Total number of responses  
36 Number of emergency responses  
7,064 Number of non-emergency responses

6,878 Total number of transports  
24 Number of emergency transports  
6,854 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:** Arcadia Fire Department **Telephone number:** (626) 574-5100  
**Address:** 710 S. Santa Anita Avenue  
Arcadia, CA 91006 **Number of Ambulances:** 3

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

**Transporting Agencies**

3,269 Total number of responses  
3,269 Number of emergency responses  
0 Number of non-emergency responses

3,083 Total number of transports  
3,083 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

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

**Transporting Agencies**

816 Total number of responses  
702 Number of emergency responses  
114 Number of non-emergency responses

683 Total number of transports  
683 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:** Beverly Hills Fire Department  
**Address:** 445 North Rexford Drive  
Beverly Hills, CA 90210

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

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

**Transporting Agencies**

6,306 Total number of responses  
6,306 Number of emergency responses  
0 Number of non-emergency responses

2,063 Total number of transports  
2,063 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:** Bowers Companies, Inc.  
**Address:** 3355 East Spring Street, Suite 301  
Long Beach, California 90806

**Telephone number:** (562) 988-6460  
**Number of Ambulances:** 63

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

**Transporting Agencies**

66,277 Total number of responses  
1,143 Number of emergency responses  
65,084 Number of non-emergency responses

58,155 Total number of transports  
718 Number of emergency transports  
57,437 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:** Burbank Fire Department  
**Address:** 311 E. Orange Grove Blvd.  
Burbank, CA 91502-1221

**Telephone number:** (818) 238-3473  
**Number of Ambulances:** 3

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

**Transporting Agencies**

8,124 Total number of responses  
7,843 Number of emergency responses  
281 Number of non-emergency responses

3,736 Total number of transports  
2,358 Number of emergency transports  
1,378 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 **Telephone number:** (310) 605-5670  
**Address:** 201 South Arcadia  
Compton, CA 90220 **Number of Ambulances:** 5

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

**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

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

**Transporting Agencies**

3,615 Total number of responses  
N/A Number of emergency responses  
N/A Number of non-emergency responses

2,574 Total number of transports  
N/A Number of emergency transports  
N/A 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  
**Address:** 11111 Brookshire Avenue  
Downey, CA 90241

**Telephone number:** (562) 904-7346  
**Number of Ambulances:** 3

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

**Transporting Agencies**

9,057 Total number of responses  
8,380 Number of emergency responses  
677 Number of non-emergency responses

4,576 Total number of transports  
2,674 Number of emergency transports  
1,902 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:** El Segundo Fire Department  
**Address:** 314 Main Street  
El Segundo, CA 90245

**Telephone number:** (310) 524-2395  
**Number of Ambulances:** 3

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

**Transporting Agencies**

1,610 Total number of responses  
1,573 Number of emergency responses  
37 Number of non-emergency responses

955 Total number of transports  
955 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:** Emergency Ambulance Service, Inc.

**Telephone number:** (714) 986-3900

**Address:** 3200 E. Birch Street, Suite A

Brea, CA 92821

**Number of Ambulances:** 15

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

**Transporting Agencies**

12731 Total number of responses  
8307 Number of emergency responses  
4424 Number of non-emergency responses

9326 Total number of transports  
5635 Number of emergency transports  
3691 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ 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

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Gentle Care Transport, Inc.  
**Address:** 3539 Casitas Ave.  
Los Angeles, Ca. 90039

**Telephone number:** ( 323 ) 662-8777  
**Number of Ambulances:** 43

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

**Transporting Agencies**

29,951 Total number of responses  
0 Number of emergency responses  
29,951 Number of non-emergency responses

29,785 Total number of transports  
0 Number of emergency transports  
29,785 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:** Gerber Ambulance Service  
**Address:** 19801 Mariner Avenue  
Torrance, CA 90503

**Telephone number:** (310) 542-6464  
**Number of Ambulances:** 23

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

**Transporting Agencies**

|   |   |
|---|---|
| _____ Total number of responses         | <u>15,723</u> Total number of transports        |
| _____ Number of emergency responses     | <u>8,028</u> Number of emergency transports     |
| _____ Number of non-emergency responses | <u>7,695</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:** Glendale Fire Department  
**Address:** 421 Oak Street  
Glendale, CA 91204

**Telephone number:** (818) 548-4814  
**Number of Ambulances:** 6 (BLS)

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

**Transporting Agencies**

16,500 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

8,879 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:** Guardian Ambulance Service      **Telephone number:** (626) 792-3688  
**Address:** 1854 E. Corson  
Pasadena, CA 91107      **Number of Ambulances:** 5

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

**Transporting Agencies**

|   |  |
|---|--|
| <u>4,300</u> Total number of responses          | <u>4,264</u> Total number of transports              |
| <u>          </u> Number of emergency responses | <u>          1</u> Number of emergency transports    |
| <u>4,300</u> Number of non-emergency responses  | <u>          </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:** Hermosa Beach Fire Department  
**Address:** 540 Pier Avenue  
Hermosa Beach, CA 90254

**Telephone number:** (310) 376-2479  
**Number of Ambulances:** 2

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

**Transporting Agencies**

2,487 Total number of responses  
1,479 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

862 Total number of transports  
862 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:** Impulse Ambulance, Inc.  
**Address:** 12531 Vanowen Street  
North Hollywood, CA 91605

**Telephone number:** (818) 982-3500  
**Number of Ambulances:** 14

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

**Transporting Agencies**

9,976 Total number of responses  
0 Number of emergency responses  
9,976 Number of non-emergency responses

9,559 Total number of transports  
0 Number of emergency transports  
9,559 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:** La Habra Heights Fire Department  
**Address:** 1245 North Hacienda Boulevard  
La Habra Heights, CA 90631

**Telephone number:** (562) 694-8283  
**Number of Ambulances:** 0

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

**Transporting Agencies**

514 Total number of responses  
268 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

**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

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

**Transporting Agencies**

2,148 Total number of responses  
2,148 Number of emergency responses  
0 Number of non-emergency responses

1,961 Total number of transports  
1,961 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:** Liberty Ambulance Service  
**Address:** 9441 Washburn Road  
Downey, CA 90242

**Telephone number:** (562) 741-6230  
**Number of Ambulances:** 22

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

**Transporting Agencies**

9,359 Total number of responses  
79 Number of emergency responses  
9,280 Number of non-emergency responses

9,260 Total number of transports  
78 Number of emergency transports  
9,182 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:** 8 (ALS) 5 (BLS)

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

**Transporting Agencies**

42,699 Total number of responses  
28,679 Number of emergency responses  
14,020 Number of non-emergency responses)

24,687 Total number of transports  
15,103 Number of emergency transports  
9,584 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 Sheriff's Department      **Telephone number:** (323) 881-7823  
**Address:** 1060 N. Eastern Avenue  
Los Angeles, CA 90022      **Number of Ambulances:** 8

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

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

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

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Los Angeles Fire Department  
**Address:** 200 N. Main Street – Room 1860  
Los Angeles, CA 90012

**Telephone number:** (213) 978-3885  
**Number of Ambulances:** 123 / 2 Air

|   |   |  |   |  |
|---|---|--|---|--|
| <b>Written Contract:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     | <b>Medical Director:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <b>System Available 24 Hours:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <b>Service:</b><br><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground<br><input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air<br><input type="checkbox"/> Water |  |
| <b>Ownership:</b><br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private | <b>If Public:</b><br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other<br>Explain: _____ | <b>If Public:</b><br><input checked="" type="checkbox"/> City <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Fire District<br><input type="checkbox"/> Federal | <b>If Air:</b><br><input checked="" type="checkbox"/> Rotary<br><input type="checkbox"/> Fixed Wing   | <b>Air Classification:</b><br><input type="checkbox"/> Auxiliary Rescue<br><input checked="" type="checkbox"/> Air Ambulance (2)<br><input type="checkbox"/> ALS Rescue<br><input type="checkbox"/> BLS Rescue |

**Transporting Agencies**

339,489 Total number of responses  
296,514 Number of emergency responses  
42,975 Number of non-emergency responses

223,708 Total number of transports  
210,693 Number of emergency transports  
13,015 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Manhattan Beach Fire Department                      **Telephone number:** (310) 802-5203  
**Address:** 400 15th Street  
Manhattan Beach, CA 90266    **Number of Ambulances:** 2

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

**Transporting Agencies**

2,255 Total number of responses  
2,255 Number of emergency responses  
0 Number of non-emergency responses

950 Total number of transports  
840 Number of emergency transports  
110 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 **Telephone number:** (562) 802-3765  
**Address:** 14325 Iseli Road  
Santa Fe Springs, CA 90670 **Number of Ambulances:** 25

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

**Transporting Agencies**

29,975 Total number of responses  
0 Number of emergency responses  
29,975 Number of non-emergency responses

28,880 Total number of transports  
21 Number of emergency transports  
28,859 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:** MedReach Ambulance Service  
**Address:** 1303 Kona Drive  
Rancho Dominguez, CA 902200

**Telephone number:** (800) 788-3440  
**Number of Ambulances:** 25

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

**Transporting Agencies**

29,975 Total number of responses  
0 Number of emergency responses  
29,975 Number of non-emergency responses

28,880 Total number of transports  
21 Number of emergency transports  
28,859 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:** 7040 Hayvenhurst Avenue, Suite #200  
Van Nuys, CA 91406

**Telephone number:** (818) 442-9222  
**Number of Ambulances:** 22

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

**Transporting Agencies**

31,134 Total number of responses  
0 Number of emergency responses  
31,134 Number of non-emergency responses

30,335 Total number of transports  
7 Number of emergency transports  
30,328 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:** Mercy Ambulance Service  
**Address:** 7700 Imperial Highway  
Downey, CA 90242

**Telephone number:** (888) 777-3851  
**Number of Ambulances:** 10

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

**Transporting Agencies**

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

5,210 Total number of transports  
           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:** 5

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

293 Total number of responses  
25 Number of emergency responses  
268 Number of non-emergency responses

200 Total number of transports  
7 Number of emergency transports  
193 Number of non-emergency transports

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Monrovia Fire Department **Telephone number:** (626) 256-8181  
**Address:** 141 East Lemon Avenue  
Monrovia, CA 91016 **Number of Ambulances:** 0

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

**Transporting Agencies**

3,861 Total number of responses  
2,991 Number of emergency responses  
870 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) 887-4511  
**Number of Ambulances:** 0

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

**Transporting Agencies**

3,909 Total number of responses  
2,346 Number of emergency responses  
3,8,38 Number of non-emergency responses

1,871 Total number of transports  
72 Number of emergency transports  
475 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

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

**Transporting Agencies**

2,899 Total number of responses  
2,463 Number of emergency responses  
436 Number of non-emergency responses

2,038 Total number of transports  
1,414 Number of emergency transports  
622 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.  
**Address:** 1211 First Street  
San Fernando, CA 91340

**Telephone number:** (818) 365-3182  
**Number of Ambulances:** 11

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

**Transporting Agencies**

8,056 Total number of responses  
0 Number of emergency responses  
8,056 Number of non-emergency responses

8,056 Total number of transports  
0 Number of emergency transports  
8,056 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

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

**Transporting Agencies**

16,303 Total number of responses  
15,494 Number of emergency responses  
N/A Number of non-emergency responses

9,488 Total number of transports  
9,488 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.  
**Address:** 740 S. Rochester Avenue, Suite E  
Ontario, CA 91761

**Telephone number:** (909) 948-4400  
**Number of Ambulances:** 26

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

**Transporting Agencies**

16,332 Total number of responses  
83 Number of emergency responses  
16,249 Number of non-emergency responses

13,866 Total number of transports  
183 Number of emergency transports  
13,683 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:** 53

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

**Transporting Agencies**

37,747 Total number of responses  
0 Number of emergency responses  
37,747 Number of non-emergency responses

37,464 Total number of transports  
0 Number of emergency transports  
37,464 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:** REACH AirMedical Services

**Telephone number:** ( 707 ) 324-2400

**Address:** 451 Aviation Blvd.

Santa Rosa, CA 95403

**Number of Ambulances:** 3

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

**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**

44 Total number of responses  
0 Number of emergency responses

44 Total number of transports  
0 Number of emergency transports

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Redondo Beach Fire Department  
**Address:** 401 S. Broadway Street  
Redondo Beach, CA 90277

**Telephone number:** (310) 318-0663  
**Number of Ambulances:** \_\_\_\_\_

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

For the second year in a row, Redondo Beach 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:** Rescue Services International, Ltd  
**Address:** 5462 Irwindale Avenue, Suite B  
Irwindale, CA 91706

**Telephone number:** (626) 385-0440  
**Number of Ambulances:** 24

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

**Transporting Agencies**

16,803 Total number of responses  
0 Number of emergency responses  
16,803 Number of non-emergency responses

26,262 Total number of transports  
70 Number of emergency transports  
16,192 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) 308-2800  
**Number of Ambulances:** 1

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

**Transporting Agencies**

2,575 Total number of responses  
2,360 Number of emergency responses  
215 Number of non-emergency responses

1,222 Total number of transports  
n/a Number of emergency transports  
n/a 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

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

**Transporting Agencies**

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

494 Total number of transports  
494 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 Rescue  
**Address:** 1130 Greenstone Avenue  
Santa Fe Springs, CA 90670

**Telephone number:** (562) 944-9713  
**Number of Ambulances:** 0

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

**Transporting Agencies**

1,703 Total number of responses  
1,637 Number of emergency responses  
66 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**

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

**Telephone number:** (310) 434-2642  
**Number of Ambulances:** 4

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

**Transporting Agencies**

9,909 Total number of responses  
9,909 Number of emergency responses  
0 Number of non-emergency responses

6,475 Total number of transports  
6,475 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:** Schaefer Ambulance Service  
**Address:** 4627 W. Beverly Boulevard  
Los Angeles, CA 90004-3101

**Telephone number:** (800) 582-2258  
**Number of Ambulances:** 51

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

**Transporting Agencies**

51,690 Total number of responses  
33,576 Number of emergency responses  
17,494 Number of non-emergency responses

46,903 Total number of transports  
31,934 Number of emergency transports  
14,969 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

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

**Transporting Agencies**

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

496 Total number of transports  
176 Number of emergency transports  
320 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:** South Pasadena Fire Department  
**Address:** 817 Mound Avenue  
So. Pasadena, California 91030

**Telephone number:** (626) 403-7300  
**Number of Ambulances:** 2

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

**Transporting Agencies**

1,242 Total number of responses  
1,242 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

715 Total number of transports  
464 Number of emergency transports  
251 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:** 7

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

**Transporting Agencies**

4,797 Total number of responses  
0 Number of emergency responses  
4,797 Number of non-emergency responses

4,797 Total number of transports  
0 Number of emergency transports  
4,797 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

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

**Transporting Agencies**

12,269 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

**Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers**

**Provider:** Vernon Fire Department  
**Address:** 4305 Santa Fe Avenue  
Vernon, CA 90058

**Telephone number:** (323) 583-8811(ext. 510)  
**Number of Ambulances:** 1

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

**Transporting Agencies**

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

151 Total number of transports  
151 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:** 27

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

**Transporting Agencies**

21,543 Total number of responses  
0 Number of emergency responses  
21,543 Number of non-emergency responses

21,482 Total number of transports  
87 Number of emergency transports  
21,395 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 #205  
West Covina, CA 91790

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

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

**Transporting Agencies**

7,544 Total number of responses  
7,056 Number of emergency responses  
488 Number of non-emergency responses

3,557 Total number of transports  
2,465 Number of emergency transports  
1,092 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 Ambulance Inc., dba McCormick  
**Address:** 13933 Crenshaw Boulevard  
Hawthorne, CA 90250-7815

**Telephone number:** (310) 219-1779  
**Number of Ambulances:** 53

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

**Transporting Agencies**

79,986 Total number of responses  
77,122 Number of emergency responses  
2,864 Number of non-emergency responses

58,064 Total number of transports  
55,548 Number of emergency transports  
2,516 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



**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2012**  
**(Fiscal Years 2011-2012)**



**Table 9 – RESOURCE DIRECTORY – Facilities**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2011-2012**

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

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

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

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

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

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

**Telephone Number:** (213) 748-2411

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

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

**Telephone Number:** (310) 855-5000

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (310) 673-4660

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

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

**Telephone Number:** (323) 660-2450

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

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

**Telephone Number:** (626) 331-7331

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Written Contract:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |  | <b>Service:</b><br><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency<br><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency |  | <b>Base Hospital:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>Burn Center:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Pediatric Critical Care Center:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b>Trauma Center:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <b>If Trauma Center what level:</b>  |  |
| <b>PICU:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |  |   |  | <input type="checkbox"/> Level I   | <input type="checkbox"/> Level II  |
| <b>EDAP:</b><br><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:** Citrus Valley Medical Center-Queen of the Valley Campus  
**Address:** 1115 South Sunset Avenue  
 West Covina, CA 91790

**Telephone Number:** (626) 962-4011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Telephone Number:** (661) 253-8000

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

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

**Telephone Number:** (626) 397-5000

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Written Contract:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No               |  | <b>Service:</b><br><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency<br><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency |  | <b>Base Hospital:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Burn Center:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Pediatric Critical Care Center:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Trauma Center:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>If Trauma Center what level:</b>  |  |
| <b>PICU:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |  |   |  | <input type="checkbox"/> Level I   | <input checked="" type="checkbox"/> Level II   |
| <b>EDAP:</b><br><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:** Kaiser Foundation - Baldwin Park  
**Address:** 1011 Baldwin Boulevard  
 Baldwin Park, CA 91706

**Telephone Number:** (626) 851-1011

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

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

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

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

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

**Telephone Number:** (310) 325-5111

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

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

**Telephone Number:** (323) 857-2000

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (818) 719-2000

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

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

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

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

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

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Written Contract:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No               |  | <b>Service:</b><br><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency<br><input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency |  | <b>Base Hospital:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>Burn Center:</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Pediatric Critical Care Center:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Trauma Center:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | <b>If Trauma Center what level:</b>  |  |
| <b>PICU:</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                           |  |   |  | <input type="checkbox"/> Level I   | <input checked="" type="checkbox"/> Level II   |
| <b>EDAP:</b><br><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:** Los Angeles Comm. Hospital of Norwalk  
**Address:** 13222 Bloomfield Avenue  
 Norwalk, CA 90650

**Telephone Number:** (562) 863-4763

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

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

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

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

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

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

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

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

**Telephone Number:** (818) 885-8500

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

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

**Telephone Number:** (310) 657-5900

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (562) 595-1911

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

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

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

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

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

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

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

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

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

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

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

**Telephone Number:** (323) 413-3000

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

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

**Telephone Number:** (310) 825-9111

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (310) 900-7301

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

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

**Telephone Number:** (310) 829-5511

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

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

**Telephone Number:** (562) 491-9000

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (909) 599-6811

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

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

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

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

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

**Telephone Number:** (310) 325-9110

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

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

**Telephone Number:** (562) 860-0401

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (818) 782-6600

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

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

**Telephone Number:** (818) 790-7100

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

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

**Telephone Number:** (818) 676-4000

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (323) 268-5000

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b><u>Written Contract:</u></b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b><u>Service:</u></b><br><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency<br><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency |  | <b><u>Base Hospital:</u></b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b><u>Burn Center:</u></b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b><u>Pediatric Critical Care Center:</u></b>  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <b><u>Trauma Center:</u></b>   |  | <b><u>If Trauma Center what level:</u></b>  |  |
| <b><u>PICU:</u></b>  |  | <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                                |  |
| <b><u>EDAP:</u></b>  |  | <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

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| <b><u>Written Contract:</u></b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | <b><u>Service:</u></b><br><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency<br><input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency |  | <b><u>Base Hospital:</u></b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b><u>Burn Center:</u></b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b><u>Pediatric Critical Care Center:</u></b>  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | <b><u>Trauma Center:</u></b>   |  | <b><u>If Trauma Center what level:</u></b>  |  |
| <b><u>PICU:</u></b>  |  | <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                                |  |
| <b><u>EDAP:</u></b>  |  | <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 2012**  
**(Fiscal Year 2011-12)**



**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2011-12**

**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<br>3041 West Avenue K<br>Lancaster, CA 93536-5426 |  | Name: Dr. Karen Cowell, Dean, or Lance Hodge, Instructor<br>Office: 661.722.6300 Ext. 6402<br>Fax: 661.722.6403<br>e-mail: <a href="mailto:kcowell@avc.edu">kcowell@avc.edu</a> or <a href="mailto:lhodge@avc.edu">lhodge@avc.edu</a>   |
| Student Eligibility:<br><br>Open to the general public                    | Cost of Program:<br><br>Basic: \$400 includes book<br><br>Refresher: N/a | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 40<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 0<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

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

| Training Institution Name/Address  |   | Contact Name/Telephone Number   |
|--|---|---|
| Antelope Valley ROP Adult Program<br>1156 E. Avenue S<br>Palmdale, CA 93550            |   | Name: Andra Ratliff<br>Office: 661.575.1026<br>Fax: 661.575.1037<br>e-mail: <a href="mailto:aratliff@avhsd.org">aratliff@avhsd.org</a>  |
| <b>Student Eligibility:</b><br><br>Open to the general public – Adult<br>Students Only | <b>Cost of Program:</b><br><br>Basic: \$475<br><br>Refresher: N/A | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 82<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 01/31/2013<br><br>Number of courses:<br>Initial training: 6<br>Refresher: 0<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| Antelope Valley ROP High School Program<br>Palmdale High School Campus<br>2131 E. Avenue R<br>Palmdale, CA 93550 |  | Name: Andra Ratliff<br>Office: 661.575.1026<br>Fax: 661.575.1037<br>e-mail: aratliff@avhsd.org   |
| Student Eligibility:<br><br>Restricted to high school students only  | Cost of Program:<br><br>Basic: No charge<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 22<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 01/31/2013<br><br>Number of courses:<br>Initial training: 1<br>Refresher: 0<br>Continuing Education: 0 |

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| Beverly Hills Fire Department<br>445 North Rexford Drive<br>Beverly Hills, CA 90210 |  | Name: Sean Stokes<br>Office: 310.281.2733<br>Fax: 310.278.2449<br>e-mail: sstokes@beverlyhills.org  |
| Student Eligibility:<br><br>Restricted to Beverly Hills Fire Department personnel   | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT & Paramedic<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 80<br>Continuing Education: 80<br>Expiration date: 06/30/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 11<br>Continuing Education: 17 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |  | Contact Name/Telephone Number  |
|---|--|--|
| Burbank Fire Department<br>311 E. Orange Grove Avenue<br>Burbank, CA 91502  |  | Name: Susan Hayward<br>Office: 818.238.3453<br>Fax: 818.238.3483<br>e-mail: shayward@ci.burbank.ca.us  |
| Student Eligibility:<br><br>Restricted to Burbank Fire Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT & Paramedic<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 125<br>Continuing Education: 0<br>Expiration date: 08/31/2014<br><br>Number of courses:<br>Initial training: 0<br>Refresher: provided in CE format<br>Continuing Education: 24 |

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| California Institute of EMT<br>2669 Myrtle Avenue, #201<br>Long Beach, CA 90755 |   | Name: Matthew Goodman<br>Office: 562.989.1520<br>Fax: 562.989.9020<br>e-mail: admin@ciemt.com  |
| Student Eligibility:<br><br>Open to the general public                          | Cost of Program:<br><br>Basic: \$787 course<br>\$ 2.50 Recovery Fund<br>\$60.50 Text book<br><br>Refresher: \$160 | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 692<br>Refresher: 124<br>Continuing Education: 1,000<br>Expiration date: 07/31/2013<br><br>Number of courses:<br>Initial training: 29<br>Refresher: 6<br>Continuing Education: 224 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

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

| Training Institution Name/Address  |  | Contact Name/Telephone Number   |
|--|--|---|
| Citrus College<br>1000 West Foothill Blvd.<br>Glendora, CA 91741-1899  |  | Name: Cliff Hadsell, PhD<br>Office: 626.914.8755<br>Fax: 626.914.8724<br>e-mail: chadsell@citruscollege.edu   |
| <p><b>Student Eligibility:</b></p> <p>18 years of age<br/>Pass physical exam<br/>Drug screen<br/>TB test<br/>Current on all vaccinations<br/>Pass background check<br/>Free range of motion in all extremities<br/>Able to lift 150 Lbs.</p> | <p><b>Cost of Program:</b></p> <p>Basic: \$ 322 plus \$175 for texts</p> <p>Refresher: \$175</p> | <p><b>**Program Level:</b> EMT</p> <p>Number of students completing training per year:<br/>Initial training: 175<br/>Refresher: 0<br/>Continuing Education: 12<br/>Expiration date: 06/30/2012</p> <p>Number of courses:<br/>Initial training: 4<br/>Refresher: 0<br/>Continuing Education: 6</p> |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| College of the Canyons<br>26455 Rockwell Canyon Road<br>Santa Clarita, CA 91355-1899<br>www.canyons.edu/EMT                |  | Name: Patti Haley<br>Office: 661.362.5804<br>Fax: 661.365.5438<br>e-mail: patti.haley@canyons.edu  |
| <p><b>Student Eligibility:</b></p> <p>Open to the general public<br/>Must be 18 years of age the first day class meets</p> | <p><b>Cost of Program:</b></p> <p>Basic: \$ 365</p> <p>Refresher: \$92</p> <p>Additional costs for background check, physical, immunizations, titers, uniforms, text, and skill books. See COC website</p> | <p><b>**Program Level:</b> EMT</p> <p>Number of students completing training per year:<br/>Initial training: 174<br/>Refresher: 79<br/>Continuing Education: 19<br/>Expiration date: 01/31/2014</p> <p>Number of courses:<br/>Initial training: 9<br/>Refresher: 3<br/>Continuing Education: 0</p> |

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| Culver City Fire Department<br>9770 Culver Blvd.<br>Culver City, CA 90230                     |  | Name: Robert Kohlhepp<br>Office: 310.253.5900<br>Fax: 310.253.5901<br>e-mail: Robert.kohlhepp@culvercity.org  |
| <p><b>Student Eligibility:</b></p> <p>Restricted to Culver City Fire Department personnel</p> | <p><b>Cost of Program:</b></p> <p>Basic: N/A</p> <p>Refresher: N/A</p> | <p><b>**Program Level:</b> EMT</p> <p>Number of students completing training per year:<br/>Initial training: 0<br/>Refresher: 15<br/>Continuing Education: 15<br/>Expiration date: 06/30/2014</p> <p>Number of courses:<br/>Initial training: 0<br/>Refresher: 0<br/>Continuing Education: 12</p> |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number   |
|--|--|---|
| Downey Fire Department<br>11111 Brookshire Avenue<br>Downey, CA 90241      |  | Name: Robert Grounds<br>Office: 562.904.7346<br>Fax: 562.869.3994<br>e-mail: bob.grounds@downeyfire.org   |
| Student Eligibility:<br><br>Restricted to Downey Fire Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 65<br>Continuing Education: 65<br>Expiration date: 04/30/2013<br><br>Number of courses:<br>Initial training:<br>Refresher: 18<br>Continuing Education: 18 |

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| East Los Angeles College<br>1301 Avenida Cesar Chavez<br>Monterey Park, CA 91754 |  | Name: Cheryl Pittman<br>Office: 323.267.3793<br>Fax: 323.265.8619<br>e-mail: pittmacl@elac.edu or emtelac@gmail.com  |
| Student Eligibility:<br><br>Open to the general public                           | Cost of Program:<br><br>Basic: \$368<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 21<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 01/31/2016<br><br>Number of courses:<br>Initial training: 5<br>Refresher: 0<br>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<br>1501 West Del Norte Street<br>West Covina, CA 91790                         |   | Name: Ethel Fimbres<br>Office: 626.472.5174<br>Fax: 626.472.5125<br>e-mail: efimbres@esqvro.org  |
| <b>Student Eligibility:</b><br><br>Open to the general public<br>BLS for Healthcare provider<br>Background check<br>TB test | <b>Cost of Program:</b><br><br>Basic: \$3,567<br><br>Refresher: N/A | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 08/31/2012<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 0 |

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

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Emergency Concepts EMS Education<br>5120 Clayvale Road<br>Acton, CA 93510 |   | Name: Fred A. Miller<br>Office: 661.803.5575<br>Fax:<br>e-mail: fredmilleremt@aol.com  |
| Student Eligibility:<br><br>Open to the general public                    | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A<br><br>Continuing Education: \$125<br><br>CPR Training | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 350<br>Expiration date: 12/31/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 13 |

| Training Institution Name/Address  |   | Contact Name/Telephone Number  |
|--|---|--|
| Glendale Community College<br>1500 N. Verdugo Road<br>Glendale, CA 91208 |   | Name: Richard Hayne<br>Office: 818.847.3868<br>Fax: 818.847.3865<br>e-mail: richard.hayne@providenc.org  |
| Student Eligibility:<br><br>Open to the general public                   | Cost of Program:<br><br>Basic: College tuition for 10 Units<br><br>EMT 139 – 2 units<br>EMT 140 – 8 units<br><br>Refresher: \$150 | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 100<br>Refresher: 30<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 4<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| Glendale Fire Department<br>421 Oak Street<br>Glendale, CA 91204-1813                        |  | Name: Gregory Anderson<br>Office: 818.550.5632<br>Fax: 818.409.7111<br>e-mail: ganderson@ci.glendale.ca.us   |
| Student Eligibility:<br><br>Restricted to City of Glendale Fire Department and EMT personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 110<br>Continuing Education: 230<br>Expiration date: 01/31/2015<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 1<br>Continuing Education: 30 |

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

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| La Verne Fire Department<br>2061 Third Street<br>La Verne, CA 91750               |  | Name: David Benson<br>Office: 909.596.5991<br>Fax: 909.596.8774<br>e-mail: dbenson@lvpd.org   |
| Student Eligibility:<br><br>Restricted to La Verne Fire Department personnel only | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 30<br>Expiration date: 03/31/2012<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 12 |

| Training Institution Name/Address                                       |  | Contact Name/Telephone Number  |
|---|--|--|
| Long Beach City College<br>4901 East Carson St.<br>Long Beach, CA 90808 |  | Name: Andy Reno<br>Office: 562.491.9174<br>Fax:<br>e-mail: andrew.reno@chw.edu   |
| Student Eligibility:<br><br>Open to the general public                  | Cost of Program:<br><br>Basic: College tuition<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 80<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 0<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number   |
|--|--|---|
| Long Beach Fire Department<br>3205 Lakewood Blvd.<br>Long Beach, CA 90808      |  | Name: Joanne Dolan<br>Office: 562.570.2547<br>Fax: 562.570.2564<br>e-mail: joanne_dolan@longbeach.gov   |
| Student Eligibility:<br><br>Restricted to Long Beach Fire Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT & Paramedic<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 37<br>Continuing Education: 500<br>Expiration date: 04/30/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 2<br>Continuing Education: 25 |

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| Los Angeles Fire Department<br>1700 Stadium Way, Room 241<br>Los Angeles, CA 90012-1404   |  | Name: Linda Ullum<br>Office: 213.485.8004<br>Fax: 213.473.4203<br>e-mail: linda.ullman@lacity.org   |
| Student Eligibility:<br><br>Restricted to Los Angeles Fire Department personnel, and certain City of Los Angeles employees that maintain EMT certification. | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 1,260<br>Continuing Education: 1200<br>Expiration date: 06/30/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 36<br>Continuing Education: 1,064 hours |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

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

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| Los Angeles County Lifeguards<br>2600 The Strand<br>Manhattan Beach, CA 90266  |  | Name: Matt Rhodes<br>Office: 310.939.7209<br>Fax: 310.545.4280<br>e-mail: mrhodes@fire.lacounty.gov  |
| Student Eligibility:<br><br>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:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 305<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 14<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Los Angeles County Regional Occupational Program<br>9300 Imperial Highway<br>Downey, CA 90242-2890    |   | Name: Kelly Chulick / Karin Reynoso / Greg Anderson<br>Office: 661.313.1322 / 562.922.6850 / 818.974.7052<br>Fax: 562.922.8949<br>e-mail: <a href="mailto:firetaz53@att.net">firetaz53@att.net</a> or <a href="mailto:reynosokarin@lacoed.edu">reynosokarin@lacoed.edu</a> or <a href="mailto:ganderson@ci.glendale.ca.us">ganderson@ci.glendale.ca.us</a> |
| Student Eligibility:<br><br>Open to the general public  | Cost of Program:<br><br>Basic: \$50<br><br>Refresher: \$100 | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 50<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 0<br>Continuing Education: 0   |
| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
| Los Angeles County Sheriff's Department<br>4700 Ramona Blvd., Room 106<br>Monterey Park, CA 91754     |   | Name: Sgt. Sue Burakowski or Richard Hayne<br>Office: 323.526.5101<br>Fax:<br>e-mail: <a href="mailto:smburako@lasd.org">smburako@lasd.org</a> or <a href="mailto:Richard.hayne@providence.org">Richard.hayne@providence.org</a>   |
| Student Eligibility:<br><br>Los Angeles County Sheriff<br>Department employees and volunteers<br>only | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A    | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 15<br>Refresher: 150<br>Continuing Education:<br>Expiration date: 05/31/2012<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 4<br>Continuing Education:   |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |   | Contact Name/Telephone Number   |
|---|---|---|
| Los Angeles Harbor College<br>1111 Figueroa Place<br>Wilmington, CA 90744-2397                                    |   | Name: Glenn Weiss, EMT-P, RN<br>Office: 310-233-4361<br>Fax:<br>e-mail: weissgj@lahc.com  |
| <b>Student Eligibility:</b><br><br>Open to the general public.<br>Must be enrolled at Los Angeles Harbor College. | <b>Cost of Program:</b><br><br>Basic: \$324 plus \$90 for books<br><br>Refresher: N/A | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 60<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 05/31/2013<br><br>Number of courses:<br>Initial training: 2<br>Refresher: 0<br>Continuing Education: 0 |

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Los Angeles Valley College<br>5800 Fulton Avenue<br>Valley Glen, CA 91401-4096  |   | Name: Alan R. Cowen<br>Office: 818.947.2982<br>Fax: 818.947.2620<br>e-mail: cowenar@lavc.edu   |
| <b>Student Eligibility:</b><br><br>Must be enrolled at Los Angeles Valley College<br>18 years of age<br>No felony convictions<br>Current CPR card:<br>BLS for Professional Rescuer or Healthcare Provider | <b>Cost of Program:</b><br><br>Basic: \$288<br><br>Refresher: N/A | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 160<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 4<br>Refresher: 0<br>Continuing Education: 0 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number   |
|--|--|---|
| Montebello Fire Department<br>600 N. Montebello Blvd.<br>Montebello, CA 90640  |  | Name: Dan France<br>Office: 323.887.4513<br>Fax: 323.887.4506<br>e-mail: dfrance@cityofmontebello.fire.org  |
| Student Eligibility:<br><br>Restricted to Montebello Fire Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 50<br>Expiration date: 07/31/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 1<br>Continuing Education: 24 |

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Mt. San Antonio College<br>1100 North Grand Avenue, Room 28A-101E<br>Walnut, CA 91789 |   | Name: Tina Ziokowski<br>Office: 909.594.5611 Ext. 6911<br>Fax: 909.468.4175<br>e-mail: tziolkowski@mtsac.edu   |
| Student Eligibility:<br><br>Open to the general public                                | Cost of Program:<br><br>Basic: \$800 includes physical and background check<br><br>Refresher: \$100 | **Program Level: EMT and Paramedic<br>Number of students completing training per year:<br>Initial training: 70<br>Refresher: 20-30<br>Continuing Education: 40<br>Expiration date: 12/31/2013<br><br>Number of courses:<br>Initial training: 4<br>Refresher: 2<br>Continuing Education: 40 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Paramedic Training Institute<br>10100 Pioneer Blvd., Suite 200<br>Santa Fe Springs, CA 90670  |   | Name: Michele Hanley<br>Office: 562.347.1570<br>Fax: 562.941.5835<br>e-mail: mhanley@dhs.lacounty.gov  |
| <b>Student Eligibility:</b><br><br>Must be enrolled at El Camino College<br>EMT for 1 year<br>Contact PTI for additional requirements | <b>Cost of Program:</b><br><br>Basic: \$858.50 – El Camino<br>College tuition<br><br>Refresher: N/A | <b>**Program Level:</b> Paramedic<br>Number of students completing training per year:<br>Initial training: 120<br>Refresher: 0<br>Continuing Education: 0<br>Expiration date: 12/31/2012<br><br>Number of courses:<br>Initial training: 4<br>Refresher: 0<br>Continuing Education: 0 |

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

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| Pasadena Fire Department<br>199 S. Los Robles, Suite 550<br>Pasadena, CA 91101-2458             |  | Name: Art Dominguez<br>Office: 626.797.5092<br>Fax: 626.356.0561<br>e-mail: adominguez@cityofpasadena.net   |
| Student Eligibility:<br><br>Restricted to City of Pasadena Fire and Police Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 170<br>Continuing Education: 170<br>Expiration date: 06/30/2014<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 12<br>Continuing Education: 12 |

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| San Gabriel Fire Department<br>1303 South Del Mar Avenue<br>San Gabriel, CA 91776 |  | Name: Kevin Murphy<br>Office: 626.308.2888<br>Fax: 626.280.6474<br>e-mail: kmurphy@sgfd.org   |
| Student Eligibility:<br><br>Restricted to City of San Gabriel employees           | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 32<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 12 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |   | Contact Name/Telephone Number  |
|--|---|--|
| Rio Hondo Community College<br>11400 Greenstone Avenue<br>Santa Fe Springs, CA 90670                                     |   | Name: Tracy E. Rickman<br>Office: 562.941.4082 Ext. 21<br>Fax: 562.941.7382<br>e-mail: <a href="mailto:trickman@riohondo.edu">trickman@riohondo.edu</a>  |
| <b>Student Eligibility:</b><br><br>Completion of FT 121 (Emergency First Responder Course) with a grade of "B" or better | <b>Cost of Program:</b><br><br>Basic: \$845<br>For registration, college units, background check, drug test, and textbooks and uniform.<br><br>Refresher: \$150 | <b>**Program Level:</b> EMT<br>Number of students completing training per year:<br>Initial training: 225<br>Refresher: 10<br>Continuing Education: 21<br>Expiration date: 12/31/2013<br><br>Number of courses:<br>Initial training: 7<br>Refresher: 1<br>Continuing Education: 2 |

| Training Institution Name/Address   |   | Contact Name/Telephone Number  |
|---|---|--|
| Santa Fe Springs Fire Rescue<br>11300 Greenstone Avenue<br>Santa Fe Springs, CA 90670-4619  |   | Name: Robert Yellen<br>Office: 562.572.0851<br>Fax: 562.941.1817<br>e-mail: <a href="mailto:bobyellen@santafesprings.org">bobyellen@santafesprings.org</a>   |
| <b>Student Eligibility:</b><br><br>Restricted to Santa Fe Springs Fire Department personnel | <b>Cost of Program:</b><br><br>Basic: N/A<br><br>Refresher: N/A | <b>**Program Level:</b> EMT & Paramedic<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 44<br>Expiration date: 07/31/2013<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 12 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

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

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

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address  |  | Contact Name/Telephone Number  |
|--|--|--|
| Torrance Fire Department<br>1701 Crenshaw Blvd.<br>Torrance, CA 90501        |  | Name: Brian Hudson<br>Office: 310.781.7018<br>Fax: 310.781.7030<br>e-mail: bhudson@torranceca.gov  |
| Student Eligibility:<br><br>Restricted to Torrance Fire Department personnel | Cost of Program:<br><br>Basic: N/A<br><br>Refresher: N/A | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 140<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 0<br>Refresher: 0<br>Continuing Education: 12 |

| Training Institution Name/Address   |  | Contact Name/Telephone Number  |
|---|--|--|
| Tri-Cities ROP<br>12519 East Washington Blvd.<br>Whittier, CA 90602   |  | Name: Linn Karmelich, RN<br>Office: 562.698.9571 Ext. 209<br>Fax: 562.945.0678<br>e-mail: lkarmelich@tcrop.k12.ca.us   |
| Student Eligibility:<br><br>Open to the general public<br>Reading comprehension assessment required<br>Background check | Cost of Program:<br><br>Basic: \$1,150<br><br>Refresher: \$260 | **Program Level: EMT<br>Number of students completing training per year:<br>Initial training: 85<br>Refresher: 1<br>Continuing Education: 1<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 3<br>Refresher: 1<br>Continuing Education: 6 |

**Table 10 – RESOURCE DIRECTORY – Approved Training Programs**

| Training Institution Name/Address   |  | Contact Name/Telephone Number   |
|---|--|---|
| UCLA Center for Prehospital Care<br>10990 Wilshire Blvd., Suite 1450<br>Los Angeles, CA 90024 |  | Name: Barry Jensen<br>Office: 310.312.9316<br>Fax: 310.312.9322<br>e-mail: bjensen@mednet.ucla.edu  |
| Student Eligibility:<br><br>Open to the general public  | Cost of Program:<br><br>Basic: \$925<br><br>Refresher: \$150 | **Program Level: EMT and Paramedic<br>Number of students completing training per year:<br>Initial training: 380<br>Refresher: 264<br>Continuing Education: 0<br>Expiration date: 06/30/2012<br><br>Number of courses:<br>Initial training: 15<br>Refresher: 12<br>Continuing Education: 0 |

Training Institutions noted in highlight failed to provide the requested information after repeated requests, both formal written request and multiple follow-up verbal requests, were made.



**6 Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2012**  
**(Fiscal Year 2011-2012)**



**Table 11 – RESOURCE DIRECTORY – Dispatch Agencies**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2011-2012**

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

|  |  |   |  |
|--|--|---|--|
| <b>Name &amp; Address:</b><br>AmbuServe Inc.<br>15105 S. Broadway Street<br>Gardena, CA 90248                        |  | <b>Primary Contact &amp; Phone Number:</b><br>Traci Taylor<br>General Manager<br>310.644.0500                                     |  |
| <b>Written Contract:</b><br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                   | <b>Medical Director:</b><br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                                    | <b>Number of Personnel Providing Services:</b><br>___ 2 ___ EMD      ___ EMT-D      ___ 18 ___ ALS<br>65 BLS                      LALS                      Other                            |
| <b>Ownership:</b><br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                  |  | <b>If Public:</b><br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ___ | <b>If Public:</b><br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |
| <b>Name &amp; Address:</b><br>American Medical Response – Antelope Valley<br>1055 W. Avenue J<br>Lancaster, CA 93534 |  | <b>Primary Contact &amp; Phone Number:</b><br>Greg Moore<br>Director of Communications<br>661.945.9366                            |  |
| <b>Written Contract:</b><br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                   | <b>Medical Director:</b><br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                                    | <b>Number of Personnel Providing Services:</b><br>___ 10 ___ EMD      ___ EMT-D      ___ ALS<br>___ BLS                      LALS                      Other                                 |
| <b>Ownership:</b><br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                  |  | <b>If Public:</b><br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ___ | <b>If Public:</b><br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |   |  |   |                                      |   |   |
|---|---|---|--|---|--------------------------------------|---|---|
| <b>Name &amp; Address:</b><br>Americare Med Services, Incorporated<br>1059 E. Bedmar Street<br>Carson, CA 91746 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>John Beltran<br>Regulatory Affairs<br>858.212.6712 |   |                                      |   |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                     | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                              | Number of Personnel Providing Services:  |   |                                      |   |   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                    |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____ | <u>15</u> EMD<br><u>87</u> BLS   | <u>      </u> EMT-D<br><u>      </u> LALS | <u>12</u> ALS<br><u>      </u> Other | If Public:<br><input type="checkbox"/> City<br><input type="checkbox"/> Fire District | <input type="checkbox"/> County<br><input type="checkbox"/> Federal |

|   |   |   |  |   |                                     |   |   |
|---|---|---|--|---|-------------------------------------|---|---|
| <b>Name &amp; Address:</b><br>Antelope Ambulance Service<br>42540 N. 6 <sup>th</sup> Street East<br>Lancaster, CA 93534 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Aaron Aumann<br>General Manager<br>661.951.1998<br>aaron@antelopeamb.com |   |                                     |   |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                             | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                              | Number of Personnel Providing Services:  |   |                                     |   |   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                            |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____ | <u>5</u> EMD<br><u>23</u> BLS  | <u>      </u> EMT-D<br><u>      </u> LALS | <u>5</u> ALS<br><u>      </u> Other | If Public:<br><input type="checkbox"/> City<br><input type="checkbox"/> Fire District | <input type="checkbox"/> County<br><input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>Avalon Fire/Sheriff's Department<br>420 Avalon Canyon Road<br>Avalon, CA 90704 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Mike Krug<br>Assistant Fire Chief<br>310.510.0203 x331<br><a href="mailto:mkrug@cityofavalon.com">mkrug@cityofavalon.com</a>                       |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                  | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br><u>  0  </u> EMD <u>      </u> EMT-D <u>  4  </u> ALS<br><u> 15 </u> BLS <u>      </u> LALS <u>      </u> Other                                       |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                 |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>Name &amp; Address:</b><br>Beverly Hills Police Department Communications Bureau<br>445 North Rexford Drive<br>Beverly Hills, CA 90210 |   |  | <b>Primary Contact &amp; Phone Number:</b><br>Sean Stokes<br>EMS Manager<br>310.281.2733<br><a href="mailto:ssstokes@beverlyhills.org">sstokes@beverlyhills.org</a>                              |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no   | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br><u> 17 </u> EMD <u>      </u> EMT-D <u> 24 </u> ALS<br><u> 55 </u> BLS <u>      </u> LALS <u>      </u> Other   |  |  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private  |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |  |   |
|--|---|--|---|
| <b>Name &amp; Address:</b><br>Bowers Ambulance Service<br>3355 East Spring Street, Suite 301<br>Long Beach, CA 90806 |   | <b>Primary Contact &amp; Phone Number:</b><br>Ken Kaufmann<br>Operations Manager/Paramedic Coordinator<br>562.480.1542<br><a href="mailto:kenk@bowersambulance.com">kenk@bowersambulance.com</a> |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                          | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br>11 EMD      _____ EMT-D      _____ ALS<br>3 BLS      _____ LALS      _____ Other   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                         |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____  | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

|   |   |   |  |
|---|---|---|--|
| <b>Name &amp; Address:</b><br>Culver City Fire Department<br>9770 Culver Boulevard<br>Culver City, CA 90232 |   | <b>Primary Contact &amp; Phone Number:</b><br>David White<br>Assistant Fire Chief<br>310.253.5900<br><a href="mailto:david.white@culvercity.org">david.white@culvercity.org</a> |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                 | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>39</u> ALS<br><u>17</u> BLS      _____ LALS      _____ Other  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____  | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>Name &amp; Address:</b><br>Downey Fire Communications Center<br>12222 Paramount Blvd.<br>Downey, CA 90242 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Robert J. Hohn<br>Captain/EMS Coordinator<br>562.904.7346<br>Robert.hohn@downeyfire.org   |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                  | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other  |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                 |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal<br>Downey Fire Communications Center is the Dispatch Agency for the following Fire Departments: Compton, Downey, and Santa Fe Springs. |  |  |

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>El Segundo Fire Department<br>314 Main Street<br>El Segundo, CA 90245 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Mark Early<br>EMS Battalion Chief<br>310.524.2228  |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no         | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>23</u> ALS<br><u>24</u> BLS      _____ LALS      _____ Other  |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private        |   | If Public:<br><input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |   |   |
|--|---|---|---|
| <b>Name &amp; Address:</b><br>Gerber Ambulance Service<br>19801 Mariner Avenue<br>Torrance, CA 90503 |   | <b>Primary Contact &amp; Phone Number:</b><br>Luis Manjarrez<br>Operations Manager<br>310.542.6464                        |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no          | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                            | Number of Personnel Providing Services:<br>__1__ EMD      __10__ ALS<br>__72__ BLS      LALS      Other   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private         |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: __ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

|  |   |   |   |
|--|---|---|---|
| <b>Name &amp; Address:</b><br>Guardian Ambulance Service<br>1854 E. Corson<br>Pasadena, CA 91107 |   | <b>Primary Contact &amp; Phone Number:</b><br>Melinda Smith<br>Operations Manager<br>626.792.3688<br><a href="mailto:operations@guardianamulance.org">operations@guardianamulance.org</a> |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no      | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>__3__ EMD      __5__ ALS<br>__12__ BLS      LALS      Other  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private     |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: __   | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>La Habra Heights Fire Department<br>1245 N. Hacienda Boulevard<br>La Habra Heights, CA 90631 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Chad Richardson<br>Division Chief/Paramedic Coordinator<br>562.694.8283<br>chard@lhcity.org  |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ 9 _____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other   |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                               |   | If Public:<br><input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>La Verne Fire/Police Department<br>2061 Third Street<br>La Verne, CA 91750 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Alan Chandler<br>Battalion Chief<br>909.596.5991   |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no              | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ 9 _____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other   |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private             |   | If Public:<br><input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |  |  |
|---|---|--|--|
| <b>Name &amp; Address:</b><br>Long Beach Fire Department<br>3205 Lakewood Boulevard<br>Long Beach, CA 90808 |   | <b>Primary Contact &amp; Phone Number:</b><br>Joanne Dolan<br>Director of Education & QI<br>562.570.2547<br><a href="mailto:joanne.dolan@longbeach.gov">joanne.dolan@longbeach.gov</a> |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                 | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____  | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

|   |   |  |  |
|---|---|--|--|
| <b>Name &amp; Address:</b><br>Los Angeles County Fire Department<br>1320 N. Eastern Avenue<br>Los Angeles, CA 90063 |   | <b>Primary Contact &amp; Phone Number:</b><br>Jesse Vela<br>Battalion Chief, Director of EMS<br>323.838.2212<br><a href="mailto:jvela@fire.lacounty.gov">jvela@fire.lacounty.gov</a> |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                         | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                        |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____  | If Public:<br><input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |   |  |
|---|---|---|--|
| <b>Name &amp; Address:</b><br>Los Angeles Fire Department – Operations Control<br>200 N. Main Street<br>Los Angeles, CA 90012 |   | <b>Primary Contact &amp; Phone Number:</b><br>Gregory S. Reynar<br>Assistant Chief<br>213.978.3885<br>Gregory.reynar@lacity.org       |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                                   | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>132 EMD      _____ EMT-D      1062 ALS<br>2244 BLS      _____ LALS      _____ Other   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                                  |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

|  |   |  |   |
|--|---|--|---|
| <b>Name &amp; Address:</b><br>Mauran Ambulance Services, Incorporated<br>1211 First Street<br>San Fernando, CA 91340 |   | <b>Primary Contact &amp; Phone Number:</b><br>Marda Safaryan<br>Owner<br>818.365.3182<br>Mauran_ambulance@yahoo.com        |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                          | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                             | Number of Personnel Providing Services:<br>1 EMD      _____ EMT-D      _____ ALS<br>14 BLS      _____ LALS      _____ Other   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                         |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Name &amp; Address:</b><br>MedReach Ambulance<br>1303 Kona Dr.<br>Rancho Dominguez, CA 90220 |   |  | <b>Primary Contact &amp; Phone Number:</b><br>Robert Aragon<br>Direction of Operations<br>310.567.0654<br>robertaragon@medreachambulance.com  |  |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no     | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                               | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>  10  </u> ALS<br><u>  85  </u> BLS      _____ LALS      _____ Other   |  |  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private    |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Name &amp; Address:</b><br>PRN Ambulance, Incorporated<br>35 South Woods Avenue<br>Los Angeles, CA 90022 |   |  | <b>Primary Contact &amp; Phone Number:</b><br>Roy Carroll<br>Director of Operations<br>323.888.7750   |  |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                 | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                               | Number of Personnel Providing Services:<br><u>  12  </u> EMD      _____ EMT-D <u>  52  </u> ALS<br><u> 118 </u> BLS      _____ LALS      _____ Other                                  |  |  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

|  |   |  |  |
|--|---|--|--|
| <b>Name &amp; Address:</b><br>Redondo Beach Fire Department<br>401 South Broadway<br>Redondo Beach, CA 90277 |   | <b>Primary Contact &amp; Phone Number:</b><br>Daniel P. Madrigal<br>Fire Chief<br>310.318.0663<br><a href="mailto:dan.magrigal@redondo.org">dan.magrigal@redondo.org</a> |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                  | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>37</u> ALS<br><u>18</u> BLS      _____ LALS      _____ Other  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                 |   | If Public:<br><input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____                                    | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

|  |   |  |   |
|--|---|--|---|
| <b>Name &amp; Address:</b><br>Rescue Services International, LTD.<br>5462 Irwindale Avenue, Suite B<br>Irwindale, CA 91706 |   | <b>Primary Contact &amp; Phone Number:</b><br>Robert Ower<br>Director of Operations<br>626.385.0440 Ext. 112<br><a href="mailto:rower@rsiamb.com">rower@rsiamb.com</a> |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                                | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>2</u> ALS<br><u>12</u> BLS      _____ LALS      _____ Other  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                               |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____   | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>Santa Monica Fire Department<br>333 Olympic Blvd.<br>Santa Monica, CA 90401 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Jodi Nevandro<br>EMS Coordinator<br>310.458.4929   |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no               | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other   |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private              |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Name &amp; Address:</b><br>Schaefer Ambulance Service, Incorporated<br>4627 Beverly Boulevard<br>Los Angeles, CA 90004 |   |  | <b>Primary Contact &amp; Phone Number:</b><br>Leslie McNeal<br>Assistant Vice President<br>323.468.1612<br><a href="mailto:lesliemcneal@aol.com">lesliemcneal@aol.com</a>             |  |  |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                               | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                             | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D      _____ ALS<br>_____ BLS      _____ LALS      _____ Other  |  |  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                              |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain:____ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

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

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>Name &amp; Address:</b><br>Torrance Fire Department<br>1701 Crenshaw Boulevard<br>Torrance, CA 90501 |   |   | <b>Primary Contact &amp; Phone Number:</b><br>Captain Randy Peterson<br>EMS Coordinator<br>310.781.7018<br>rjpeterson@torranceca.gov   |  |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no             | Medical Director:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>_____ EMD      _____ EMT-D <u>48</u> ALS<br><u>139</u> BLS      _____ LALS      _____ Other   |  |  |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private            |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: _____ | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |  |  |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |   |   |
|---|---|---|---|
| <b>Name &amp; Address:</b><br>Verdugo Communications Center<br>421 Oak Street<br>Glendale, CA 91204 |   | <b>Primary Contact &amp; Phone Number:</b><br>Steve Heydorff<br>Fire Chief<br>626.355.3611                                  |   |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no         | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster                              | Number of Personnel Providing Services:<br><u>  11  </u> EMD <u>      </u> EMT-D <u>      </u> ALS<br><u>      </u> BLS <u>      </u> LALS <u>      </u> Other  |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private        |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____ | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal   |
|   |   |   | Verdugo Fire Communications Center is the Dispatch Center for the following Fire Department: Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey, Pasadena, San Gabriel, San Marino, Sierra Madre, and South Pasadena. |

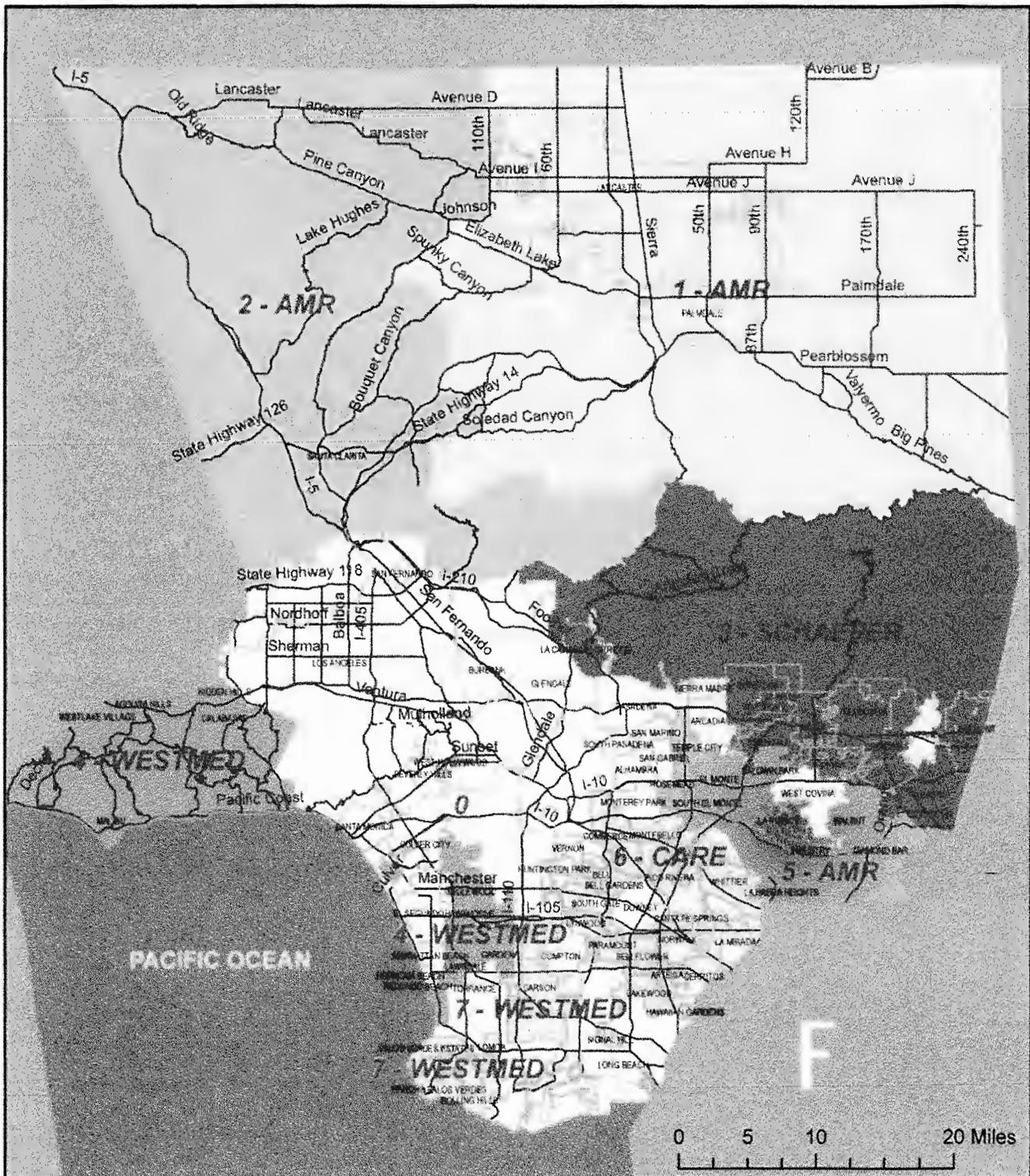
|   |   |  |  |
|---|---|--|--|
| <b>Name &amp; Address:</b><br>West Covina Fire Communications<br>1435 W. Puente Avenue<br>West Covina, CA 91790 |   | <b>Primary Contact &amp; Phone Number:</b><br>Paul Segalla<br>Fire Chief<br>626.939.8824<br><a href="mailto:paul.segalla@westcovina.org">paul.segalla@westcovina.org</a> |  |
| Written Contract:<br><input type="checkbox"/> yes<br><input checked="" type="checkbox"/> no                     | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster   | Number of Personnel Providing Services:<br><u>      </u> EMD <u>      </u> EMT-D <u>  59  </u> ALS<br><u>  16  </u> BLS <u>      </u> LALS <u>      </u> Other                                   |
| Ownership:<br><input checked="" type="checkbox"/> Public<br><input type="checkbox"/> Private                    |   | If Public:<br><input checked="" type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____                                   | If Public:<br><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

**Table 11 – Resource Directory – Dispatch Agencies**

|   |   |   |   |
|---|---|---|---|
| <b>Name &amp; Address:</b><br>West Med/McCormick Ambulance Company<br>13933 Crenshaw Boulevard<br>Hawthorne, CA 90250 |   | <b>Primary Contact &amp; Phone Number:</b><br>Joseph Chidley<br>Chief Executive Officer<br>562.254.2548<br><a href="mailto:jchidley@mccormickamubulance.com">jchidley@mccormickamubulance.com</a> |   |
| Written Contract:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no                           | Medical Director:<br><input checked="" type="checkbox"/> yes<br><input type="checkbox"/> no | <input checked="" type="checkbox"/> Day-to-day<br><input checked="" type="checkbox"/> Disaster  | Number of Personnel Providing Services:<br>2 EMD      _____ EMT-D      _____ ALS<br>14 BLS      _____ LALS      _____ Other   |
| Ownership:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private                          |   | If Public:<br><input type="checkbox"/> Fire<br><input type="checkbox"/> Law<br><input type="checkbox"/> Other explain: ____   | If Public:<br><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State<br><input type="checkbox"/> Fire District <input type="checkbox"/> Federal |

Highlighted providers failed to provide the requested information after repeated request; therefore, the information provided is from Fiscal Year 2010-2011.

# Exclusive Operating Areas - 2006 - 2016



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

Created on: 04/20/06  
 File: W:\Production\Ambulance\_042006  
 Mxd: Ambulance032306a  
 By: PLN

DEPARTMENT OF HEALTH SERVICES  
 COUNTY OF LOS ANGELES

SUBJECT: **LICENSED AMBULANCE OPERATORS**

REFERENCE NO. 401.1

| PROVIDER NAME<br>ADDRESS<br>TELEPHONE  | PROV<br>CODE | PRIMARY<br>911<br>TRANSPORT | BLS | ALS | CRITICAL<br>CARE<br>TRANSPORT | DISPATCH<br>NUMBER | SPECIAL SERVICES/NOTES                       |
|--|--------------|-----------------------------|-----|-----|-------------------------------|--------------------|--|
| Aegis Ambulance Service, Inc.<br>140 W. Chestnut Ave.<br>Monrovia, CA 91016<br>(626) 685-9410  | AE           |                             | X   |     |                               | (626) 685-9410     |  |
| AmbuServe Inc.<br>15105 S. Broadway Ave.<br>Gardena, CA 90248<br>(310) 644-0500<br><a href="http://www.ambuserveambulance.com">http://www.ambuserveambulance.com</a>                       | AU           |                             | X   | X   |                               | (866) 249-1800     |  |
| American Medical Response of Southern<br>California<br>Administrative Offices<br>1055 W. Avenue J<br>Lancaster, CA 93534<br>(661) 947-1234<br><a href="http://www.amr.net">www.amr.net</a> | AR           | EOA 1, 2, 5                 | X   | X   | X                             | (877) 808-2100     |  |
| AmeriCare Ambulance<br>1059 E. Bedmar St.<br>Carson, CA 90746<br>(310) 835-9390<br><a href="http://americare.org">http://americare.org</a>   | AC           | City of Santa<br>Monica     | X   | X   | X                             | (888) 923-9723     | Also provides ambulette (van) transportation |
| Antelope Ambulance Service<br>42540 N. 6 <sup>th</sup> Street East<br>Lancaster, CA 93535<br>(661) 951-1998<br><a href="http://www.antelopeamb.com">www.antelopeamb.com</a>                | AN           |                             | X   | X   |                               | (661) 951-1998     |  |
| Bowers Companies, Inc.<br>3355 Spring St., Suite 301<br>Long Beach, CA 90806<br>(562) 988-6460<br><a href="http://www.bowersambulance.com">www.bowersambulance.com</a>                     | BO           |                             | X   | X   | X                             | (877) 378-1938     |  |

EFFECTIVE: 9-28-09  
 REVISED: 08-20-12  
 SUPERSEDES: 8-1-12

| PROVIDER NAME<br>ADDRESS/TELEPHONE   | PROV<br>CODE | PRIMARY 911<br>TRANSPORT | BLS | ALS | CRITICAL<br>CARE<br>TRANSPORT | DISPATCH<br>NUMBER   | SPECIAL SERVICES/NOTES |
|--|--------------|--------------------------|-----|-----|-------------------------------|--|------------------------|
| Care Ambulance Service<br>1517 W. Braden Ct.<br>Orange, CA 92868<br>(714) 288-3800<br><a href="http://www.careambulance.net">www.careambulance.net</a>                                 | CA           | EOA 6                    | X   |     | X                             | (562) 531-1700<br>(626) 449-2273<br>(323) 469-1234<br>(310) 777-0389 |                        |
| Emergency Ambulance Service, Inc.<br>3200 East Birch Street, Suite A<br>Brea, CA 92821<br>(714) 990-1742<br><a href="http://www.emergencyambulance.com">www.emergencyambulance.com</a> | EA           |                          | X   |     | X                             | (800) 400-0689   |                        |
| Gentle Care Transport<br>3539 Casitas Avenue<br>Los Angeles CA 90039<br>(323) 662-8777   | GC           |                          | X   |     | X                             | (323) 662-8777   |                        |
| Gerber Ambulance Service<br>19801 Mariner Ave.<br>Torrance, CA 90503<br>(310) 542-6464<br><a href="http://www.gerberambulance.com">www.gerberambulance.com</a>                         | GE           | City of Torrance         | X   | X   | X                             | (888) 405-1133   |                        |
| Guardian Ambulance Service<br>1854 East Corson, Suite 1<br>Pasadena, CA 91107<br>(626) 792-3688<br><a href="http://www.guardianambulance.org">www.guardianambulance.org</a>            | GU           |                          | X   | X   |                               | (626) 405-8848   |                        |
| Impulse Ambulance, Inc.<br>12531 Vanowen St.<br>North Hollywood, CA 91605<br>(818) 982-3500<br><a href="http://www.impulseambulance.com">www.impulseambulance.com</a>                  | IA           |                          | X   | X   | X                             | (877) 311-5555   |                        |
| Liberty Ambulance Service<br>9441 Washburn Road<br>Downey, CA 90242<br>562-741-6230<br><a href="http://libertyambulance.com">http://libertyambulance.com</a>                           | LT           |                          | X   | X   | X                             | (562) 741-6230   |                        |

| PROVIDER NAME<br>ADDRESS<br>TELEPHONE  | PROV<br>CODE | PRIMARY 911<br>TRANSPORT | BLS | ALS | CRITICAL<br>CARE<br>TRANSPORT | DISPATCH<br>NUMBER | SPECIAL SERVICES/NOTES                       |
|--|--------------|--------------------------|-----|-----|-------------------------------|--------------------|--|
| Mauran Ambulance Service<br>1211 First Street<br>San Fernando, CA 91430<br>(818) 365-3182<br><a href="http://www.mauranambulance.com">www.mauranambulance.com</a>                                | MA           |                          | X   |     |                               | (866) 926-9990     |  |
| MedCoast Ambulance Service<br>14325 Iseli Road<br>Santa Fe Springs, CA 90670<br>(866) 926-9990<br><a href="http://www.medcoastambulance.com">www.medcoastambulance.com</a>                       | MT           |                          | X   |     | X                             | (866) 926-9990     |  |
| MedReach Ambulance<br>1303 Kona Drive<br>Rancho Dominguez, CA 90220<br>(310) 781-9395<br><a href="http://www.medreachambulance.com">www.medreachambulance.com</a>                                | MR           |                          | X   | X   | X                             | (800) 788-3440     |  |
| MedResponse, Inc<br>2040 Hayvenhurst Ave.<br>Van Nuys, CA 91406<br>(888) 633-3000<br><a href="http://medresponseinc.com">http://medresponseinc.com</a>   | MI           |                          | X   | X   |                               | (888) 633-3333     |  |
| Mercy Air<br>1670 Miro Way<br>Rialto, CA 92376<br>(909) 357-9006   | MY           |                          |     |     |                               | (800) 327-1966     | Aircraft Service                             |
| Mercy Ambulance Service<br>7700 Imperial Highway, Suite D<br>Downey, CA 90242<br><a href="http://www.associatedambulance.net">www.associatedambulance.net</a><br>(626) 536-7963                  | ME           |                          | X   | X   | X                             | (877) 486-3729     |  |
| Priority One Medical Transport, Inc.<br>740 S. Rochester Ave., Suite E<br>Ontario, CA 91761-8179<br>(800) 600-3370<br><a href="http://www.priorityonemedical.com">www.priorityonemedical.com</a> | PT           |                          | X   | X   | X                             | (800) 600-3350     |  |
| PRN Ambulance, Inc.<br>345 S. Woods Ave.<br>Los Angeles, CA 90022<br>(323) 888-7750<br><a href="http://www.prnambulance.com">www.prnambulance.com</a>  | PM           |                          | X   | X   | X                             | (866) 776-4262     | Also provides ambulette (van) transportation |

| PROVIDER NAME<br>ADDRESS<br>TELEPHONE   | PROV<br>CODE | PRIMARY 911<br>TRANSPORT  | BLS | ALS | CRITICAL<br>CARE<br>TRANSPORT | DISPATCH<br>NUMBER               | SPECIAL SERVICES/NOTES                       |
|---|--------------|---------------------------|-----|-----|-------------------------------|----------------------------------|--|
| Rescue Services International, Ltd.<br>dba Medic-1 Ambulance<br>5462 Irwindale Ave., Suite B<br>Irwindale, CA 91706<br>(626) 385-0440<br><a href="http://www.rsiamb.com">www.rsiamb.com</a> | RR           |                           | X   | X   | X                             | (800) 989-5027                   |  |
| Schaefer Ambulance Service<br>4627 W. Beverly Blvd.<br>Los Angeles, CA 90004-3101<br>(323) 469-1473<br><a href="http://www.schaeferamb.com">www.schaeferamb.com</a>                         | SC           | EOA 3<br>City of Monrovia | X   | X   | X                             | (800) 582-2258<br>(800) 966-4727 |  |
| Symons Ambulance<br>18592 Cajon Boulevard<br>San Bernardino, CA 92407<br>(909) 880-2979<br><a href="http://www.symonsambulance.com">www.symonsambulance.com</a>                             | SY           |                           |     |     |                               | (909) 880-2979                   | Special Event Operator Only                  |
| Trinity Ambulance and Medical<br>Transportation, LLC<br>11745 Firestone Blvd., Suite 2k04<br>Norwalk, CA 90650<br>(562) 677-1000  | TR           |                           | X   |     |                               | (888) 677-1003                   |  |
| West Coast Ambulance, Inc.<br>6739 Victoria Ave.<br>Los Angeles, CA 90043<br>(800) 880-0556<br><a href="http://www.westcoastambulance.org">www.westcoastambulance.org</a>                   | WE           |                           | X   | X   |                               | (800) 880-0556                   | Also provides ambulette (van) transportation |
| Westmed/McCormick Ambulance Company<br>13933 Crenshaw Blvd.<br>Hawthorne, CA 90250-7815<br>(310) 798-3300<br><a href="http://www.westmedambulance.com">www.westmedambulance.com</a>         | WM           | EOA 4, 7                  | X   | X   |                               | (888) 349-8944                   |  |

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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|   |
|---|
| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 1</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">American Medical Response of Southern California</p>  |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 1.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 2</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p>Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p>Emergency Operating Area 3</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Schaefer Ambulance Service</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p>Contains urban, rural and wilderness areas. See Attached Map.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 4</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 5</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">American Medical Response of Southern California</p>  |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 5.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 6</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains Urban area only. See Attached Map.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 7</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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|   |
|---|
| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Arcadia</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Arcadia Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Arcadia has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
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.

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Burbank</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Burbank Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Burbank has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Culver City</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Culver City has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="margin-left: 40px;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="margin-left: 40px;">City of Downey</p>   |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="margin-left: 40px;">Downey Fire Department<br/>Length of operation prior to 1981</p>  |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="margin-left: 40px;">Downey has urban area only.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</p> <p style="margin-left: 40px;">City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 style="margin-left: 40px;">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;">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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Hermosa Beach</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Hermosa Beach Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Hermosa Beach has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of La Verne</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">La Verne Fire Department<br/> Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">La Verne has urban area only.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 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 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Long Beach</p>  |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">           Long Beach Fire Department<br/>           Length of service prior to 1981         </p>  |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Long Beach has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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><br/><br/> <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 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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Manhattan Beach</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Manhattan Beach Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Manhattan Beach has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Monterey Park</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <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<br/> Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Monterey Park has urban area only.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Pasadena</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Pasadena Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Pasadena has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012  
(Fiscal Year 2011-2012)  
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.

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of San Gabriel</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">San Gabriel has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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.<br/><br/>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 2012  
(Fiscal Year 2011-2012)  
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.

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

**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Santa Monica</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <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<br/> Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Santa Monica has urban area only.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of South Pasadena</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of South Pasadena Fire Department<br/>Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">South Pasadena has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 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 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Torrance</p>   |
| <p><b>Name of Current Provider(s):</b><br/> <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<br/> Length of operation prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Torrance has urban area only.</p>   |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>   |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Avalon</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Avalon Fire Department<br/>Length of service prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Avalon has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>   |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of West Covina</p>  |
| <p><b>Name of Current Provider(s):</b><br/>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of West Covina Fire Department<br/>Length of service prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">West Covina has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>Include intent of local EMS agency and Board action.</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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 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 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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

**Los Angeles County – Department of Health Services  
EMERGENCY MEDICAL SERVICES  
ANNUAL UPDATE 2012  
(Fiscal Year 2011-2012)  
AMBULANCE ZONE SUMMARY FORM**

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| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Vernon</p>  |
| <p><b>Name of Current Provider(s):</b><br/>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<br/>Length of service prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Vernon has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/>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><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/>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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/>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 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

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

|  |
|--|
| <p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>   |
| <p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Glendale</p>  |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">           Glendale Fire Department<br/>           Length of service prior to 1981         </p>  |
| <p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Glendale has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">           The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.         </p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" and "ALS" 9-1-1 calls only.</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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><br/><br/> <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 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 2012**  
**(Fiscal Year 2011-2012)**  
**AMBULANCE ZONE SUMMARY FORM**

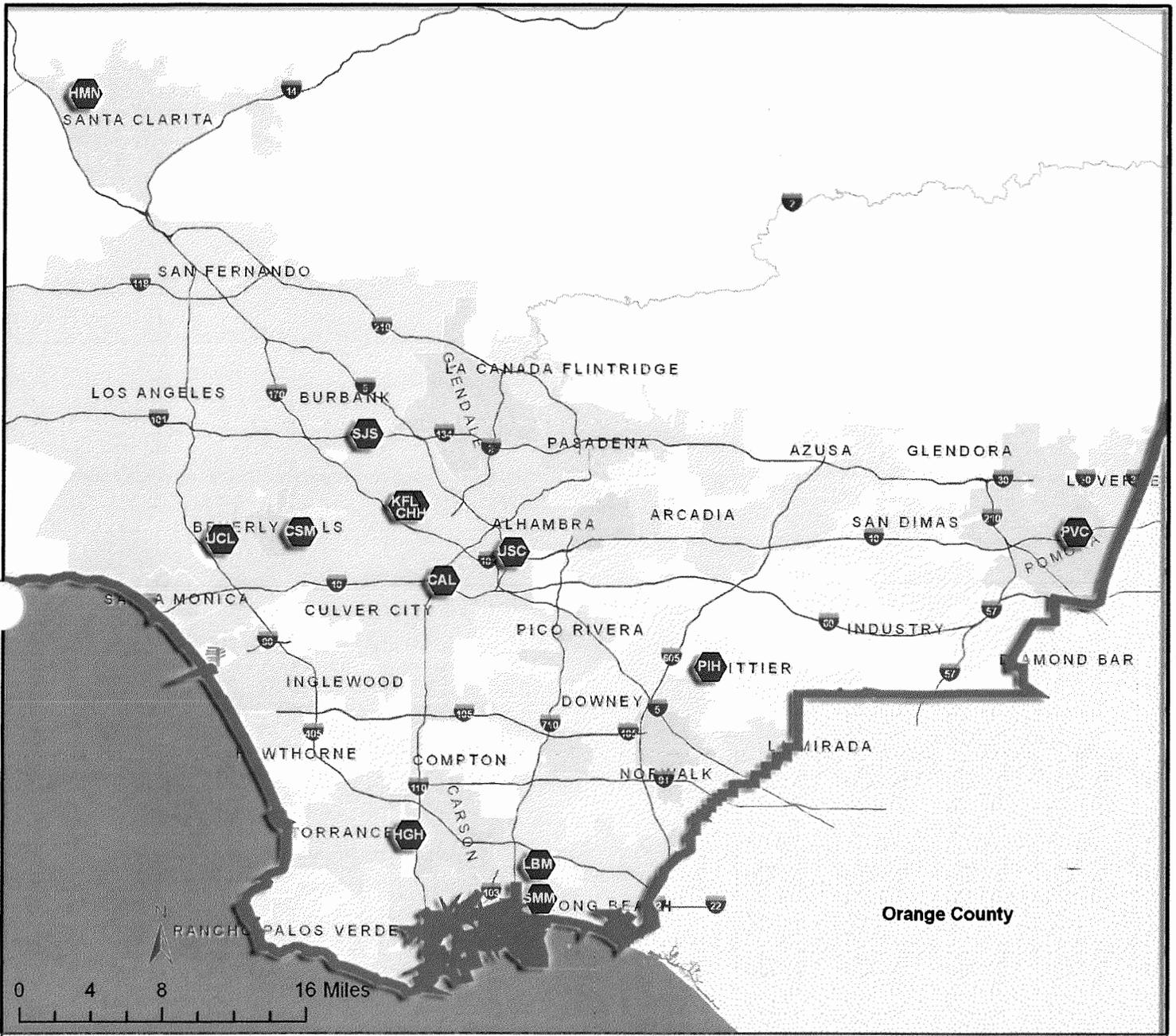
In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

|  |
|--|
| <p><b>Local EMS Agency or County Name:</b><br/>Los Angeles County</p>  |
| <p><b>Area or subarea (Zone) Name or Title:</b><br/>City of Compton</p>  |
| <p><b>Name of Current Provider(s):</b><br/> <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small><br/>           Compton Fire Department<br/>           Length of service prior to 1981</p>   |
| <p><b>Area or subarea (Zone) Geographic Description:</b><br/>Compton has urban area only.</p>  |
| <p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b><br/> <small>Include intent of local EMS agency and Board action.</small><br/>           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. It has been determined that the City of Compton will remain non-exclusive until the next countywide Exclusive Operating Area Request for Proposal process.</p>  |
| <p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b><br/> <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><br/>           Non-exclusive covers "Emergency Ambulance" calls only.</p>  |
| <p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b><br/> <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><br/> <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><br/>           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. It has been determined that the City of Compton will remain non-exclusive until the next countywide Exclusive Operating Area Request for Proposal process.</p> |

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

Review Date: 8/1/2012  
 Created on: 102509  
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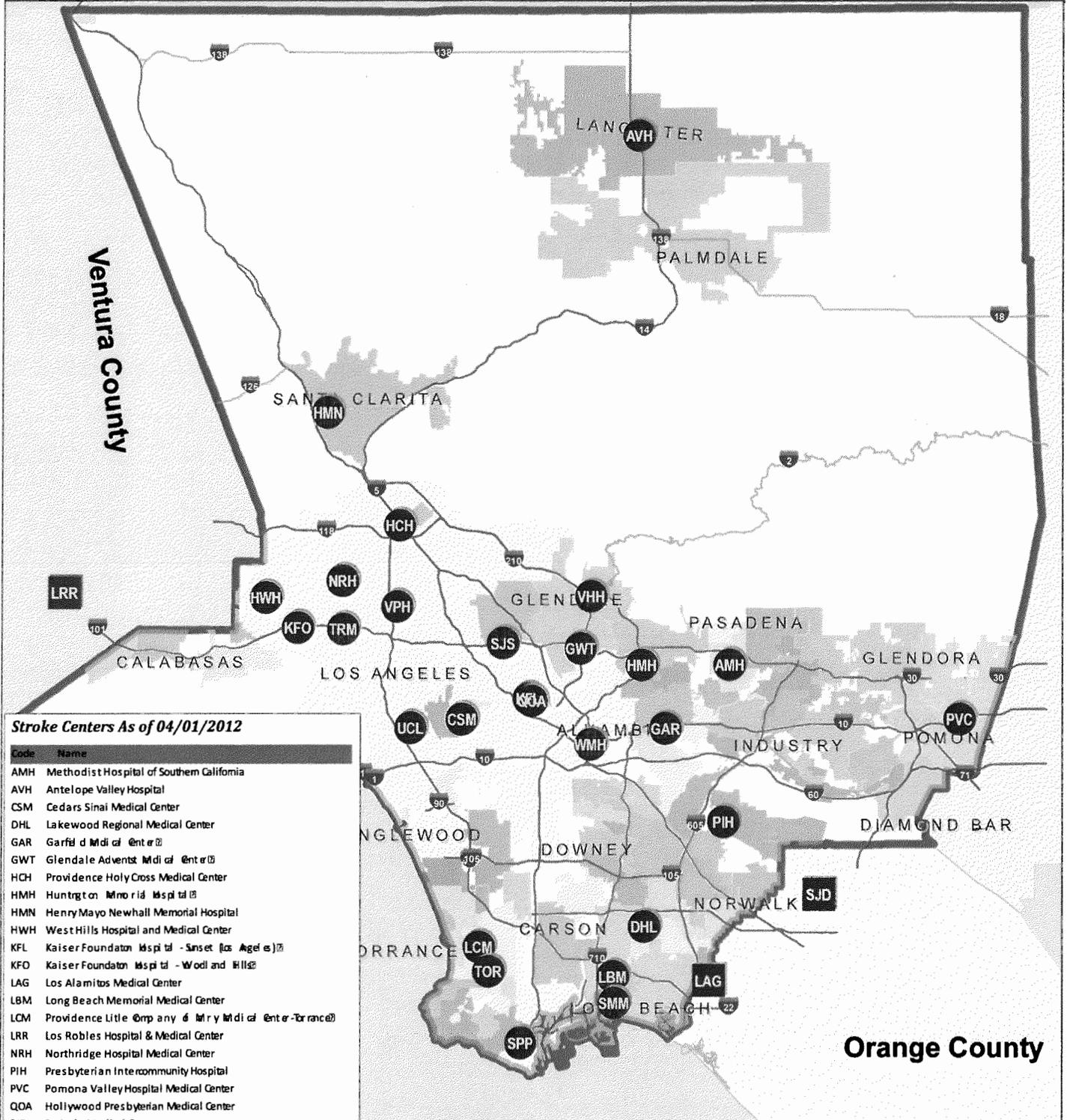


# APPROVED STROKE CENTERS

COUNTY OF LOS ANGELES



Ref. No 521.1



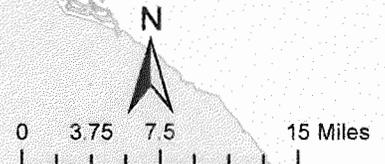
### Stroke Centers As of 04/01/2012

| Code | Name   |
|------|--|
| AMH  | Methodist Hospital of Southern California                  |
| AVH  | Antelope Valley Hospital                                   |
| CSM  | Cedars Sinai Medical Center                                |
| DHL  | Lakewood Regional Medical Center                           |
| GAR  | Garfield Medical Center                                    |
| GWT  | Glendale Adventist Medical Center                          |
| HCH  | Providence Holy Cross Medical Center                       |
| HMN  | Huntington Memorial Hospital                               |
| HWH  | West Hills Hospital and Medical Center                     |
| KFL  | Kaiser Foundation Hospital - Sunset (Los Angeles)          |
| KFO  | Kaiser Foundation Hospital - Woodland Hills                |
| LAG  | Los Alamitos Medical Center                                |
| LBM  | Long Beach Memorial Medical Center                         |
| LCM  | Providence Little Company of Mary Medical Center-Torrance  |
| LRR  | Los Robles Hospital & Medical Center                       |
| NRH  | Northridge Hospital Medical Center                         |
| PIH  | Presbyterian Intercommunity Hospital                       |
| PVC  | Pomona Valley Hospital Medical Center                      |
| QOA  | Hollywood Presbyterian Medical Center                      |
| SJD  | St. Jude Medical Center                                    |
| SJS  | Providence Saint Joseph Medical Center                     |
| SMM  | Saint Mary Medical Center                                  |
| SPP  | Providence Little Company of Mary Medical Center-San Pedro |
| TOR  | Torrance Memorial Medical Center                           |
| TRM  | Providence Tarzana Medical Center                          |
| UCL  | Ronald Reagan UCLA Medical Center                          |
| VPH  | Valley Presbyterian Hospital                               |
| WMH  | White Memorial Medical Center                              |

### County

- Orange
- Ventura
- Los Angeles

Orange County



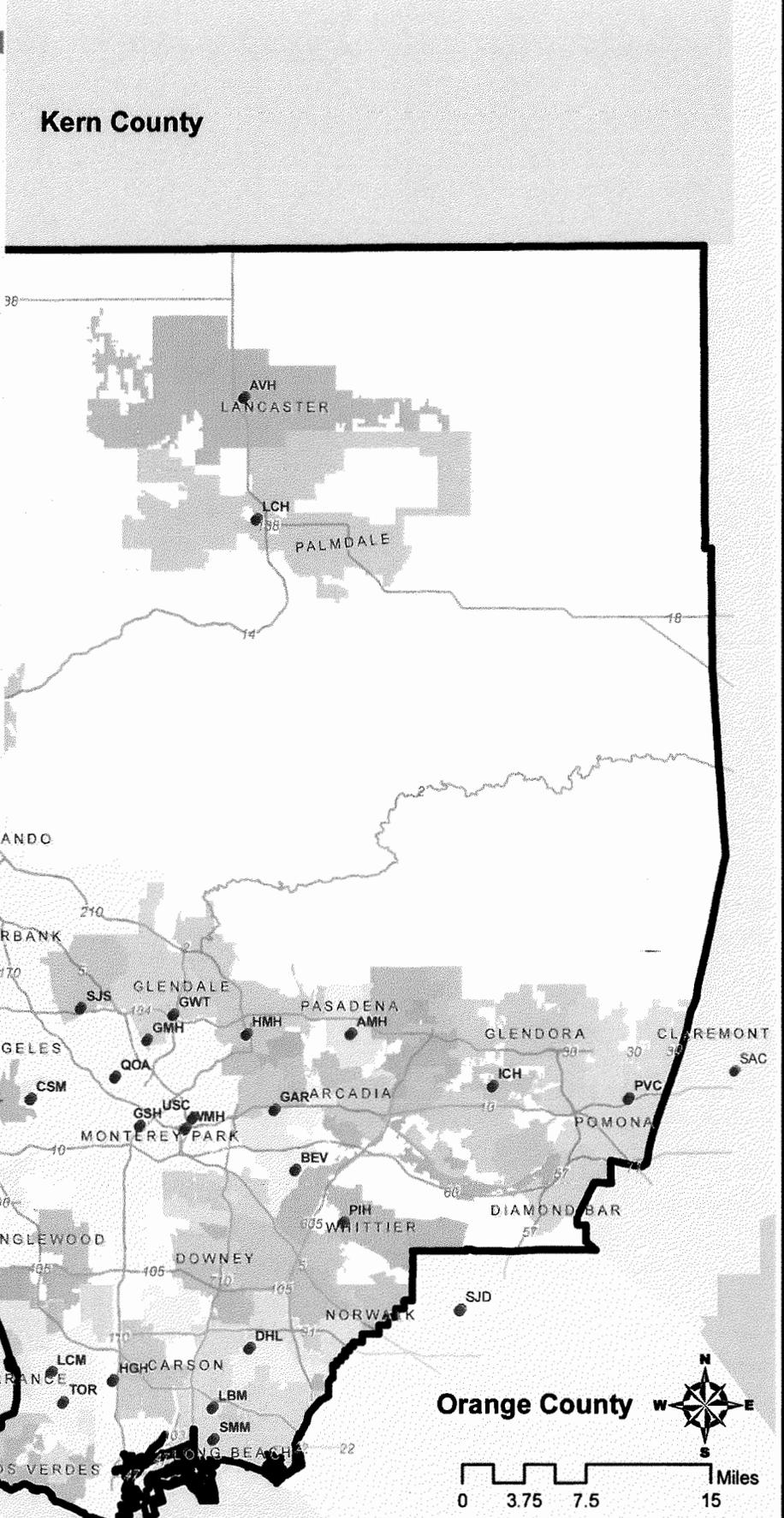


# ST ELEVATION MYOCARDIAL INFARCTION APPROVED RECEIVING CENTERS

File: SRC\_031512

## LA County Approved SRCs as of 04/01/2012

| Code | Name  |
|------|---|
| AMH  | Methodist Hospital of Southern California                 |
| AVH  | Antelope Valley Hospital                                  |
| BEV  | Beverly Hospital  |
| CSM  | Cedars Sinai Medical Center                               |
| DHL  | Lakewood Regional Medical Center                          |
| GAR  | Garfield Medical Center                                   |
| GMH  | Glendale Memorial Hospital and Health Center              |
| GSH  | Good Samaritan Hospital                                   |
| GWT  | Glendale Adventist Medical Center                         |
| HCH  | Providence Holy Cross Medical Center                      |
| HGH  | LAC Harbor-UCLA Medical Center                            |
| HMH  | Huntington Memorial Hospital                              |
| HWH  | West Hills Hospital and Medical Center                    |
| ICH  | Citrus Valley Medical Center-Intercommunity Campus        |
| LBM  | Long Beach Memorial Medical Center                        |
| LCH  | Palmdale Regional Medical Center                          |
| LCM  | Providence Little Company of Mary Medical Center-Torrance |
| LRR  | Los Robles Hospital & Medical Center                      |
| NRH  | Northridge Hospital Medical Center                        |
| PIH  | Presbyterian Intercommunity Hospital                      |
| PVC  | Pomona Valley Hospital Medical Center                     |
| QOA  | Hollywood Presbyterian Medical Center                     |
| SAC  | San Antonio Community Hospital                            |
| SJD  | St. Jude Medical Center                                   |
| SJH  | Saint John's Health Center                                |
| SJS  | Providence Saint Joseph Medical Center                    |
| SMH  | Santa Monica-UCLA Medical Center                          |
| SMM  | Saint Mary Medical Center                                 |
| TOR  | Torrance Memorial Medical Center                          |
| TRM  | Providence Tarzana Medical Center                         |
| UCL  | Ronald Reagan UCLA Medical Center                         |
| USC  | LAC+USC Medical Center                                    |
| VPH  | Valley Presbyterian Hospital                              |
| WMH  | White Memorial Medical Center                             |





# EMS SYSTEM REPORT

JULY 1, 2012

## Message from the Director and Medical Director

### INSIDE THIS ISSUE:

|  |           |
|--|-----------|
| <b>EMERGENCY DEPARTMENTS</b>           | <b>2</b>  |
| <b>PATIENTS PER TREATMENT BAY</b>      | <b>2</b>  |
| <b>EMERGENCY DEPARTMENT SATURATION</b> | <b>3</b>  |
| <b>EMS VOLUME</b>                      | <b>4</b>  |
| <b>MOST PREVALENT CHIEF COMPLAINTS</b> | <b>5</b>  |
| <b>EMS PROVIDER AGENCIES</b>           | <b>6</b>  |
| <b>PARAMEDIC BASE HOSPITALS</b>        | <b>7</b>  |
| <b>TRAUMA CENTERS</b>                  | <b>13</b> |
| <b>STEMI RECEIVING CENTERS</b>         | <b>16</b> |

### SPECIAL POINTS OF INTEREST:

- Trauma system data facts are in pages 8-12
- STEMI program system wide information is detailed in pages 14-15

We are extremely happy to present the first systemwide Emergency Medical Services (EMS) System Data Report. The EMS Agency is charged with the coordination of the EMS System for Los Angeles County (LA Co), which is comprised of EMS Provider Agencies (fire departments, ambulance companies and the Sheriff's Department) and 9-1-1 receiving hospitals.



Cathy Chidester  
Director

The EMS Agency's role in coordination is to ensure that when a person calls 9-1-1 and requires emergency medical services, they will receive the same quality medical service and access to the appropriate hospital capable of meeting their medical needs regardless of where they are in the County, from the ocean to the desert. Because of LA Co's size, system coordination is a very complex task.

Since its inception in the 1970s, the EMS system has evolved to

address the major causes of death and disability by regionalizing trauma, cardiac, stroke, pediatric and disaster preparedness. With the support of the Board of Supervisors, the EMS Commission and

our stakeholder organizations, LA Co is recognized as one of the leading EMS systems in the County. For years, we have been utilizing our data but have not taken the opportunity to publish a comprehensive summary for the com-

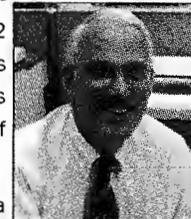
munity. Our current database contains over 12 million patient records and is one of the nation's largest repositories of EMS data.

The goals of this data report include:

**Goal 1 -** Provide EMS data to our system participants, and in doing so encourage them to recognize the importance of their data in managing our system.

**Goal 2 -** Highlight data gaps and its impact to our ability when making data driven decisions and the limitations for evaluating the quality of care rendered to our patients.

**Goal 3 -** Demonstrate how the EMS system design parallels the healthcare needs of the community and addresses the leading causes of death and disability (heart attack, stroke and trauma) as reported by Public Health.



Dr. William Koenig  
Medical Director

We hope this report will provide you with a basic understanding of our system. Future use of this data will help guide us as we continue to shape the system to meet the ever changing community needs. This can be done only through the cooperative efforts of system stakeholders and, timely and accurate data collection.

## System Demographics

### 73 9-1-1 Receiving Hospitals

- 43 EDAP (Emergency Department Approved for Pediatrics)
- 6 Pediatric Medical Centers
- 6 Pediatric Trauma Centers
- 14 Trauma Centers
- 21 Paramedic Base Hospitals
- 31 STEMI Receiving Centers
- 30 Approved Stroke Centers
- 55 Perinatal Centers
- 40 Hospitals with Neonatal Intensive Care Unit
- 9 Sexual Assault Response Team Centers
- 13 Disaster Resource Centers

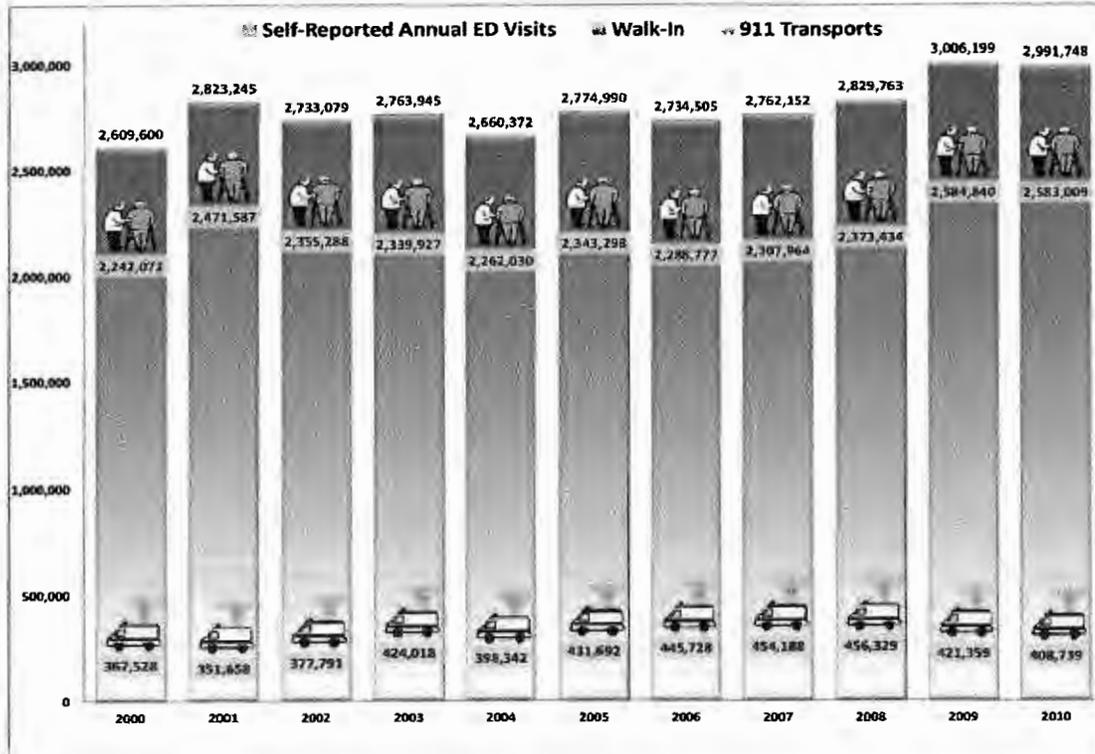
### EMS Provider Agencies

- 31 Public Safety EMS Provider Agency
- 27 Licensed Basic Life Support Ambulance Operators
- 18 Licensed Advanced Life Support Ambulance Operators
- 15 Licensed Critical Care Transport Ambulance Operators
- 6 Licensed Ambulette Operators

### EMS Practitioners

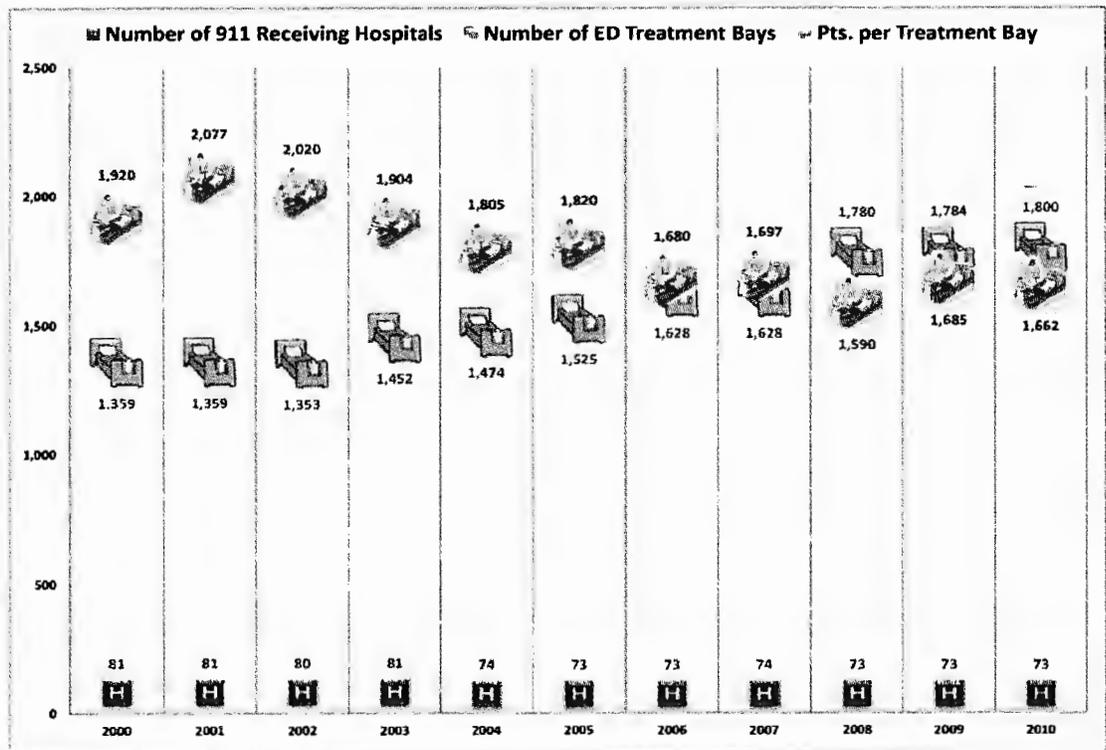
- 3,728 Accredited Paramedics
- 6,939 Certified EMTs by LA Co EMS Agency
- 799 Certified Mobile Intensive Care Nurses

## Emergency Department Volume



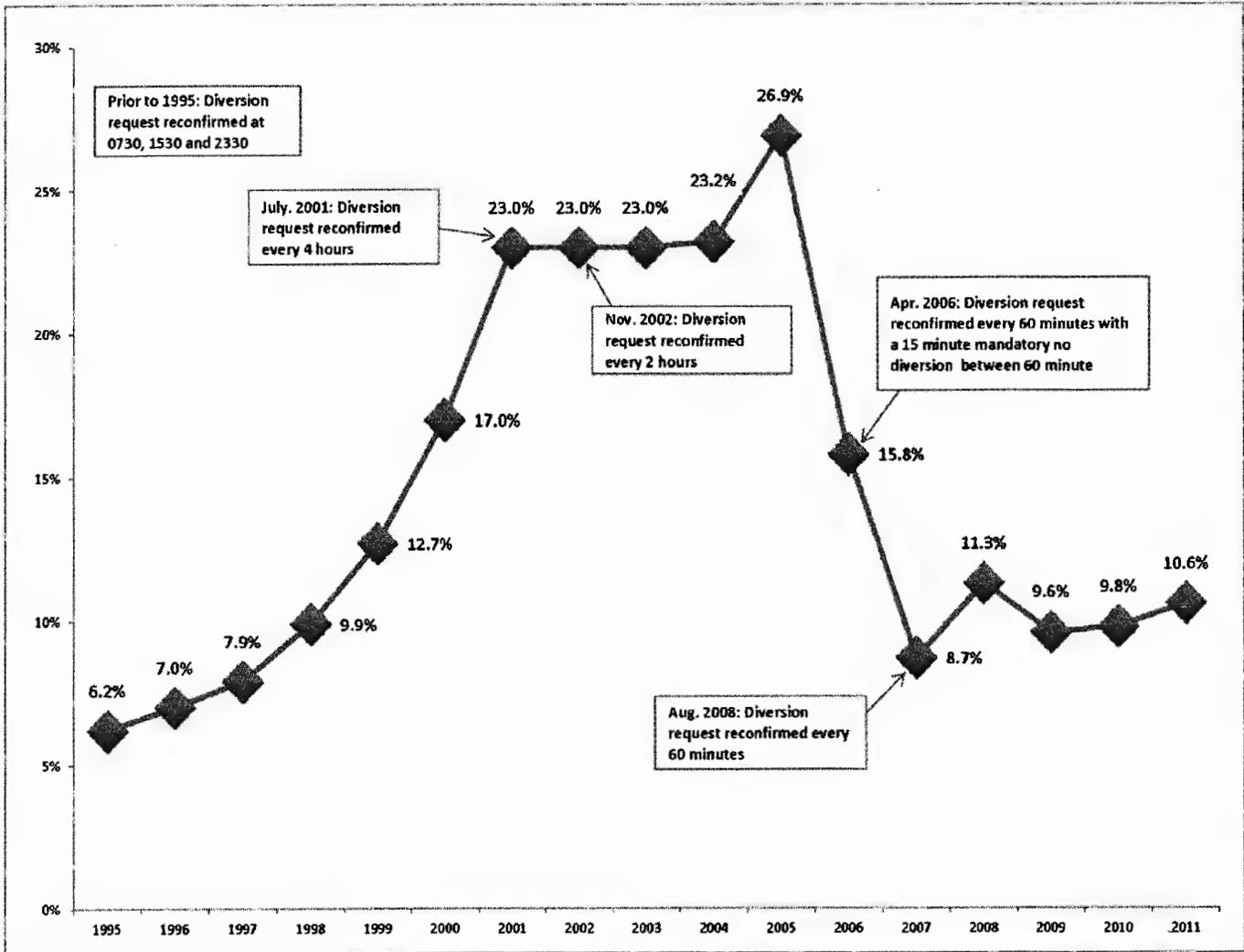
Systemwide, one out of every ten patients who visit the Emergency Department is transported via the 9-1-1 system.

## Patients per Treatment Bay



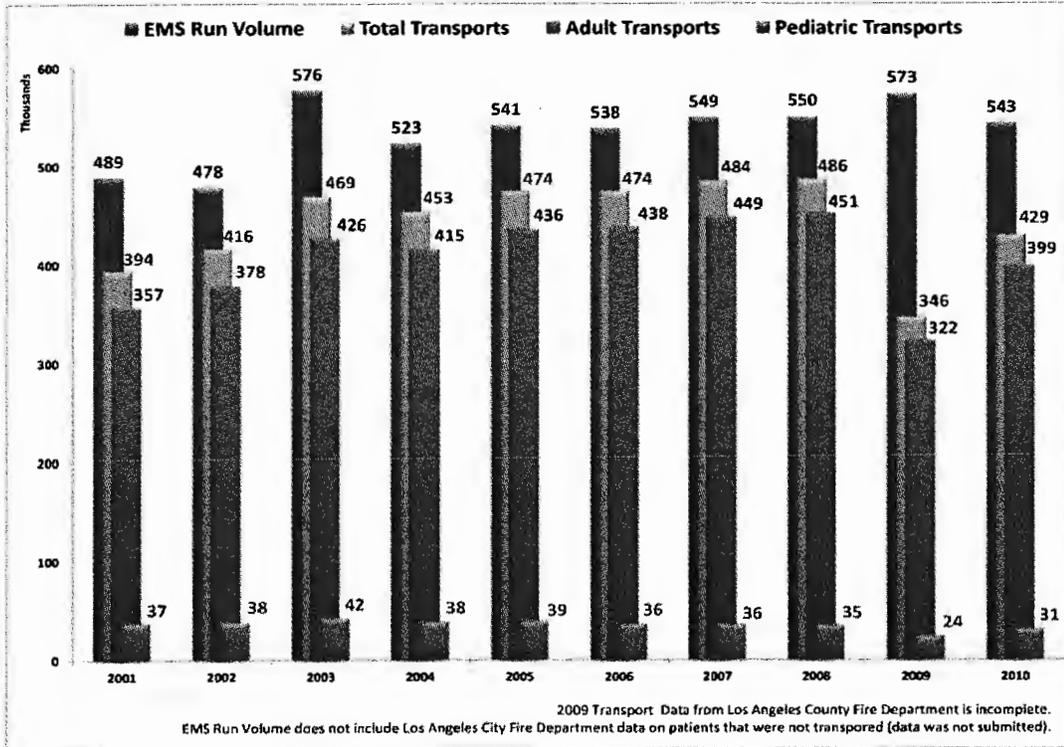
Although the number of hospitals decreased by 10% in the last decade, the number of treatment bays increased by 35%.

## Emergency Department Saturation



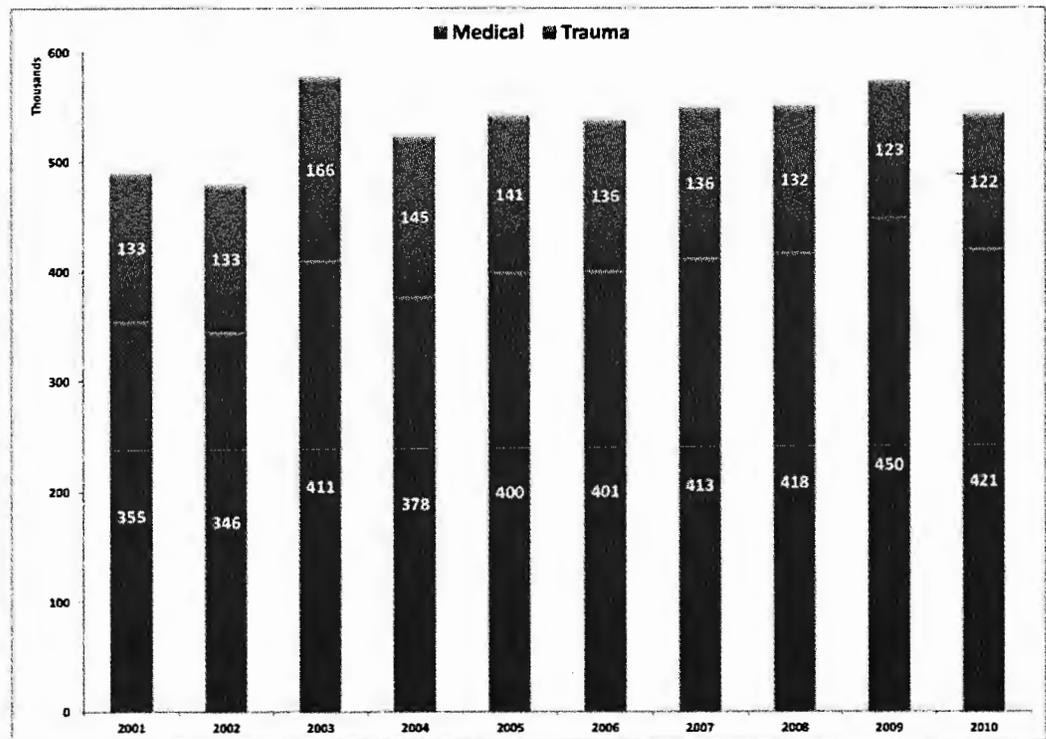
In the last 16 years, hospitals have requested diversion of paramedic units from a low of 1.5 hrs/day/hospital in 1995 to a high of 6.5 hrs/day/hospital in 2005. Although seasonal increases occur during the "flu" season, a significant overall increase in diversion hours was seen between the late 1990s and 2005. The Hospital Association of Southern California (Los Angeles Area) and the EMS Agency collaborated to revise the diversion policy in order to mitigate the increasing diversion problem. Diversion hours have stabilized in the last five years to an average of 2.4 hrs/day/hospital.

## EMS Run Volume



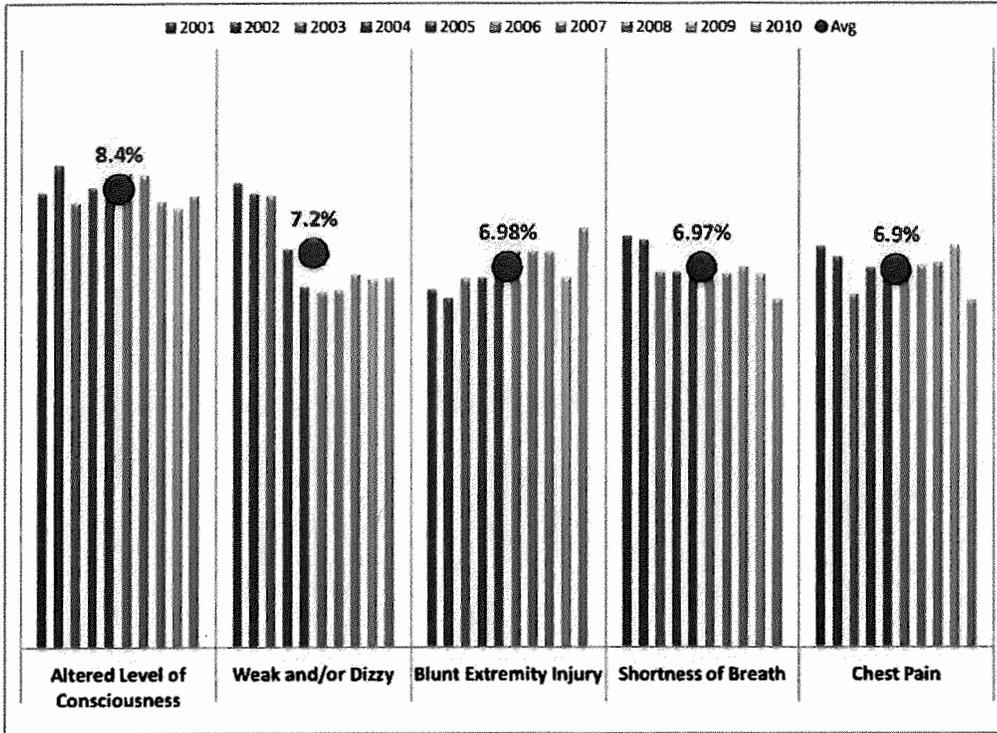
EMS responses that do not result in a transport include patients who refuse transport (AMA), dead-on-arrival (DOA), and pronounced dead in the field.

## EMS Transports

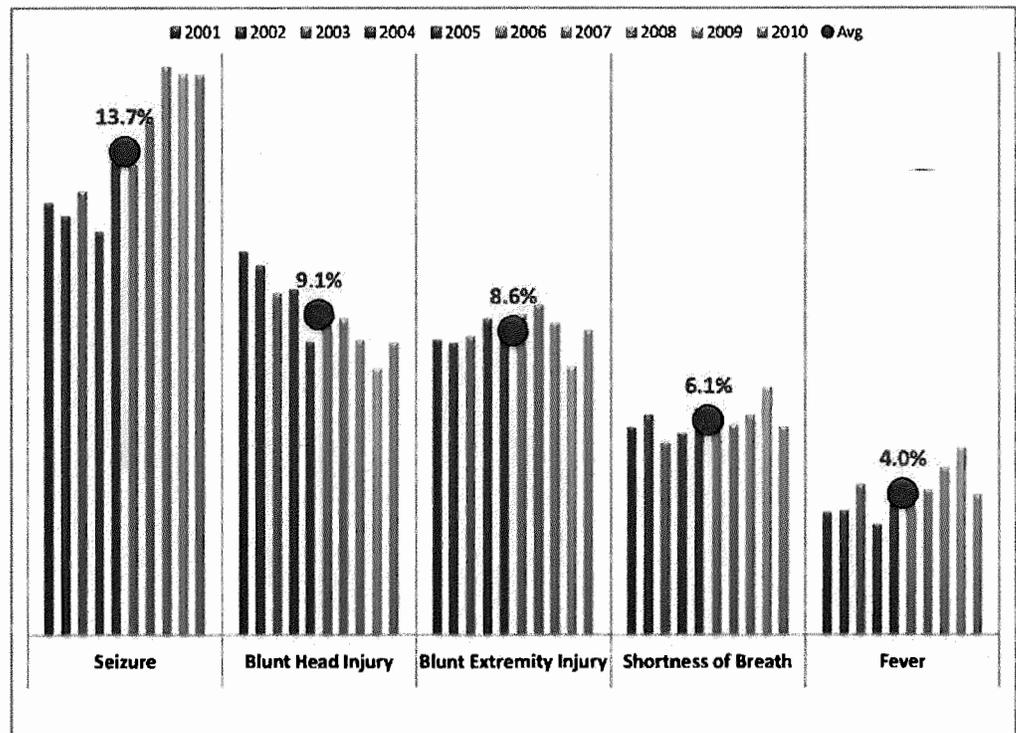


On average, 25% of EMS transports have a traumatic injury and 75% are related to medical illness.

### Most Prevalent Adult Chief Complaints

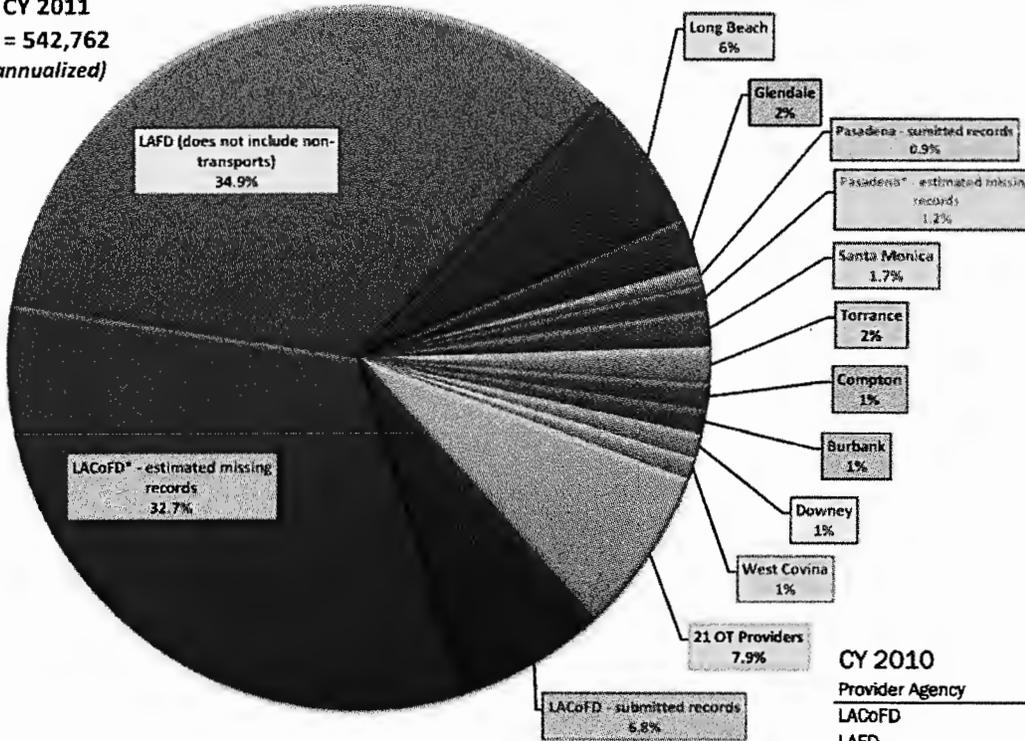


### Most Prevalent Pediatric Chief Complaints



### EMS Volume by Provider Agency

CY 2011  
n = 542,762  
(annualized)



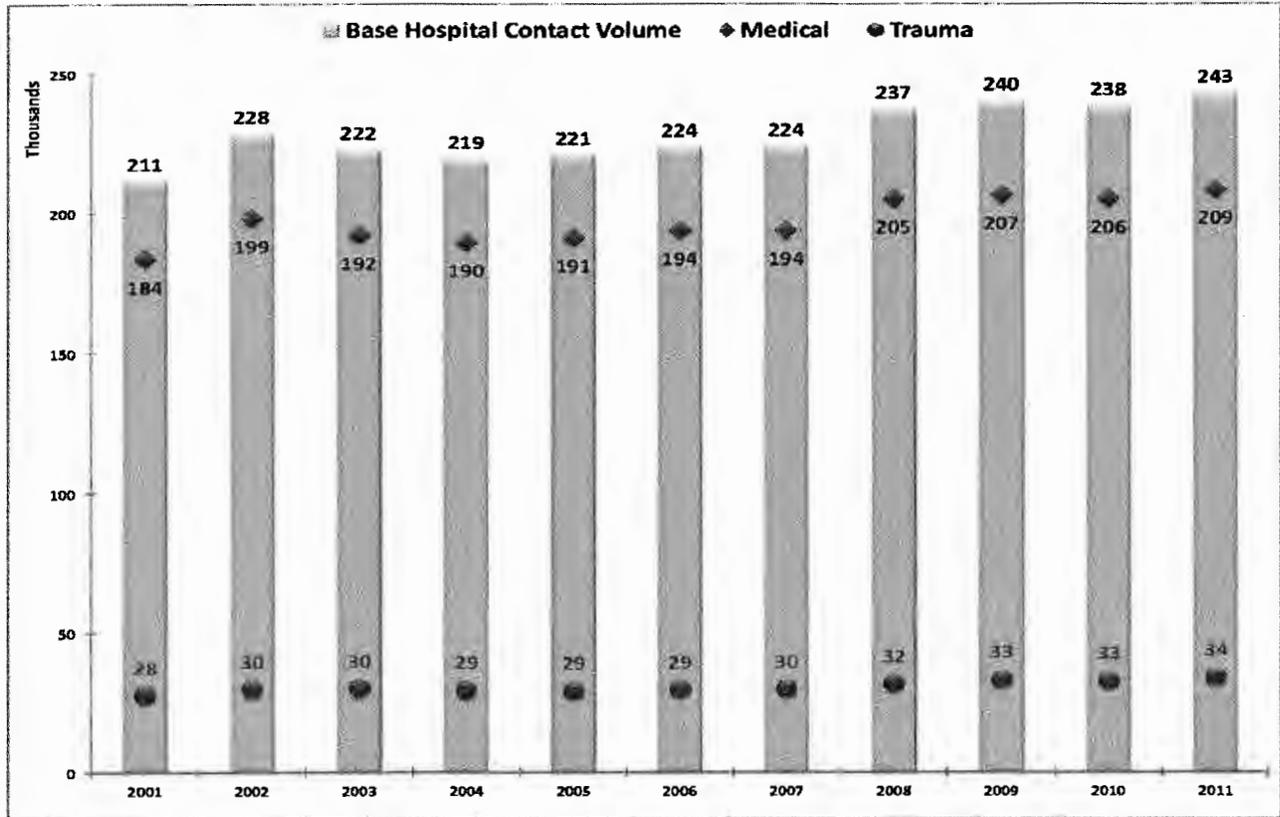
#### CY 2010

| Provider Agency  | EMS Responses  | %     |
|------------------|----------------|-------|
| LACoFD           | 213,785        | 40%   |
| LAFD             | 188,888        | 35%   |
| Long Beach       | 33,776         | 6%    |
| Glendale         | 11,764         | 2.2%  |
| Pasadena         | 11,125         | 2.1%  |
| Santa Monica     | 8,945          | 1.7%  |
| Torrance         | 8,681          | 1.6%  |
| Compton          | 6,355          | 1.2%  |
| Burbank          | 6,129          | 1.1%  |
| Downey           | 6,013          | 1.1%  |
| West Covina      | 5,449          | 1.0%  |
| Alhambra         | 4,011          | 0.7%  |
| Redondo Beach    | 3,661          | 0.7%  |
| Culver City      | 3,626          | 0.7%  |
| Montebello       | 3,580          | 0.7%  |
| Beverly Hills    | 3,452          | 0.6%  |
| Monterey Park    | 3,146          | 0.6%  |
| Arcadia          | 3,061          | 0.6%  |
| Monrovia         | 2,343          | 0.4%  |
| La Verne         | 2,339          | 0.4%  |
| Manhattan Beach  | 1,785          | 0.3%  |
| San Gabriel      | 1,603          | 0.3%  |
| Santa Fe Springs | 1,532          | 0.3%  |
| El Segundo       | 1,480          | 0.3%  |
| South Pasadena   | 1,083          | 0.2%  |
| Hermosa Beach    | 994            | 0.2%  |
| San Marino       | 623            | 0.1%  |
| Sierra Madre     | 562            | 0.1%  |
| Vernon           | 548            | 0.1%  |
| Avalon           | 268            | 0.05% |
| La Habra Heights | 202            | 0.04% |
| LACo Sheriff's   | 85             | 0.02% |
| <b>Total</b>     | <b>540,894</b> |       |

75% of all EMS responses are handled by the Los Angeles County Fire Department (LACoFD) and the Los Angeles Fire Department (LAFD).

LACoFD provides EMS services to the unincorporated areas of the county and to over 50 contracted cities.

## Base Hospital Volume



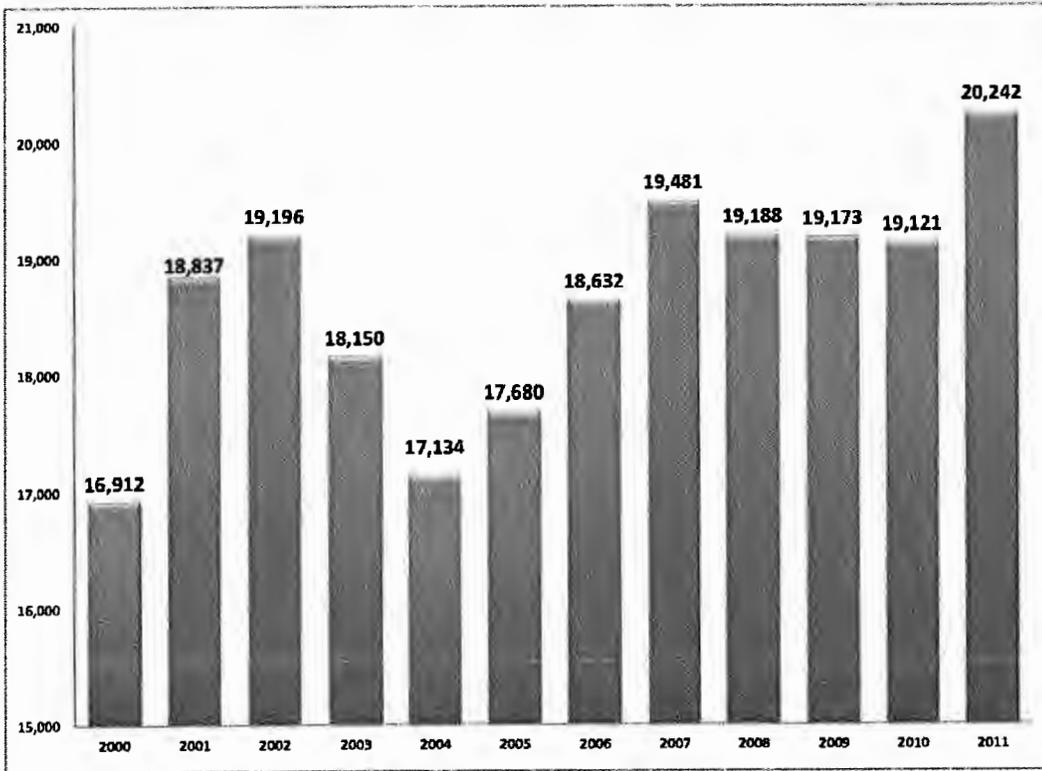
## Volume by Base Hospital

CY 2011

| Base Hospital  | Base Contacts  | %  |
|--|----------------|----|
| LAC+USC Medical Center                               | 20,454         | 8% |
| Harbor/UCLA Medical Center                           | 20,150         | 8% |
| California Hospital Medical Center                   | 16,402         | 7% |
| St. Francis Medical Center                           | 14,353         | 6% |
| Long Beach Memorial Medical Center                   | 14,123         | 6% |
| Cedars Sinai Medical Center                          | 13,770         | 6% |
| Antelope Valley Hospital                             | 13,401         | 6% |
| Citrus Valley Med. Ctr., Queen of the Valley Campus  | 13,284         | 5% |
| Ronald Reagan UCLA Medical Center                    | 12,966         | 5% |
| Huntington Memorial Hospital                         | 11,402         | 5% |
| Northridge Hospital Medical Center                   | 10,880         | 4% |
| Pomona Valley Hospital Medical Center                | 10,440         | 4% |
| Presbyterian Intercommunity Hospital                 | 10,251         | 4% |
| St. Mary Medical Center                              | 9,985          | 4% |
| Methodist Hospital of Southern California            | 9,396          | 4% |
| Providence St. Joseph Medical Center                 | 8,913          | 4% |
| Providence Little Company of Mary Med. Ctr. Torrance | 7,700          | 3% |
| Providence Holy Cross Medical Center                 | 7,077          | 3% |
| Glendale Adventist Medical Center                    | 6,957          | 3% |
| Henry Mayo Newhall Memorial Hospital                 | 6,183          | 3% |
| Torrance Memorial Medical Center                     | 4,548          | 2% |
| <b>Total</b>   | <b>242,635</b> |    |

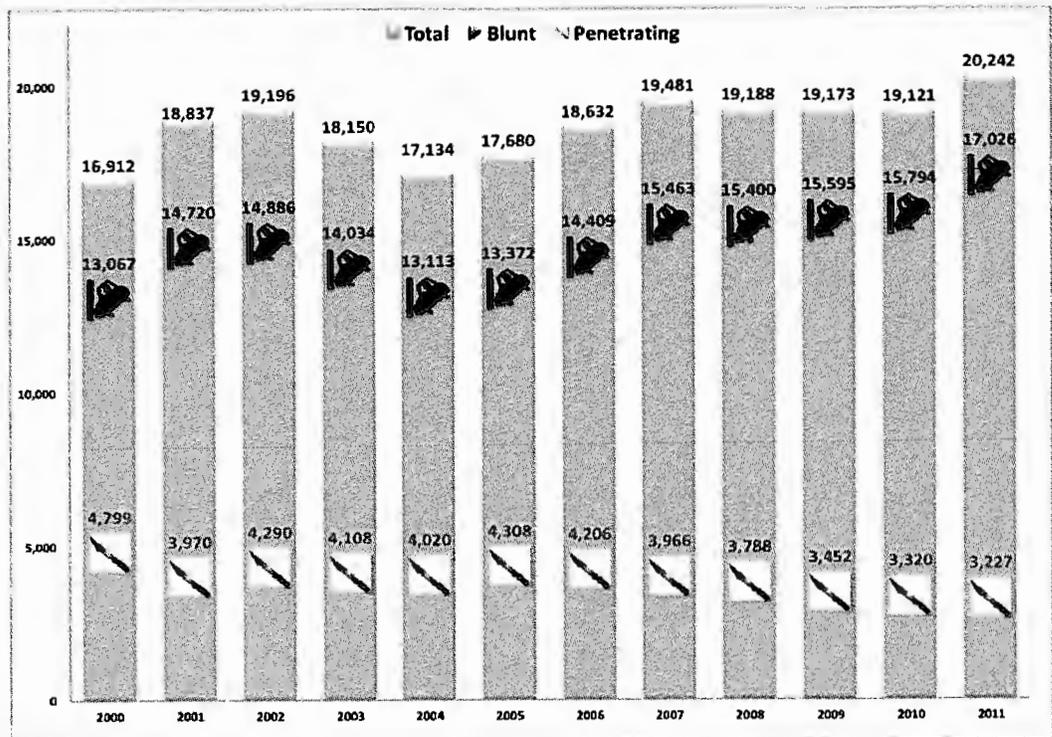
51% of EMS transports required on-line medical control from one of the designated paramedic Base Hospitals.

### Trauma Center Volume



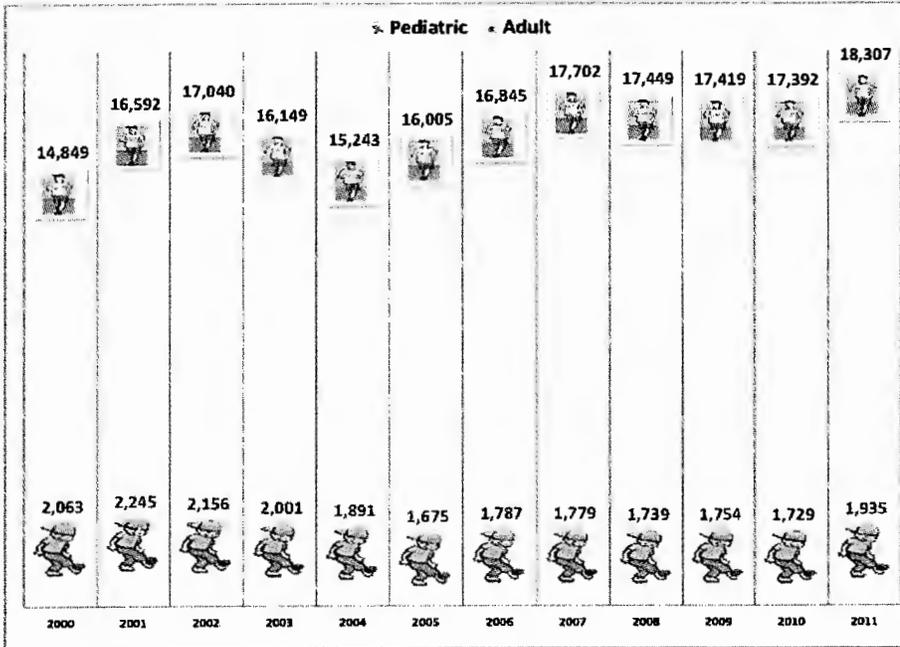
Over the last decade, EMS transport of severely injured patients to Trauma Centers increased by almost 20%.

### Blunt vs Penetrating Injury



On average, 18% of traumatic injuries are penetrating. Data shows a decreasing trend in penetrating injuries and an increase in blunt injuries.

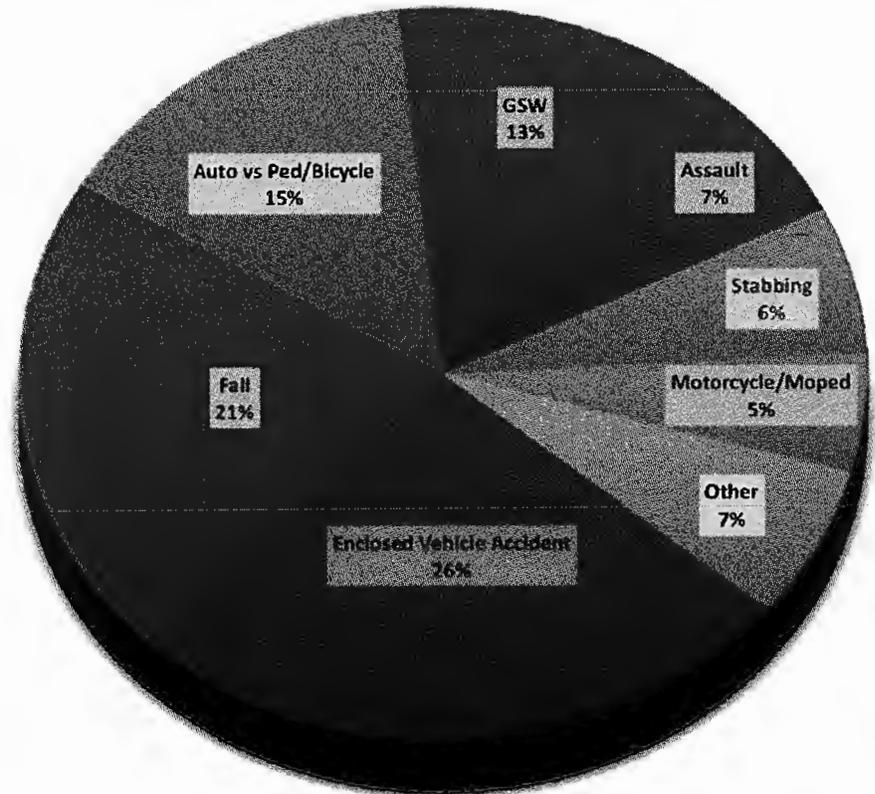
## Adult vs Pediatric Trauma



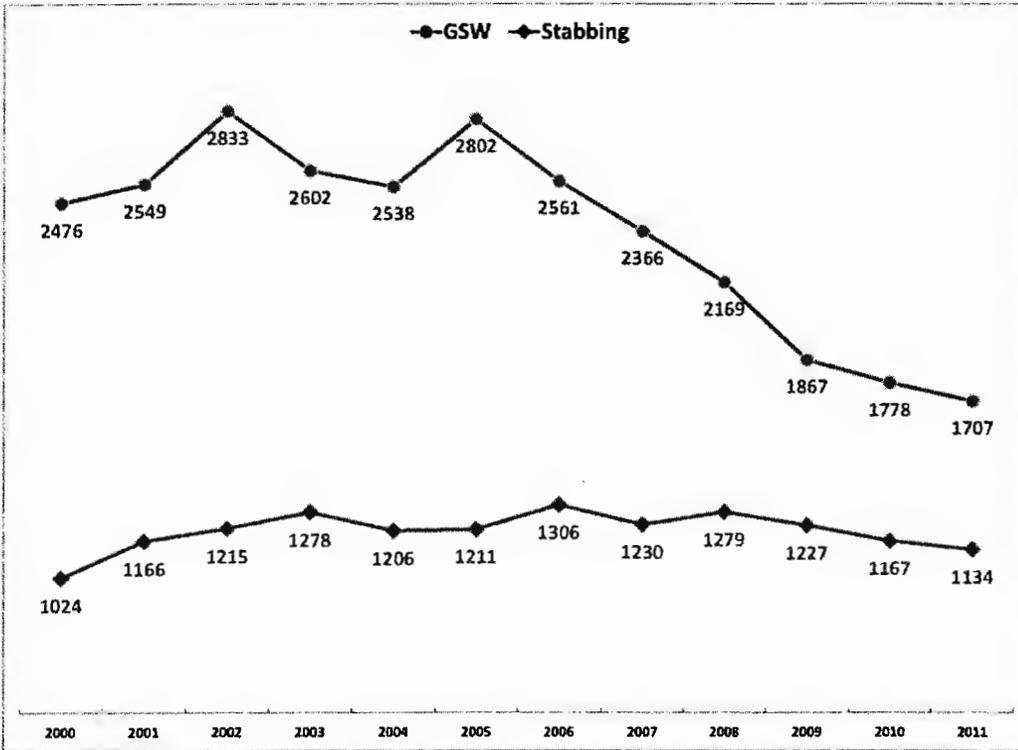
On average, 9% of patients that meet trauma center criteria or guidelines are children age 14 years or younger.

## Mechanisms of Injury

46% of traumatic injuries treated at trauma centers involved motorized vehicles.



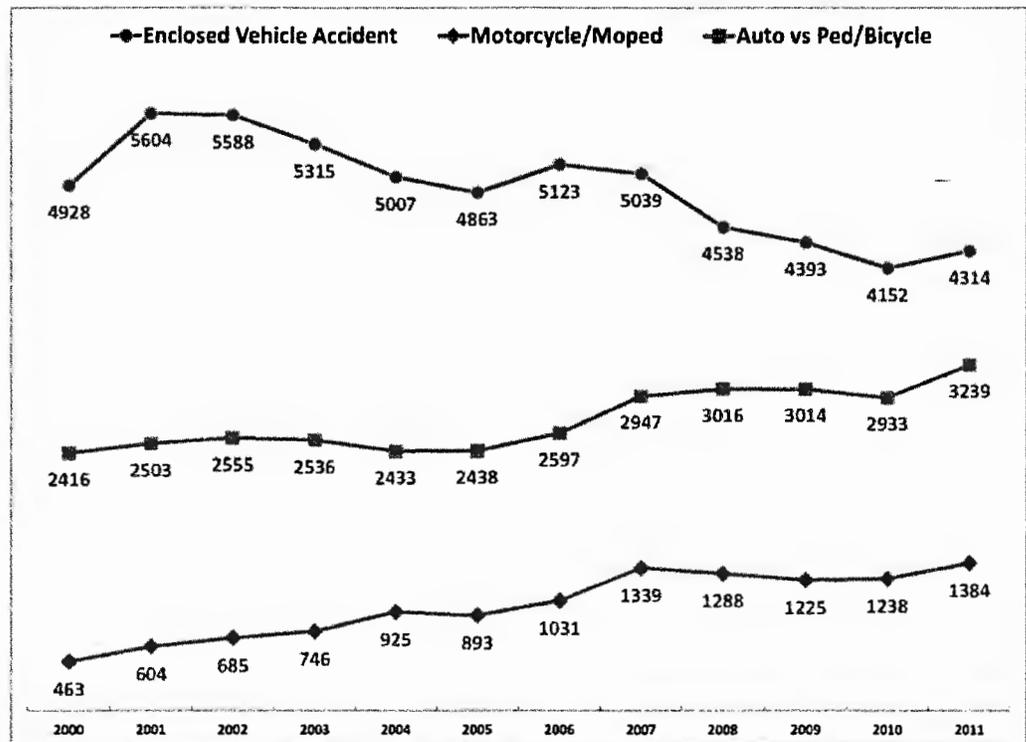
## Penetrating Injuries



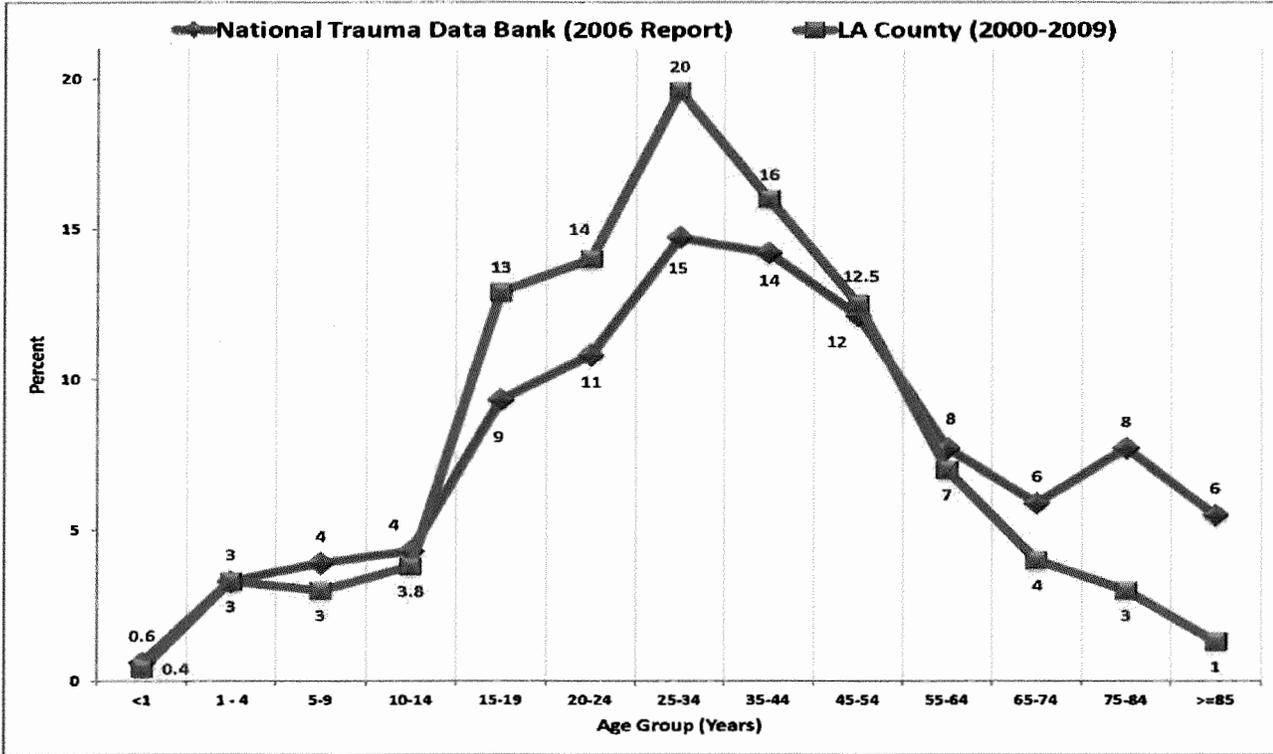
Gunshot wounds (GSW) have decreased an average of 7% per year; whereas stabbing incidents have increased slightly over the last decade.

## Injuries Involving Motorized Vehicles

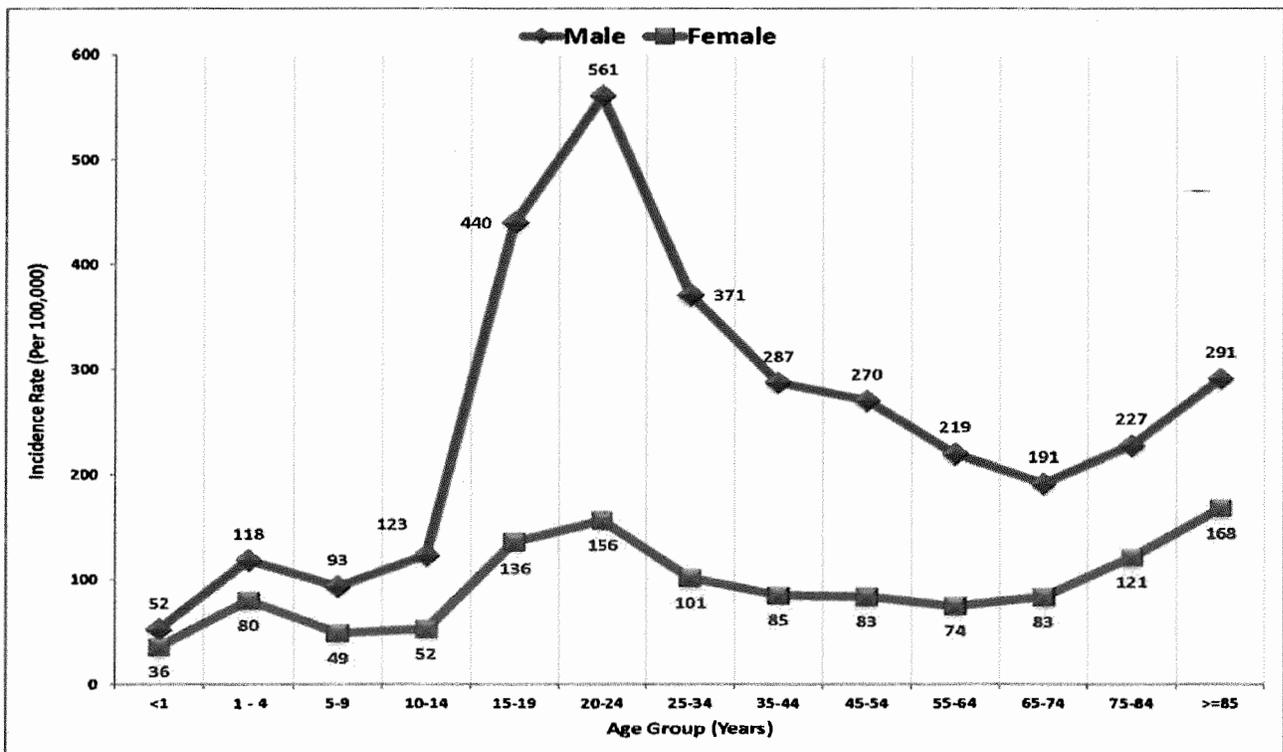
Enclosed motor vehicle accidents have decreased 20% in the last decade; whereas injury rate increased significantly in Motorcycle/Moped (>20%) and Auto vs Pedestrian/Bicycle (>100%) accidents.



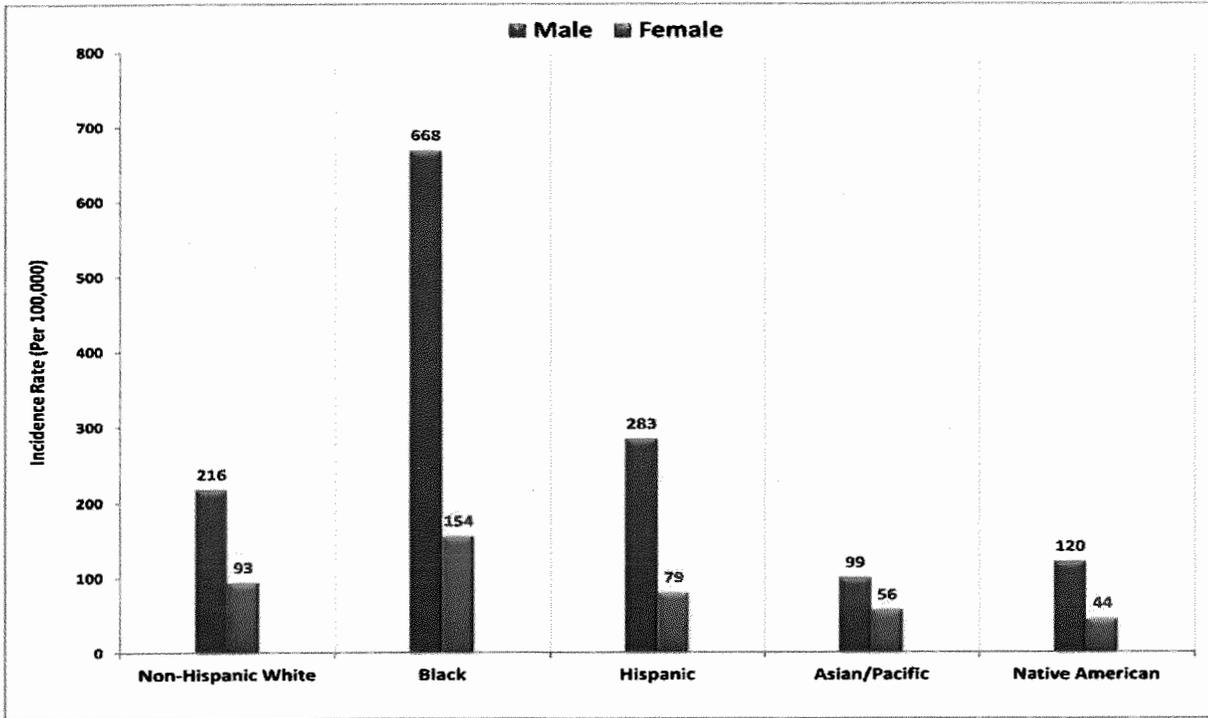
### Trauma Injuries by Age Group



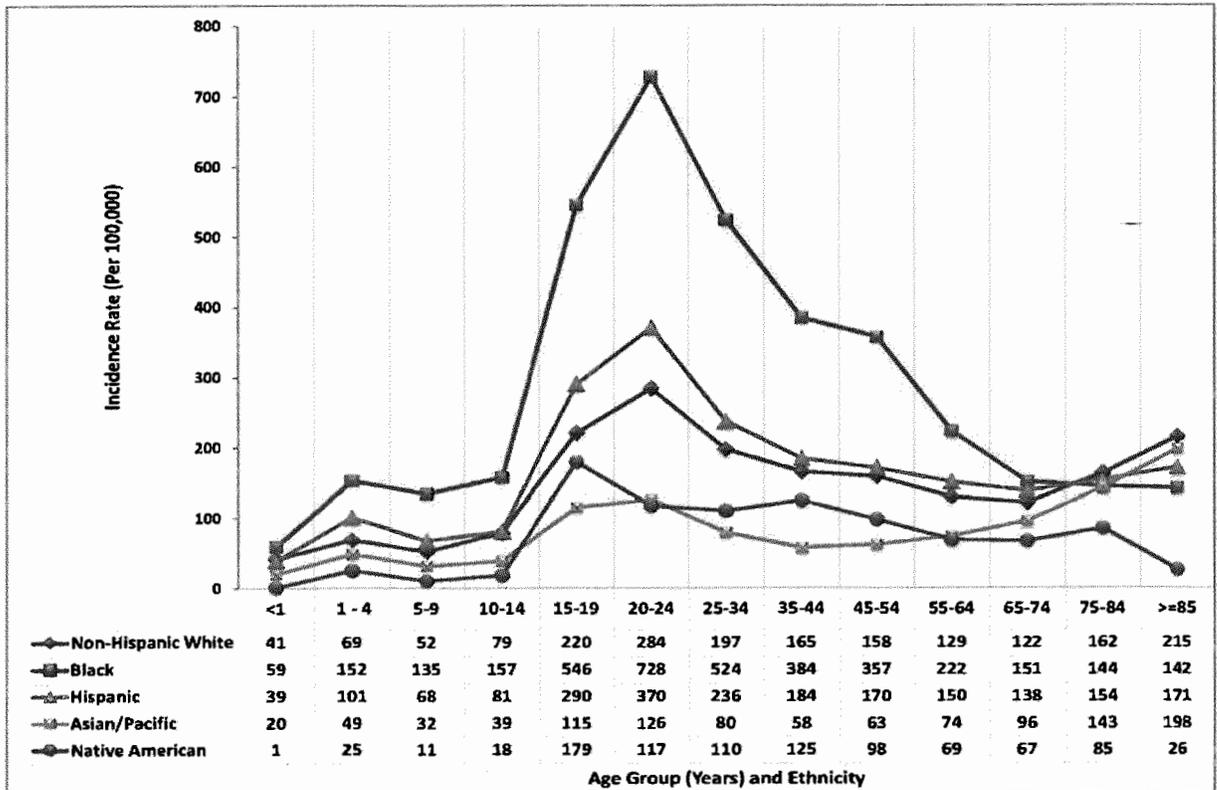
### Trauma Incidence by Gender and Age Group



### Trauma Incidence by Gender and Ethnicity

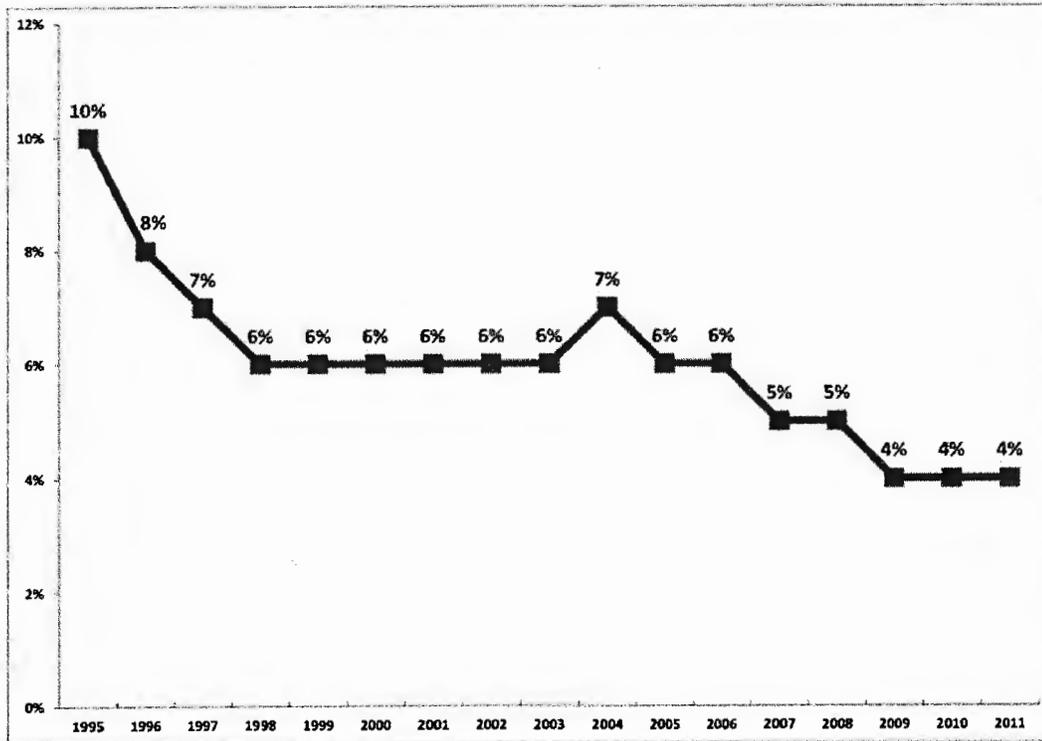


### Trauma Incidence by Age Group and Ethnicity





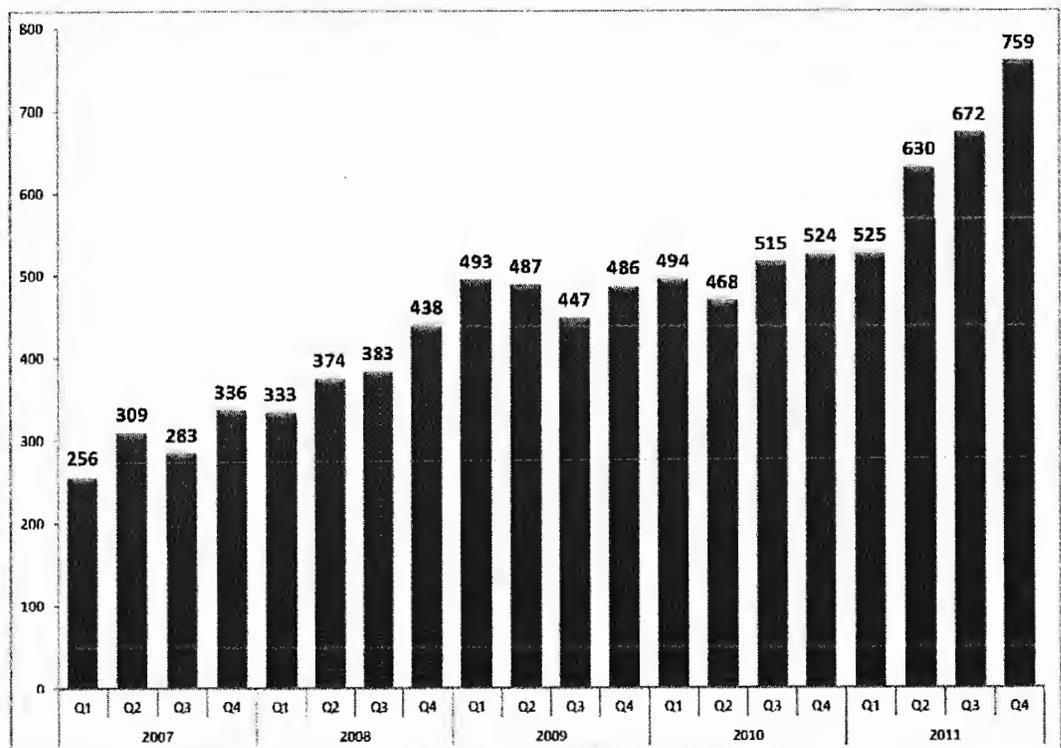
### Trauma Mortality Rates Over Time



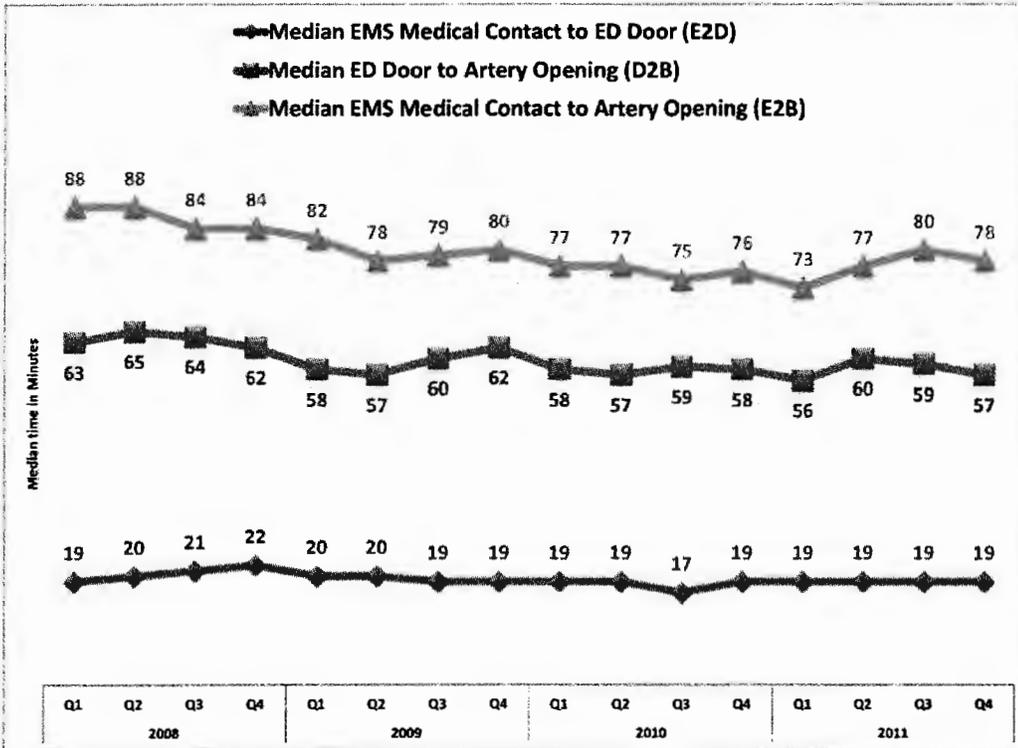
Systemwide, the mortality rate of severely injured patients transported to trauma centers has decreased.

### STEMI Receiving Center (SRC) Volume

Since its inception in December 2006, the number of patients transported to SRCs based on a prehospital 12-Lead ECG interpretation of ST-Elevation Myocardial Infarction has increased.

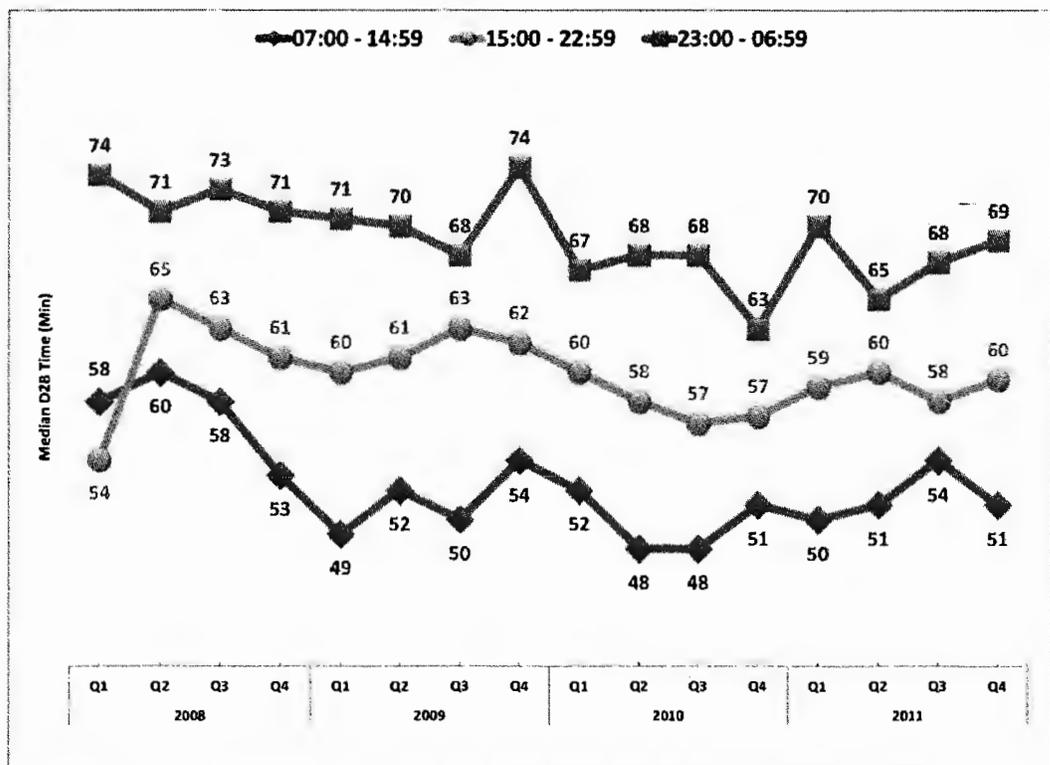


### SRC Timeliness of Care (in minutes)



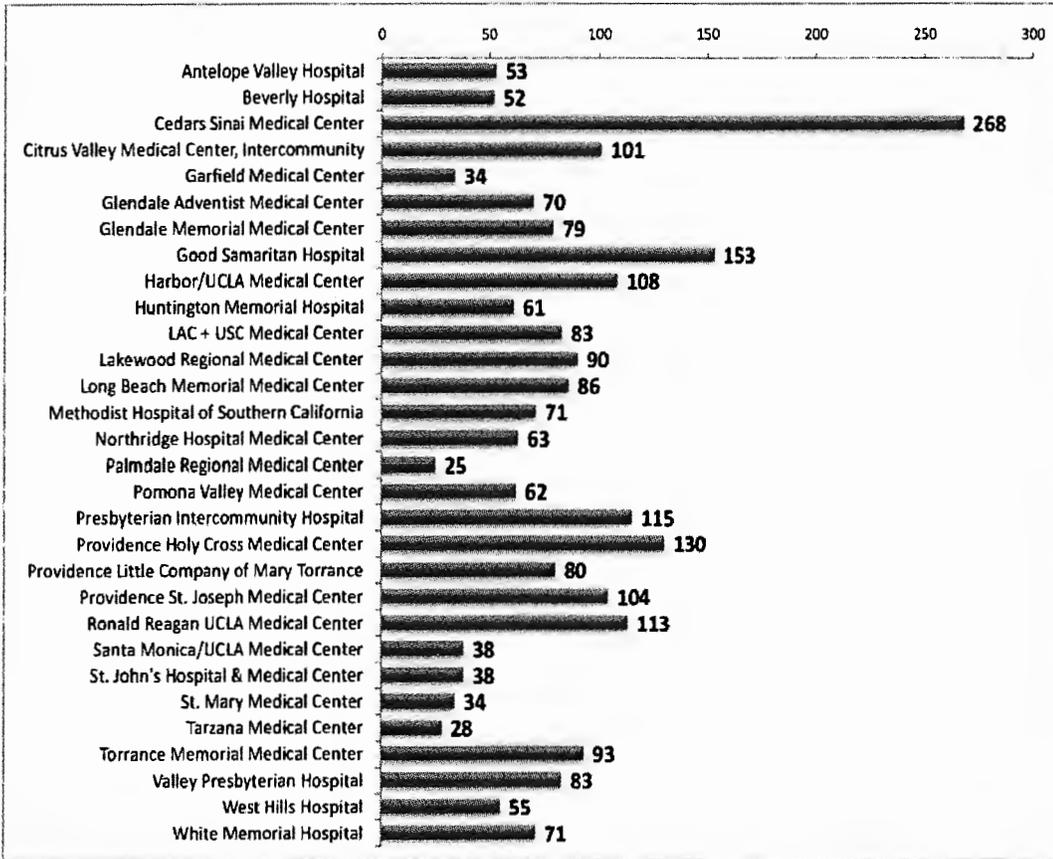
The median E2D, D2B and E2B times consistently exceed the current national standards.

### Median Time in minutes (ED Door to Artery Opening) by Shift



44% of percutaneous coronary interventions (PCI) were conducted during the day shift, 37% during the evening shift and 19% during the nights shift.

### SRC Volume by Hospital (CY 2011)



EMS: MORE THAN A JOB, A CALLING



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# EMERGENCY PRESS

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## Child Abuse and Neglect

By: Paula J. Whiteman, MD, FACEP, FAAP, Karen Rodgers, RN MICN, and Deidre Gorospe, RN, MICN

(Portions of this article were reprinted with permission from the California Department of Social Services, Office of Child Abuse Prevention's publication, "The California Child Abuse & Neglect Reporting Law Issues and Answers for Mandated Reporters," which can be found in its entirety at <http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB132.pdf>)

In 1974, the Child Abuse and Neglect Reporting Act was passed as part of the California Penal Code to protect children from abuse and neglect. Since then, numerous amendments have expanded both the definitions of abuse and requirements for reporting. California Penal Code, Sections 11164 through 11174, requires prompt reporting of all suspected non-accidental injuries, sexual abuse, or neglect of children to local law enforcement and/or Department of Child and Family Services (DCFS). In Los Angeles County, it is recommended that a report is sent to both.

For various reasons, people who abuse children lack necessary internal control. Therefore, they need as many external controls as possible, until they learn methods of self-control. The reporting law is an external control which clearly states that "the abusive behavior is unacceptable and must stop."

The health professional and other mandated reporters often feel reticent to label behavior as abusive. They may feel they have no right to pass judgment on other people. However, if a reasonable suspicion exists, the protective action is beneficial to the parents as well, who may not recognize their behavior as abusive, or may be reluctant to seek help on their own. There may also be nagging doubts about how the person suspected of abusing a child will react, what the outcome will be, and whether or not the report will put the child at greater risk. The best way to minimize the difficulty of reporting is to be fully prepared for the experience.

For the child victim, regular exposure to mandated reporters may not begin until school age, though the abuse is likely to have begun much earlier. In fact, children are most likely to die from abuse and neglect between the ages of birth to 2 years, and are at highest risk for abuse under the age of four, when they can exist in relative isolation from societal eyes. An encounter with EMS in which abuse is suspected – and subsequently reported – can save a life. And because EMS providers get a firsthand glimpse of the child's world, they may be in a unique position to gather information such as scene details, environmental clues, family dynamics, and history inconsistencies that will be invaluable to the identification of abuse, initiation of family intervention and ultimately the protection of the child from further abuse.

Each year in California, as many as 87,000 children are found to be the victims of substantiated child abuse or neglect. Of those, about 60 percent suffer neglect, 20 percent are physically abused,

see **Child Abuse** (continued on pg.2)

## Ethics in EMS... Doing the Right Thing

By Michele Hanley, RN, MSN

Ethics is defined as a set of moral principles, or the examination of how decisions are made regarding what is right and what is wrong. The Department of Transportation defines ethics as personal standards that govern how one should live. In order to decide what is ethical, the human mind must reason or judge actions, and determine one's obligation to self, to others, and to society. Ethical behaviors should govern doing the right thing, but the right thing differs from person to person. Many believe that ethics is a personal set of values and does not cross into professional service. So the challenge is somehow bringing our personal values together with prescribed professional standards in a way that ensures safe and ethical delivery of emergency medical care.

As a service profession, Emergency Medical Services must be governed by a clear set of professional ethics that guide the delivery of healthcare. A key element in the National Association of Emergency Medical Technicians (NAEMT) Code of Ethics is:

Refusing to participate in unethical procedures, and assuming the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

**You are on scene of a motor vehicle collision that has several fatalities. The injuries are significant and gruesome, including severed limbs. In the initial triage of deceased victims, you observe your partner taking pictures of deceased victims with his cell phone camera. Is this ethical? What do you do?**

see **ethics in ems** (continued on pg.5)

### In This Issue

|   |   |
|---|---|
| Child Abuse & Neglect .....                           | 1 |
| Ethics in EMS .....                                   | 1 |
| LA County Licensing Changes .....                     | 4 |
| Dr. Margulies appointed to State EMS Commission ..... | 5 |
| Needle Thoracostomy .....                             | 6 |
| H.E.R.T .....   | 7 |
| AED Stats .....                                       | 7 |
| For Your Information .....                            | 8 |

# Child Abuse (from page 1)

10 percent are sexually abused, and 10 percent are emotionally or psychologically maltreated. Children with disabilities are from 3 to 7 times more likely to be victims of maltreatment than non-disabled children.

EMTs, paramedics, nurses and physicians are amongst the professionals identified in the California Penal Code as “mandated reporters.” This means that any such person with a “reasonable suspicion” (NOT proof) of child abuse or neglect must make a report immediately (as soon as practically possible) by phone, and that a written report must follow within 36 hours. If a child appears to be in danger, notify law enforcement immediately, and they will evaluate the need to place the child in protective custody. Where a child is in “immediate and present danger of abuse by a family or household member, based on allegation . . . or threat of abuse” a judge can order an emergency protective order (California Family Code Section 6250). Prehospital providers should document the name of the DCFS social worker and/or name, department, and badge number of the law enforcement officer contacted on the EMS Report Form, along with the time of notification, and disposition of the child if not transported.

Child abuse can occur regardless of socio-economic status, religion, education, ethnic background, or other factors. Health professionals must consider the possibility of abuse whenever questionable signs, symptoms, or situations are encountered. Everyone should be aware of the obvious signs of possible abuse and neglect, such as traumatic injuries in various stages of healing, or emaciation. Other less obvious clues should also be considered and identified in these four key areas:

## ENVIRONMENT

- Infestations (insects, rodents)
- Presence of dirt, filth, or unsanitary conditions
- Lack of running water or heat
- Under- or untreated medical conditions (e.g., infections, dental decay, unfilled inhaler prescription)

## CAREGIVER BEHAVIOR

Some parents who were abused as children may not recognize their behavior as abusive. They may not hide this behavior since to them it is normal and acceptable. Other abusive parents may think of their behavior as abusive, and may seek to hide it, make up stories, or get their children to protect them. Beware of these behaviors:

- Delay in seeking care for child
- No explanation for injuries, a story that changes on repetition, or a story that differs from child’s story
- Reluctance to allow health professionals to speak to child alone
- Seems unable/unwilling to meet child’s basic needs or provide a safe environment
- History of domestic violence in the home
- Employs “out of control” discipline, or use of objects (belts, whips, clothes hangers)
- Expresses unrealistic expectations of child (e.g., toilet training of a 1-year-old)
- Berates humiliates, or belittles child
- Indifferent to child

- Leaves child unattended
- Makes threatening statements, such as “we’ll take care of him”

## PHYSICAL CLUES

Accidental injuries tend to be on bony prominences. Toddlers commonly have accidental bruises on shins, upper leg and forehead. Check child for different stages of bruising – the age of a bruise cannot be exactly determined from its color, however bruises show a progression of color change over time (red/purple/blue initially, followed by green/yellow/brown.) Unexplained, ill-explained, or suspicious injuries warrant heightened awareness and diligent assessment and documentation by health professionals.

- Burns to areas unlikely to be accidentally burned (backs of hands, soles of feet, buttocks, back)
- Scalds with clear demarcation and a symmetrical pattern, (in contrast to accidental scalds where the child will quickly try to withdraw and the burn pattern will be irregular), a glove or sock pattern (as if hands or feet forcibly held underwater), or a ‘doughnut’ pattern (where child’s buttocks are pressed against the hot water container, so the central area is spared)
- Oral injuries
- Any suspected fracture in a baby too young to walk or crawl

## BEHAVIORAL CLUES

Children react differently to being abused. There is no one single reaction that can be clearly associated with child abuse; however, there are a number of possible behaviors which have been found to be consistently correlated with abuse. The presence or report of any of these behaviors does not prove the child is being abused, but should serve as a warning signal to LOOK FURTHER:

- “Frozen watchfulness:” the child looks watchful yet unresponsive, carefully tracking the adults with his eyes (can indicate a severe level of abuse)
- Does not seek comfort from caregivers when distressed
- Inappropriate urination or defecation
- Habitual body-rocking
- Promiscuity, or precocious sexual behavior and/or vocabulary
- Runaway attempts.
- Clingy, indiscriminate attachment
- Passivity, lacks self-esteem; puts self down
- Physically abusive towards siblings, animals
- Out-of-control behavior (angry, panics, easily agitated), self-destructive behavior (self-mutilation, cutting), or extremely fearful/withdrawn/hostile/destructive behavior
- Scavenging for food
- Exhibits signs of eating disorders
- Substance abuse

Mandated reporters must stay alert and responsive to the child behaviors described above. Children will rarely report they are being abused; but, being unable to stop it, they may develop coping mechanisms and behaviors which can bring them to the attention of health professionals. The best source of information from the child is not what they child says, but how the child

behaves. These children tend to be fiercely loyal to their abusers, often demonstrating a pathological dependency on them.

**MANDATED REPORTERS ARE NOT RESPONSIBLE TO INVESTIGATE OR COLLECT EVIDENCE.** Investigations are conducted by Child Protective Agencies. While talking to a child about possible abuse or neglect, don't make promises you can't keep (e.g., promise not to tell anyone.) Take care that your questions do not lead the child to say what they think you want to hear, and avoid using leading or coercive questioning. Use open-ended questions to elicit information specific to the abuse or neglect suspected.

Informing parents that a report is being made is not legally required. In some instances it may be contraindicated by factors such as the likelihood that a parent may flee or exhibit violent or erratic behavior. There are instances in which a child may be at increased risk due to speaking with providers. Advise child welfare staff and/or law enforcement if a child is afraid to stay at home, may be in danger of further abuse or threats, or may be under pressure to change or retract his or her statement.

If the parent or suspected abuser is to be informed, begin by making a statement about what you saw, heard or believe that makes you suspect abuse or neglect. Use only non-judgmental, factual statements, such as, "You seem to be behaving in an out-of-control way, and I'm concerned that you are hurting your child." Follow this with, "As a mandated reporter, I am required by law to report this." Just as important as the words you use is the tone of your voice and your demeanor. The optimal and safest method is to be as non-judgmental as possible, which can be difficult. Parents are frequently frightened and angry in these situations, but remember that most actually do love their children and do not want to hurt them. They are being abusive because they are out of control. They may also – either immediately or eventually – feel relief that steps have been taken to protect their children. When in doubt about what to say, call your local DCFS hotline and ask for assistance.

Once verbal and written reports are made, it is the responsibility of the investigating agency to conduct an active investigation, and forward to the Department of Justice (DOJ) for further action/investigation if the incident is deemed substantiated or inconclusive. The Department of Justice will then decide whether the child needs to be removed from the home, and law enforcement will decide whether to proceed with criminal prosecution.

## FAQs

What if I am wrong about my suspicion?

Dr. C. Henry Kempe, a pioneer in the field of child abuse prevention, once said he would rather apologize to a parent because he made a mistake about reporting the abuse, than apologize to a brain-damaged child because he did not. It is better to err in the direction of over-reporting than under-reporting. It is important to note that mandated reporters are granted immunity if they make a report, but they are liable if they fail to report when they have reasonable suspicion.

## MANDATED REPORTERS FAST FACTS:

- Reports from mandated reporters may not remain anonymous, so that they can be contacted during investigation
- While your name cannot be disclosed to the family or anyone else not directly part of the investigation, it may be revealed in court at the time of trial if you have to testify
- Notifying a supervisor, hospital staff, or anyone else of suspected abuse does not satisfy your reporting requirement, but SHOULD be a part of your report to the next level of care
- Mandated reporters have civil and criminal immunity, and cannot be sued, harassed, disciplined or fired as a result of, or prevented or impeded from, making a report
- Mandated reporters can be fined (up to \$1000), or jailed (up to 6 months) as a result of NOT reporting suspected abuse or neglect, which is a misdemeanor – and can be found liable for damages in a civil lawsuit, especially if further abuse or neglect is sustained as a consequence of not making a report
- If two or more people are required to report an instance of suspected abuse, they may select one person to report on behalf of the team. However, if the designated team member fails to make the report, any team member with knowledge shall then be responsible to make the report
- After the investigation is completed, the investigating agency shall inform the mandated reporter of the results of the investigation and any action being taken

## What is the fine line between physical abuse and discipline?

If the discipline is forceful enough to leave marks, physical abuse has occurred. The use of instruments increases the likelihood of injuries, as does the harsh punishment of young children. The intent of the reporting law is not to interfere with appropriate parental discipline, but to respond to inappropriate or high-risk discipline. If you have reasonable suspicion of abuse, even with no visible signs, you are required to report. Under California Welfare and Institutions Code Section 300(a), reasonable and age appropriate spanking to the buttocks where there is no evidence of serious physical injury does not constitute abuse.

## What if abuse occurred in the past?

There is no time limitation regarding the reporting of child abuse. If a victim is under age 18, the abuse must be reported. Not everyone is able to work effectively with these situations. The responsible reporter faces his/her limitations or preferences, and, when appropriate, REFERS OUT to others better able or willing to provide treatment for these families and caregivers. Most people who abuse their children can be successfully treated, and you may play the pivotal role in initiating that treatment and saving a child's life.

**child abuse** (concluded on pg.4)

# CHANGES IN LOS ANGELES COUNTY AMBULANCE COMPANY LICENSING REQUIREMENTS

By Luanne Underwood, RN, BSN

Did you know that in the past, not all private ambulance companies operating in Los Angeles County were required to be licensed by the Department of Health Services' Emergency Medical Services (EMS) Agency? Only those companies that picked up patients in the unincorporated areas of the County or in several cities that had adopted the Los Angeles County Code (County Code) were required to obtain a business license from the EMS Agency. That all changed in July of this year when revisions to the County Code, Chapter 7.16, Ambulances (Ambulance Ordinance), were implemented.

Effective July 28, 2011, all companies that pick-up patients in Los Angeles County (including all incorporated cities) are required to obtain a Los Angeles County Ambulance Operator Business License. Existing ambulance companies will have until January 28, 2012 to submit their applications and will be allowed to continue operating in the areas they are currently licensed for until their applications are processed. At the time the new Ambulance Ordinance went into effect there were a total of 82 ambulance companies operating within Los Angeles County and only 26 of those companies are currently licensed by the EMS Agency. Any new ambulance company that plans to provide services in Los Angeles County will be required to obtain a Los Angeles County Ambulance Operator Business License prior to implementing services.

Additionally, the revised County Code requires all private EMS aircraft operators to obtain a Los Angeles County business license prior to providing services in the County. Previously there were no licensing provisions for private EMS aircraft operators picking up patients in Los Angeles County.

In the past, there has been little to no coordinated medical oversight of ambulance companies that were not licensed by the County. The new requirements are intended to improve public health and safety by creating a more integrated EMS System, one that requires all ambulance operators to follow standard EMS policies. All ambulance operators will also be required to understand hospital capabilities and their role and responsibility as part of the EMS System during a disaster or multiple casualty incident.

The new Ambulance Ordinance provides improved oversight of patient care by ambulance provider and EMS aircraft operators, improving the health, welfare, and safety of

the residents of and visitors to the County. Under the Ordinance, the EMS Agency will have the ability to monitor the operation of all ambulance providers for appropriate staff, staff training, medical equipment, and quality of patient care, to improve services for County residents.

If you would like more information, please visit the Ambulance Licensing page of our website at: <http://ems.dhs.lacounty.gov/AmbulanceLicensing/AmbLic.htm>, or you may contact Luanne Underwood, Ambulance Programs/Special Projects Coordinator at (562) 347-1681 or by e-mail at [luunderwood@dhs.lacounty.gov](mailto:luunderwood@dhs.lacounty.gov).

## Child Abuse (from page 3)

For more information, as well as a free educational module, please visit <http://mandatedreporter.ca.com>. You may also refer to your Prehospital Care Manual, References 822 and 822.2, for prehospital provider information and sample forms. Additional Child Abuse Report Forms (SS8572) can be obtained by calling 800.540.4000.

### REFERENCES

Department of Health Services, County of Los Angeles (2009). Suspected Child Abuse/Neglect Reporting Guidelines (Reference 822). Retrieved from <http://ems.dhs.lacounty.gov/policies/Ref800/822.pdf>

Gil, E., Nissen, D., Kohl, A., Ralph, C.J., Ralph, K. (2003). The California Child Abuse & Neglect Reporting Law Issues and Answers for Mandated Reporters. Retrieved from <http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB132.pdf>

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California Family Code. Issuance and Effect Of Emergency Protective Order (Section 6250). Retrieved from <http://www.leginfo.ca.gov>

### WHEN CHILD ABUSE OR NEGLECT IS SUSPECTED

IMMEDIATELY:

Call the LA COUNTY DEPARTMENT OF CHILD AND FAMILY SERVICES  
CHILD PROTECTION HOTLINE (24/7):

**800.540.4000**

WITHIN 36 HOURS:

Complete and send a California Suspected Child Abuse Report Form 8572\* to both your local law enforcement agency, AND:

DCFS,  
3075 Wilshire Blvd, Fifth Floor  
Los Angeles, CA 90010

\*this form can be downloaded at [http://ag.ca.gov/childabuse/pdf/ss\\_8572.pdf](http://ag.ca.gov/childabuse/pdf/ss_8572.pdf)

## ethics in ems (from on pg.1)

Do you know what the obligation as an EMS professional is in this situation? Decisions in healthcare must have ethical intent. Speaking up in this situation can be difficult. Are you afraid to speak up because you are concerned with the teams' perception of you? Are you concerned that speaking up will make you "unpopular" with your coworkers? A fundamental responsibility of the Emergency Medical Technician/ Emergency Medical Technician-Paramedic is to protect life, to alleviate suffering, to promote health, to do no harm, and to encourage equal availability of quality emergency medical care. The Hippocratic Oath's "Do no harm" statement has been a primary principle in the delivery of healthcare for centuries. Medical ethics refers to this as nonmaleficence or "first, do no harm". Every member of a healthcare team is ethically responsible for the care rendered to a patient. We are responsible for ensuring that in caring for a patient; we "do no harm".

Photographing the deceased at the scene of an accident you are working may not cause harm to the dead body. Acting unethically or conducting ourselves in a manner in which it appears to be unethical to others, is doing harm...to our profession. Being in uniform, answering the call for service or being at the bedside providing care for the ill or injured places us, and thus our profession, in a highly visible position. Perceptions of our actions are sometimes stronger than the actions themselves. If your team members' actions appear to be unethical to you; they are doing harm. It is our responsibility as healthcare team members to speak up, redirect, and encourage actions that "first, do no harm".

Doing the right thing is not taking the easy way out. It would be easier for us to turn our back on our partner taking pictures. Regardless of the popularity, convenience, or impact, our decision making as EMS professionals, doing the right thing must take precedence. Ethics is a set of moral principles, values, and standards that must apply to both our personal and professional lives.

## NAEMT CODE OF ETHICS

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Services System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

## DR. MARGULIES APPOINTED TO STATE EMS COMMISSION



The EMS Agency congratulates Dr. Daniel R. Margulies on his appointment to the State EMS Commission. Dr. Margulies is the Director of Trauma Services at Cedars-Sinai Medical Center, Director of the Surgical Critical Care Unit, and Associate Director of the Division of General Surgery. In addition to his clinical work, he teaches in the surgery residency program, conducts research, and is widely published in the fields of trauma and surgical critical care. He was selected from three nominees submitted by the California Chapter of the American College of Surgeons and then appointed to the State Commission by the Speaker of the Assembly.

Dr. Margulies' service as a Los Angeles County EMS Commissioner (he is currently finishing his second four-year term) has supplemented his extensive medical knowledge with an understanding of the systemwide aspects of EMS such as data collection, communications, and issues related to provider agencies and receiving hospitals. We again congratulate Dr. Margulies and feel confident he will be an asset to the State EMS Commission.

# Prehospital Needle Thoracostomy .... More harm than good?

by Susan Mori, RN, BSN

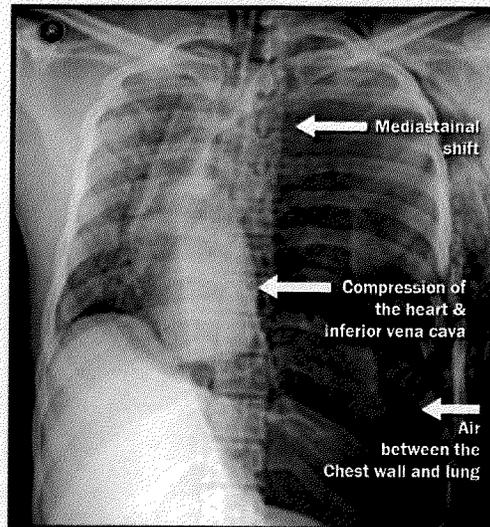
**E**mergent pleural needle decompression is controversial and not without risk. Inappropriate patient selection, treatment failure, and misplacement of the needle are a few of the issues that have experts questioning the benefit of prehospital needle thoracostomy (PNT).

## Patient Selection

Several studies conducted in large urban settings have demonstrated that PNT is infrequently used, representing approximately 1% of the severely injured patients transported to a Level 1 trauma center. The infrequency with which the skill is performed is thought to be associated with the over triage of PNTs placed in patients not experiencing a true tension pneumothorax.

A pneumothorax is a collection of air in the pleural space causing part of or the entire lung to collapse. Characteristic physical findings of a large pneumothorax include decreased chest wall movement and diminished breath sounds on the affected side; subcutaneous emphysema may or may not be present. Thoracic trauma is generally associated with acute pneumothoraces in the prehospital setting, but in some cases this can happen without injury, usually as a complication of an underlying lung disease. Individuals with chronic obstructive pulmonary disease, cystic fibrosis, tuberculosis or other types of pulmonary conditions are at risk for what is called a "spontaneous" pneumothorax. Most often these types of pneumothoraces are not life-threatening but in rare instances can progress into a tension pneumothorax. A tension pneumothorax is more likely to be seen in patients with penetrating chest wall injuries. The chest wound forms a one-way valve allowing air to enter the pleural space during inspiration but does not permit air to escape during expiration. There is a progressive build-up of air in the intrapleural space which can cause obstructive shock from compression of the vena cava leading to impaired right ventricular filling and hypotension.

Research indicates over one-fourth (26%) of injured patients suspected of having a pneumothorax received a PNT even though a pneumothorax was not present. In an effort to evaluate patient selection in Los Angeles County, PNT data were collected for one year during 2010-11. The first six months of data showed that 55% of the patients receiving a PNT had a normal or high systolic blood pressure (SPB) indicating patients were receiving emergent pleural decompression without the presence of hemodynamic changes associated with a pneumothorax under tension. To reduce the number of unwarranted needle thoracostomies performed in the field Reference No. 806.1, Procedures Prior to Base Contact, was revised to include a clinical parameter: patients with a suspected tension pneumothorax must have a SBP < 80 mmHg to receive a PNT prior to base contact. After the policy revision, six months of data showed a modest reduction in the number of PNTs placed in patients with normal-to-high SBPs



## Equipment Requirements

In addition to appropriate patient selection, utilizing the correct needle size is critical to reaching the pleural space and thus, relieving the tension. Studies using ultrasound to measure chest wall thickness at the 2nd intercostal space, midclavicular line indicate that a 1.75-2" catheter length is not sufficient to penetrate the chest wall in up to 35% of the population, depending on patient age and gender. Due to the nationwide rise in obesity, the latest data indicate that a minimum 3"-3.5" needle length and size 14 gauge or larger angiocath is needed to provide adequate decompression of the pleural space. Currently, Reference No. 703, ALS Unit Inventory, requires a 3" needle and a 14 gauge angiocath or a needle thoracostomy kit, which typically includes a 3.25" or 3.5" needle. To remain consistent with evidence-based practice, Reference No. 703, Reference No. 706, ALS EMS Aircraft Inventory, and Reference No. 704, Assessment Unit Inventory, will be revised to require the longer needle.

## Placement

Prehospital Trauma Life Support recommends utilizing the 2nd intercostal space, midclavicular line for needle placement in the prehospital setting, which is the only approved insertion site in Los Angeles County. While utilizing a longer needle increases the likelihood of reaching the pleural space, it also poses a real risk of causing harm in patients without a tension pneumothorax. PNT placement in patients without hemodynamic changes can lead to unnecessary laceration of lung tissue, increasing the chance of creating a pneumothorax when one was not originally present.

## Conclusion

A prehospital needle thoracostomy can be a lifesaver; however, the key to success lies in appropriate patient selection, use of the right equipment, and accurate needle placement. Hypotensive patients with a high suspicion for a tension pneumothorax require prompt recognition and emergent pleural decompression. However, patients suspected of having a tension pneumothorax without hemodynamic compromise do not require emergent pleural needle decompression. Rapid transport to the most appropriate receiving facility for definitive diagnosis and treatment is safest option for these patients.

# HERT



HERT Team members (Left to Right): Pilot Brian Simon, LAFD 88-B; Dr. Scott Bricker, Trauma; Dr. Madonna Fernandez, EM; Dr. David Plurad, Trauma; Antoinette Sala, RN; Dr. Mike Peterson, EM; Susan Simpson, RN, Laura Schneider, RN; Pilot Paul Schori, LAFD 88-B

**O**n June 30, 2011 the Hospital Emergency Response Team (HERT) conducted an exercise to test the HERT response. The HERT exercise involved coordination of Los Angeles County EMS Agency's Medical Alert Center (MAC), Harbor/UCLA Medical Center, Los Angeles Fire Department (LAFD) and Northridge Hospital Medical Center.

The HERT concept was developed in the 1980's, to assist fire departments and emergency services providers when situations arose where it would be necessary to conduct an emergency field amputation in order to save the life of an entrapped victim. The HERT program was put into policy in 1992 and this policy was revised subsequent to the 2008 Chatsworth Train Derailment. The experience gained from the train derailment identified key actions to improve the HERT program including regularly scheduled exercises.

The purpose of the June 2011 exercise was to evaluate the ability of:

1. LAFD to identify that the medical needs of the victim exceeded the paramedic scope of practice and to contact the MAC to activate a HERT response.
2. MAC to coordinate activation of the HERT and transportation of HERT personnel to the field.
3. Harbor/UCLA Medical Center HERT to respond to the incident with appropriate personnel, medical equipment and personal protective equipment.
4. LAFD to provide air transportation of the HERT to the incident site.
5. HERT personnel to integrate with LAFD Incident Command System and the Urban Search and Rescue (USAR) team, which is essential to facilitate patient care and scene safety.
6. HERT and LAFD to coordinate transportation of the patient to the area Trauma Center (Northridge Hospital Medical Center).

**HERT** (con't on page 8)

# AED Stats 2010

**T**he EMS Agency is responsible for the approval of agencies and organizations as Automated External Defibrillation (AED) Service Providers. This allows EMTs and public safety personnel to operate AED's when providing services to the general public.

State regulations require AED Service Providers to submit AED usage data on an annual basis. In Los Angeles County, AED annual reports for the previous calendar year are due by the end of March. AED Annual Report forms are available on the EMS Agency web page at <http://ems.dhs.lacounty.gov>

The AED usage data submitted to the EMS Agency for 2010 is outlined in the table below. Of the 81 approved programs, 18 agencies applied an AED and performed defibrillation at least once on a combined total of 711 patients. While the reported survival numbers are low (5), the actual number of lives saved is unknown because outcome information was not available on all the patients.

## DEFIBRILLATION REPORT FOR LOS ANGELES COUNTY CALENDAR YEAR 2010

1. The number of patients on whom EMT/PS defibrillator shocks were administered: **711**
2. Number of these persons who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation: **404**
3. The total number of patients, defibrillated, who were discharged from the hospital alive: **5**
4. The number of defibrillated patients witnessed in cardiac arrest, who were discharged from the hospital alive: **5**
5. The number of basic life support personnel who are qualified, in your jurisdiction, to perform defibrillation: **11299**
6. The number of public safety personnel, (as defined in CCR Chapter 1.5) in your jurisdiction, qualified to perform defibrillation: **3181**
7. The number of non-licensed or non-certified (lay public) persons, in your jurisdiction, trained to perform defibrillation: **1973**

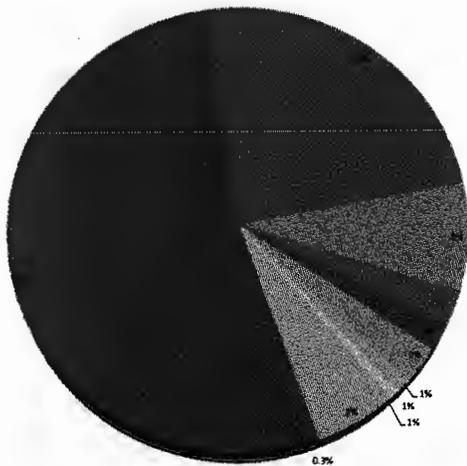
### AED Service Providers by Category:

|   |           |
|---|-----------|
| Public Safety   |           |
| Law enforcement agencies, lifeguards  | 25        |
| Fire Departments  | 25        |
| Private Ambulance Companies   | 7         |
| Other   | 24        |
| Including colleges/universities, film studios, theme parks, airports, refineries, private EMT companies |           |
| <b>Total</b>  | <b>81</b> |

## For Your Information

### Who's Going To Our Approved Stroke Centers (ASC)? By Presenting Chief Complaint

(EMS Agency Data Only)  
Jan 2011 - Present  
N=1133



- LOCAL NEURO
- ALTERED
- WEAKNESS
- SYNCOPE
- DIZZINESS
- HEAD PAIN
- SEIZURE
- SOB
- BLUNT HEAD
- OTHER/MISC
- BLANK



### HERT (con't from page 7)

The HERT has only been activated once since 2008 due to the rarity of incidents requiring this service. The exercise provided an excellent opportunity to evaluate important components of a HERT response and demonstrated that LAFD, MAC, Harbor-UCLA Medical Center and Northridge Medical Center were able to successfully coordinate a HERT activation, response, surgical intervention and patient transportation under exercise conditions.

As a coordinated EMS system response, it was evident that ongoing work would be necessary to sustain advancements made and to improve the coordination of the multiple agencies involved in a HERT response, including:

1. Additional HERT and paramedic provider training with respect to scene safety, fire department rescue equipment and operations.
2. Regularly scheduled multi-agency HERT exercises involving other paramedic providers, the HERT from Harbor-UCLA Medical Center, MAC and other Trauma Centers.

This was the second HERT exercise since the program was restructured in 2008 and overall the progress made by the EMS Agency, Harbor/UCLA Medical Center HERT, and LAFD is commendable. The valuable experience gained will be incorporated into the HERT program to prepare for the day when a real life emergency would call the HERT into action and make a difference in a life or death situation.

**Limited Edition**

*New Low Price!*

The J. Michael Criley Paramedic Training Institute Commemorative album is now available for purchase (\$55.00 cash or check). The limited edition, hardcover album features the history of EMS in Los Angeles County, letters from Randy Mantooth and Kevin Tighe, profiles of 911 public provider agencies, and over 350 pages of paramedic photos. To purchase the album, please visit the EMS Agency at 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA or contact us at: 562-347-1500 or [ems@dhs.lacounty.gov](mailto:ems@dhs.lacounty.gov).



The EMERGIPRESS is a newsletter providing the Los Angeles County prehospital care personnel with informative and educational articles, updates, announcements and resources of current interest.

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