

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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December 1, 2014

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

Dear Ms. Chidester:

This letter is in response to your 2013 Los Angeles County EMS Plan submission to the EMS Authority.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Los Angeles County's 2013 EMS Plan and is approving the plan as submitted.

**II. History and Background:**

Historically, we have received EMS Plan documentation from Los Angeles County for its 1995, 1997, 2004, 2006, 2007, 2009, 2010, and 2012 plan submissions, and most current, its 2013 plan submission.

Los Angeles County received its last Five-Year Plan approval for its 2006 plan submission, and its last annual Plan Update approval for its 2012 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

**III. Analysis of EMS System Components:**

Following are comments related to Los Angeles County's 2013 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or

regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A.       Approved       Not Approved      System Organization and Management

1. System Assessment Forms

- Standard 1.11 does not meet the established minimum standard. The objective is to successfully negotiate agreements to ensure participant's conformance with system roles and responsibilities. In the next plan submission, please show that progress has been made in meeting the standard.
- Standard 1.24 does not meet the established minimum standard. The objective is to successfully negotiate and implement ALS provider agreements with additional ALS providers; however, it is unlikely there will be any progression on meeting the objective until a response is issued by the OAG. Your request to remove the long-range goal from the annual plan submission is inconsistent with the EMS Authority's *EMS System Planning Guidelines (EMSA #103)*. Please continue to annually report on the objective until the minimum standard is met.

In the future (five-year) EMS plan submission, if the minimum standard is still not met, please mark the short- and long-range objectives on the System Assessment Form to be consistent with the information on Table 1.

2. Table 1 (Minimum Standards/Recommended Guidelines)

- Standard 1.11 is marked on Table 1 as meeting the minimum standard; however, it does not meet the established minimum standard. Also, the short- and long range plans are not identified on Table 1. In the next plan submission, please ensure these changes have been made to Table 1 to coincide with the information indicated on the System Assessment Form.

B.   Staffing/Training

1. System Assessment Form

- Standard 2.04 does not meet the established minimum standard. The objective is to ensure medical orientation and training of PSAP personnel. In the next plan submission, please show that progress has been made in meeting the standard.

C.   Communications

1. Table 11 (Dispatch Agency)

- The table identifies specific providers that failed to provide the requested information to Los Angeles County. Please continue to request current statistics from the dispatch agencies and provide updates in the next plan submission.

D.   Response/Transportation

1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Los Angeles County's EMS Agency's ambulance zones.

E.   Facilities/Critical Care

F.   Data Collection/System Evaluation

1. CEMSIS EMS Data

- Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (H&SC § 1797.102) as it relates to data collection and evaluation (H&SC § 1797.103). To enable the EMS Authority to make this determination, information must be made available by submission of NEMSIS Version 2.2.1 data to CEMSIS and NEMSIS Version 3 data to CEMSIS in 2015.

G.   Public Information and Education

1. Table 10 (Approved Training Program)

- The table identifies specific training institutions that failed to provide the requested information to Los Angeles County. Please continue to request current statistics from the training institutions and provide updates in the next plan submission.

H.   Disaster Medical Response

**IV. Conclusion:**

Based on the information identified, Los Angeles County may implement areas of the 2013 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

**V. Next Steps:**

Los Angeles County's annual EMS Plan Update will be due on December 1, 2015.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Attachment

LOS ANGELES COUNTY  
AMBULANCE ZONES

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
<b>Los Angeles County</b>															
EOA 1		X	Competitive Process	X				X							
EOA 2		X	Competitive Process	X				X							
EOA 3		X	Competitive Process	X				X							
EOA 4		X	Competitive Process	X				X							
EOA 5		X	Competitive Process	X				X							
EOA 6		X	Competitive Process	X				X							
EOA 7		X	Competitive Process	X				X							
City of Alhambra		X	Non-Competitive	X				X							
City of Arcadia		X	Non-Competitive	X				X							
City of Avalon		X	Non-Competitive	X				X							
City of Beverly Hills		X	Non-Competitive	X				X							
City of Burbank		X	Non-Competitive	X				X							
City of Compton	X														
City of Culver City		X	Non-Competitive	X				X							
City of Downey		X	Non-Competitive	X				X							
City of El Segundo		X	Non-Competitive	X				X							
City of Glendale		X	Non-Competitive	X				X							
City of Hermosa Beach		X	Non-Competitive	X				X							

LOS ANGELES COUNTY  
AMBULANCE ZONES

ZONE	EXCLUSIVITY		METHOD TO ACHIEVE EXCLUSIVITY	TYPE			LEVEL								
	Non-Exclusive	Exclusive		Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency and IFT	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
City of La Verne		X	Non-Competitive	X				X							
City of Long Beach		X	Non-Competitive	X				X							
City of Los Angeles		X	Non-Competitive	X				X							
City of Manhattan Beach		X	Non-Competitive	X				X							
City of Monterey Park		X	Non-Competitive	X				X							
City of Pasadena		X	Non-Competitive	X				X							
City of San Fernando		X	Non-Competitive	X				X							
City of San Gabriel		X	Non-Competitive	X				X							
City of San Marino		X	Non-Competitive	X				X							
City of Santa Monica		X	Non-Competitive	X				X							
City of Sierra Madre		X	Non-Competitive	X				X							
City of South Pasadena		X	Non-Competitive	X				X							
City of Torrance		X	Non-Competitive	X				X							
City of Vernon		X	Non-Competitive	X				X							
City of West Covina		X	Non-Competitive	X				X							

**EXECUTIVE SUMMARY**

**TABLE 1 – Changes on a Standard**

**TABLE 2 – System Organization &  
Management/Organization Charts**

**TABLE 3 – Personnel & Training**

**TABLE 4 – Communications**

**TABLE 5 – Response/Transportation**

**TABLE 6 – Facilities/Critical Care**

**TABLE 7 – Disaster Medical**

**TABLE 8 – Resource Directory –  
Response/Transportation/Providers**

**TABLE 9 - Resource Directory –  
Facilities**

**TABLE 10 - Resource Directory –  
Approved Training Programs**

**TABLE 11 - Resource Directory –  
Dispatch Agencies**

**AMBULANCE ZONES /  
EOA MAP**



Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES**  
**ANNUAL UPDATE 2013**  
**(Fiscal Year 2012-2013)**



**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 2013 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**

**Communications:**

In 2013, the EMS Agency worked with the County Internal Services Department (ISD) to replace outdated radio equipment at several of the county's radio towers in order to improve our current communication system.

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) Board of Directors. 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 (first responders) 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 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 (JPA) 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.

The contract to design, install and implement the Los Angeles Regional Interoperable Communication System (LA-RICS) was awarded to Motorola. LA-RICS is currently going through the system design phase, and this phase may last upwards of a year. The design will utilize a UHF/700 MHz hybrid system.

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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 November 19, 2012, EMS completed the migration of all the Medical Channels at the remote radio sites and County Operated Hospitals from wide band to narrow band. The channel previously called Med 9 is now called Med 10. The frequency pairs and CTCSS tone remain the same. Additionally effective November 19, 2012 the Hospital Emergency Administrative Radio (HEAR) will be referred to as VMED28. This step was taken in order to comply with the Association of Public Safety Communication Officers (APCO) and the National Public Safety Telecommunications Council (NPSTC) Standard Channel Nomenclature for the Public Safety Interoperability Channels.

Currently pre hospital on-line medical control is provided by 20 acute care hospitals. Two (2) of these hospitals are operated by the Department of Health Services (DHS). Staff providing on-line medical control is employed by the hospitals under the direction of the Pre-hospital Care Coordinator (nurse) and a Medical Director (physician). In calendar year 2012, the base hospitals handled 256,188 contacts. In addition to field medical control, the hospital staff is also responsible for continuing medical education and quality assurance.

The communication equipment used for medical control is purchased, installed and maintained by the participating hospitals. Except for a few exceptions all hospitals are assigned a primary communication channel and a back-up. In addition, hospitals provide a minimum of two telephone lines to be used for paramedic access. Due to the Los Angeles topography some hospitals must maintain remote radio sites to provide communication to some outlying field units. These remote sites are connected to the base hospital using leased lines, leased by the base hospitals.

Los Angeles County maintains a network of high remote radio sites that are available to extend local hospital communication when necessary. The county's back haul circuits (i.e. fiber, microwave) interfaces with the hospital lease lines at local county buildings. The county remote radio sites along with the circuits are maintained by the Los Angeles County Internal Services Department (ISD).

**Data:**

In order to provide for expansion, facilitate information sharing, and enable implementation of system wide performance improvement, a Homeland Security grant was obtained that has allowed for expansion and refinement the Trauma and Emergency Medical Information System (TEMIS). As the result, our goal of joining all EMS databases has been partially met – the provider, base hospital, and trauma center databases have been joined with full reporting capabilities, and efforts to add the SRC and ASC databases continue. In addition, work with Lancet has begun on a web-based solution that will streamline access and maintenance.

Challenges include reconciling duplicate and blank records, and accurately linking records throughout the databases. While the sequence number functions as the primary unique

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identifier, probabilistic matching and manual review of records – which is very time-consuming – 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 significantly improved its ability to successfully submit data to the EMS Agency. The following departments have implemented electronic patient care records with electronic data submission to the EMS Agency; Burbank Fire Department, Glendale Fire Department, Monterey Park Fire Department, Pasadena Fire Department and San Marino Fire Department.

**Research:**

The Field Administration of Stroke Therapy-Magnesium Trial (FAST-MAG Study) that allows paramedics to administer medication in the field to potential stroke victims came to a close December 5, 2012 with the enrollment of the 1700<sup>th</sup> and final patient. It took 7 years, 10 months and 8 days from the first enrollment to the last. This study was the largest randomized prehospital stroke study ever done and is a testament to the contribution to stroke and prehospital research by LA and Orange County, the 37 fire based EMS provider agencies and 60 hospitals that participated. Although final analysis of the data is pending, early process results, based on the first 1486 patients enrolled, show the median time to treatment is 49 minutes. This is significantly less than traditional imaging studies which typically indicate the time for treatment to be three to four hours.

**NEW BUSINESS:**

**Director serves as President of the EMSAAC**

During Fiscal Year 2012-13, EMS Agency Director Cathy Chidester, served as the President of the Emergency Medical Services Administrators Association of California (EMSAAC). EMSAAC was formed in 1992, establishing their mission *To strengthen and promote local Emergency Medical Services (EMS) systems to benefit the public.* EMSAAC supports local EMS administrators and ensures policy and legislative initiatives are consistent with the provision of quality emergency medical services. During her tenure, Ms. Chidester was instrumental in leading the development of EMSAAC's newest Strategic Plan. Other accomplishments that occurred under her leadership included legislative reform and coordination of a productive annual conference.

**Sidewalk CPR:**

On June 4, 2013, thanks to a unique collaboration between the EMS Agency, the Los Angeles County Fire Department, and the American Heart Association, over 7,000 residents of Los Angeles County learned the basics of "hands only" cardiopulmonary resuscitation (CPR). 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. During this year's event, thousands of residents were trained in the basics.

**Exclusive Operating Area (EOA) Committee for 2016:**

In anticipation of the 2016 competitive bidding process for EOAs, the EMS Agency is convening a committee to begin meeting regarding upcoming request for proposals. The Emergency Ambulance Transportation Services Agreements will be expiring May 31, 2016.

**EMS System Data Report:**

Our second annual *EMS System Data Report* was presented in June, 2013. 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.

Without a robust and real time data, management of our system is always playing “catch” up with system wide events. A copy of the *EMS System Data Report* is included in the documents submitted with this annual update.

**Pediatric Surge Plan:**

After two years of planning, the Los Angeles (LA) County Pediatric Surge Plan is finally completed. The plan, developed in collaboration with Children’s Hospital Los Angeles (CHLA), has the potential to double the number of available pediatric acute care (PAC) beds and increase the number of pediatric intensive care unit (PICU) beds by 140% during an emergency.

The initial step in developing the surge plan was identifying the existing gaps. To do this CHLA conducted a countywide assessment of the current status of pediatric services and found the following:

- Limited pediatric bed capacity on a daily basis.
- Geographic variability of pediatric bed capacity.
- Limited pediatric specialty physician resources in hospitals.
- Varying availability of staff with pediatric training.
- Availability of pediatric critical care supplies.

As part of the plan development, each hospital participating in the Hospital Preparedness Program (HPP) was assigned to a tier based upon the type of pediatric service they currently provide. Then each hospital tier was assigned a surge target in order to increase the county’s available pediatric beds during a disaster.

The EMS Agency, again in collaboration with CHLA, provided six pediatric surge training classes December 2012 through March 2013. These training classes provided an overview of the pediatric surge plan but mainly focused on updating the pediatric management skills of clinical staff to enable them to manage pediatric patients. Training for prehospital personnel (paramedics and mobile intensive care nurses) was provided through EMS Update 2013.

### **EMS Conducts Volunteer Disaster Exercise**

On April 26, 2013, the Los Angeles County (LAC) Emergency Medical Services (EMS) Agency conducted a countywide exercise of its Disaster Healthcare Volunteer (DHV) program. LAC DHV is part of a nation-wide federally funded program of pre-registered, pre-credentialed healthcare volunteers capable of working in hospitals and other clinical and public health settings in the event of disasters and health emergencies.

The exercise was a culmination of a three-year training and exercise program that is unique among counties in California. This full-scale exercise tested the County's ability to respond to a large disaster using its DHV program. Although the needs may range from staffing relief at a hospital heavily impacted by an earthquake to providing flu vaccines at a public health clinic, the key to a smooth response is advance registrations, planning and periodic drills and exercises. A special thank-you to the 200 volunteers and the healthcare facilities that participated, including California Hospital Medical Center, Henry Mayo Newhall Memorial Hospital, Providence Little Company of Mary San Pedro, PIH Health Hospital, Northridge Hospital Medical Center, Santa Monica – UCLA Medical Center, Venice Family Clinic and Eisner Pediatric & Family Medical Center in making this exercise a huge success.

### **Annual EMS Update**

During this fiscal year from March to June 2013 LAC EMS Agency educated 3736 licensed paramedics and 880 certified Mobile Intensive Care Nurses (MICNs) in the following topics.

- Oxygen titration
- Emergency Childbirth with care of the newborn infant
- Los Angeles County Pediatric Surge Program

Every active paramedic and MICN in LAC is required to attend the EMS Update on an annual basis. This education is developed by the LAC EMS Agency with input from the Base Hospitals and Provider Agencies in LAC; and then the education is conducted by the Base Hospitals and Provider Agencies for their personnel.

### **FACILITY / PROVIDER CHANGES:**

Approved Stroke Centers (Total of 29 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 – Panorama City (June '13)**
- 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)

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- 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)

Licensed Ambulance Operators (Total of 31 licensed companies, additions are indicated on **BOLD**. Reference No. 401.1, Licensed Ambulance Operators, is included with the documents submitted.):

- **Adult Medical Transportation, Inc.**
- Aegis Ambulance Service, Inc.
- AmbuServe Inc.
- American Medical Response of Southern California
- AmeriCare Ambulance
- AmeriPride Ambulance
- Antelope Ambulance Service
- Bowers Companies, Inc.
- Care Ambulance Service
- **Elite Ambulance, Inc.**
- 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
- Med-Life Ambulance Service, Inc.
- MedReach Ambulance
- MedResponse, Inc.
- Mercy Air
- Mercy Ambulance Service
- Priority One Medical Transport, Inc.

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- 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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems	X			X	X
1.25	On-Line Medical Direction		X			
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training	X				X
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X			
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X			
4.20	"Grandfathering"		X			
4.21	Compliance		X			
4.22	Evaluation		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X			
5.14	Public Input		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X			
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****G. PUBLIC INFORMATION AND EDUCATION**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.01 LEMSA STRUCTURE

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#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The Los Angeles county Department of Health Services (DHS) is the designated EMS Agency. Within DHS, the EMS Agency carries out the LEMSA's responsibilities to plan, monitor and evaluate EMS activities throughout the County. Tab 2 shows the DHS organizational chart and the EMS Agency organization chart, respectively. The organization employs multiple clinical and technical experts including administrative managers, physicians, registered nurses, data system analysts and a variety of administrative and technical assistants.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.02 LEMSA MISSION**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The dynamics of the system are such that its management requires an ongoing, organized approach to the identification and resolution of problems while balancing the needs of all system participants and keeping patients care at the forefront. The LEMSA has been effective at planning and implementing system changes to meet identified needs.

In 1993 the LEMSA began working to establish a systemwide QA/QI program, this program has expanded exponentially. Reference No. 620, EMS Quality Improvement Program (EQIP) and Reference No. 618, EMS Quality Improvement Program (EQIP) Committees, are in place and monitored by the LEMSA Quality Improvement Coordinator. The EMS QI Committees, representing all base hospitals and provider agencies, meet on a quarterly basis and identify definitions and QI indicators for system wide evaluation.

All aspects of the LEMSA's QI policies are applied internally and externally to evaluate the system in a variety of ways. The QA/QI processes are used to look at the impact of, and compliance with, policies to subsequently identify system changes. The LEMSA's QA/QI was approved by EMSA in 2011, currently the LEMSA plan is undergoing revision and will be submitted to EMSA for approval in 2015.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.03 PUBLIC INPUT

---

#### MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. A variety of advisory groups and committees provide input on EMS issues and policies. Each group/committee is appropriately composed of public and private provider representatives with a mixture of prehospital care personnel levels (i.e., MICNs, paramedics, EMT's, physicians and administrators). The input provided establishes a framework in which the EMS community and the LEMSA can develop common goals and objectives in order to achieve greater system effectiveness. The Medical Council provides a forum for mutual sharing of information between the medical Directors, Base Hospital Medical Directors, Provider Agency medical Directors and other prehospital personnel.

The Emergency medical Services Commission (EMSC) is the primary advisory group to the LEMSA and the Board of Supervisors on all EMS matters. There are 17 members appointed by the Board of Supervisors; five of which are public members, one nominated by each member of the Board of Supervisors. Composition is attached on Exhibit 1.03-A. Four standing EMSC committees review, evaluate and make recommendations on issues referred to them by the EMSC. The four standing committees are identified on Exhibit 1.03-B

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.04 MEDICAL DIRECTOR

---

#### MINIMUM STANDARDS:

Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

#### RECOMMENDED GUIDELINES:

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and pre-hospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

#### CURRENT STATUS:

Meets minimum standard. William J. Koenig, M.D. has been the L.A. County EMS Agency medical Director since August 2003. He is board certified in Emergency Medicine. He has had substantial experience in emergency medicine, practicing for over 30 years. His administrative experience in EMS systems is extensive, including but not limited to Chairman of the State Scope of Practice Committee, Medical Editor of JEMS Magazine, Chairman of the State EMS Commission, member of the Board of Directors of the Prehospital Care Research Forum, member of the Editorial Board of EMS Best Practices and Medical Director of the Paramedic Training Institute.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.05 SYSTEM PLAN

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA developed its last 5-year Base Plan for FY 2006-07 identifying all system needs and methodologies to meet the needs. Annual updates were submitted for FYI 2007-08, FY 2008-09, FY 2009-10, FY 2010-11, FY 2011-12. The FY 2012-13 is a new 5-year Base Plan. Subsequent annual updates shall be provided as required until the proposed revisions to the California EMS Ssystems Standards and Guidelines are complete.

#### NEED(S):

#### OBJECTIVE

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.06 ANNUAL PLAN UPDATE**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA developed its last 5-year Base Plan for FY 2006-07 identifying all system needs and methodologies to meet the needs. Annual updates were submitted for FYI 2007-08, FY 2008-09, FY 2009-10, FY 2010-11, FY 2011-12. The FY 2012-13 is a new 5-year Base Plan. Subsequent annual updates shall be provided as required until the proposed revisions to the California EMS Ssystems Standards and Guidelines are complete.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.07 TRAUMA PLANNING

---

#### MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

#### RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has the largest organized trauma system in the country, including five Level 1 and 9 Level II trauma centers. The County has Trauma Center Service Agreements with each private hospital in the system and a memorandum of Understanding with the two County trauma hospitals. Trauma system plans are submitted annually to the State EMS Authority, additionally system changes are submitted as they occur. The LEMSA participate on the Southwest Regional Trauma Coordinating Committee and the Director has a seat on the State Trauma Advisory Committee.

#### COORDINATION WITH OTHER EMS AGENCIES:

Policies governing trauma care coordination and mutual aid between jurisdictions are found in Paramedic Intercounty Agreements in place between the following jurisdictions:

- Orange County
- Riverside County
- San Bernardino County
- Kern County
- Ventura County
- Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.08 ALS PLANNING

---

#### MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Fifty-one paramedic provider agencies provide ALS services for 100% of the Los Angeles County population.

#### COORDINATION WITH OTHER EMS AGENCIES:

The Paramedic Intercounty Agreements with surrounding counties address the provision of ALS service across county lines. Paramedic Intercounty Agreements are in place between Los Angeles County and the following jurisdictions:

- Orange County
- Riverside County
- San Bernardino County
- Kern County
- Ventura County
- Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.09 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard

##### Personnel

The LEMSA maintains an ongoing inventory of paramedics, MICNs, and EMTs via the Prehospital Emergency Personnel System Inventory (PEPSI), a customized computer tracking application. An inventory of all EMTs certified by public agencies approved to certify BLS personnel conducted annually.

##### Vehicle and Facilities

The LEMSA maintains an ongoing inventory of ALS provider agencies and BLS vehicles which is updated as vehicles or facilities are added or removed from the system. This inventory is verified annually through the EMS Plan Update. An accurate up-to-the-minute inventory of all receiving, base and specialty hospitals is maintained to ensure appropriate transport destinations.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.10 SPECIAL POPULATIONS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

#### CURRENT STATUS:

Meets minimum standard. The pediatric care program includes hospitals confirmed to meet the pediatric criteria at two levels; Emergency Department Approved for Pediatrics (EDAP) or Pediatric medical Center (PMC)/Pediatric Trauma Centers (PTC). Currently, seven PTCs and nine PMCs have been designated along with 42 EDAPs, Transport and destination policies for EDAPs, PMCs, PTCs and perinatal centers are in place.

Most dispatch centers employ multi-lingual dispatchers to deal with non-English speaking patients. Also, many dispatch centers access telephone language lines to enhance communication with non-English speaking callers. Receiving hospitals maintain rosters of bilingual personnel who can be called to the emergency department as interpreters and additionally access telephone language lines to assist with communication with non-English speaking patients.

Specialized training in the areas of geriatric and access and functional needs patients is incorporated into basic and continuing education programs for EMTs, paramedics and MICNs.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.11 SYSTEM PARTICIPANTS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

#### RECOMMENDED GUIDELINES:

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

#### CURRENT STATUS:

Does not meet minimum standard. The LEMSA has identified the optimal roles and responsibilities of most system participants, including paramedic providers, base hospitals, trauma hospitals, pediatric hospitals, and basic life support companies providing coverage in exclusive operating areas. The LEMSA is currently developing the optimal role and responsibility for paramedic receiving hospitals.

Written agreements to ensure participant's conformance are currently in place for pediatric and adult trauma hospitals, base hospitals and exclusive operating area providers. Pediatric facilities have been formally designated to participate in the EMS system.

Written agreements for the provision of ALS services have been implemented with all private paramedic providers, the Cities of Glendale and San Gabriel, the Los Angeles County Fire Department (Medical Control Agreement) and the Los Angeles County Sheriff's Department. Agreements to perform Standing Field Treatment Protocols (SFTPs) are in place with the cities of Alhambra, Burbank, Culver City, Los Angeles, Long Beach, San Marino, Santa Monica and West Covina, plus the Los Angeles County Sheriff's Department. Agreements with air ambulance transporters are under development. Draft agreements for other paramedic and SFTP providers are currently being negotiated. There is a need to develop and implement agreements with paramedic receiving hospitals.

#### NEED(S):

1. To complete negotiations and implement advanced life support provider and SFTP agreements.
2. To complete, develop, negotiate and implement receiving hospital agreements.
3. To develop, negotiate and implement agreements with air ambulance providers.

#### OBJECTIVE:

The LEMSA shall successfully negotiate advanced life support provider, SFTP, receiving hospital and air ambulance provider agreements to ensure participant's conformance with assigned EMS system roles and responsibilities and to comply with State Regulations.

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less) – Need 1
- Long-Range Plan (more than one year) – Need 2

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.12 REVIEW AND MONITORING**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall provide for review and monitoring of EMS system operations.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA's Prehospital Care Operations Section plans, manages and evaluates the BLS and ALS care provided by EMS personnel and provider agencies. The Hospital Programs Section plans, manages and evaluates the hospitals and other specialized programs, such as Sexual Assault Response Teams (SART), to ensure appropriate system operations. These sections consist of program managers and registered nurses experienced in emergency medical services who are assigned to specific prehospital care areas for overall review and monitoring.

The Office to TEMIS (Trauma and Emergency Medicine Information System), Quality Improvement, and Trauma Hospital System plans, manages, and evaluates the trauma care provided by the designated trauma hospitals.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.13 COORDINATION**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall coordinate EMS system operations.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The coordination of EMS for nearly 10 million residents and over 42 million annual visitors is performed in almost all activities on a daily basis. Coordination requires input and cooperation from a vast array of organizations, agencies and facilities. At the systemwide level, a variety of advisory groups and committees provide input to DHS on EMS matters. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel levels. The input provided establishes a framework in which the EMS community and DHS can develop a common set of goals and objective in order to achieve greater system effectiveness.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.14 POLICY & PROCEDURES MANUAL

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA maintains the Los Angeles County Prehospital Care Policy Manual, which addresses all aspects of the EMS system countywide. Content is broken down into the following main subject areas; State Law and Regulation, Local EMS Agency, Base Hospital, Provider Agencies, Transport/Patient Destination, Record Keeping, Equipment/Supplies/Vehicles, Field protocols/Procedures, Training Programs, Certification/Recertification Programs, Disaster/Emergency Management, Treatment Protocols and Medical Control Guidelines. The entire Prehospital Care Policy Manual is available on line, newly approved provider agencies, hospitals and the public are directed to the LEMSA's website for access to the policies. Students at the Paramedic Training Institute are provided with a hard copy manual.

Policy review is ongoing and they are revised at least every three years or as needed.

Policies affecting other LEMSAs are coordinated with those agencies. Surrounding LEMSAs are provided with updates annually

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.15 COMPLIANCE WITH POLICIES**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. In addition to ongoing data collection and implementation of a quality improvement program within the LEMSA, the agency audits facilities and agencies on a routine basis or by exception with regard to compliance with system policies. Determination of compliance of EMS personnel with system policies rests primarily on daily supervision of personnel by provider agencies and base hospitals, as well as input to base hospitals by receiving facilities.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.16 FUNDING MECHANISM**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The portion of the EMS Fund (SB612) which is not allocated to hospitals and physicians for indigent care (approximately 17%) of the revenues and the 10% allowed fund administration) is utilized to cover a portion of the daily operations of the LEMSA. A portion of Measure B monies (a property tax) fund specific LEMSA administrative positions.

In addition, fees are implemented for certification/accreditation functions, paramedic training, base and trauma hospital designation and ambulance licensure. Grant funds, both state and federal, offset specialized projects or evaluation and implementation of new system enhancements. The remaining costs of the LEMSA are covered by the County General Fund.

The LEMSA will evaluate services provided, determine if the establishment of additional fees for services appropriate and politically feasible, and seek grant funding sources on an ongoing basis.

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.17 MEDICAL DIRECTION**

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA Medical Director provides medical direction to the LEMSA. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The medical Director seeks input from the Los Angeles County EMS Commission, medical Council, Provider Agency Advisory Committee, Base Hospital Advisory Committee, and local health organizations (i.e., Los Angeles County medical Association, Hospital Association of Southern California, American Heart Association, Committee on Pediatric Emergency Medicine, American College of Surgeons, etc.) Currently 21 base hospitals are active within the EMS system. The roles and responsibilities of the base hospitals are delineated in base hospital contracts which are contractual agreements between bases and the LEMSA. The roles, responsibilities and relationships of prehospital and hospital providers are delineated in the Los Angeles County Prehospital Policy Manual.

Fourteen ALS provider agencies have implemented Standing Field Treatment Protocols, allowing for paramedics to provide ALS treatments utilizing standardized medical protocols and without making base hospital contact. The program is monitored very closely through provider agency and SFTP system QI indicators/programs.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

The LEMSA Medical Director is active as a member of the Emergency Medical Directors Association of California (EMDAC) and the American College of Emergency Physicians EMS Committee. Through these organizations and direct communication with other local agencies, the Medical Director develops policies or actions to allow for smooth interfacing with other EMS agencies.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.18 QA/QI

---

#### **MINIMUM STANDARDS:**

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

#### **RECOMMENDED GUIDELINES:**

Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

#### **CURRENT STATUS:**

Meets minimum standard. The Reference 600 series of the Los Angeles County Prehospital Care Policy Manual addresses Record Keeping/Audit. Reference No. 618, EMS Quality Improvement Program (EQIP) Committees, and Reference No. 620, EMS Quality Improvement program (EQIP) defines the LEMSA's Quality Improvement Program to ensure that the highest quality of prehospital care is delivered to the patients in Los Angeles County as well as provides guidelines to system participants for program development.

All base hospitals, provider agencies (including approved SFTP providers), and registered nurse/respiratory specialty care transport providers are required to submit written quality improvement (QI) program plans on an ongoing basis. Each QI program plan is reviewed and approved by the LEMSA.

On site monitoring of QI programs for each base hospital, provider agency and registered nurse/respiratory specialty care transport provider are conducted at least every three years.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.19 POLICIES, PROCEDURES, PROTOCOLS

---

#### MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has developed and implemented policies, procedures, and/or protocols as follows:

- a) triage: Reference No. 506, Trauma Triage  
Reference No. 510, Pediatric Patient Destination  
Reference No. 511, Perinatal Patient Destination  
Reference No. 519, Management of Multiple Casualty Incidents
- b) treatment: Treatment Protocols  
Medical Control Guidelines  
Standing Field Treatment Protocols  
Reference No. 806, Procedures Prior to Base Contact  
Reference No. 814, Determination/Pronouncement of Death in the Field  
Reference No. 815, Honoring Do-Not-Resuscitate (DNR) Orders and Physician Orders for Life Sustaining Treatment  
Reference No. 832, Treatment/Transport of Minors  
Reference No. 834, Patient Refusal of Treatment or Transport  
Reference No. 838, Application of Patient Restraints
- c) medical dispatch: Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch  
protocols Reference No. 227, Dispatching of Emergency Medical Services
- d) transport: Reference No. 502, Patient Destination  
Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients  
Reference No. 503.1, Hospital Diversion Request Requirements for Emergency Department Saturation  
Reference No. 504, Trauma Patient Destination  
Reference No. 506, Sexual Assault Patient Destination  
Reference No. 509, Service Area Hospital  
Reference No. 512, Burn Patient Destination  
Reference No. 513, ST Elevation Myocardial Infarction Patient Destination  
Reference No. 514, Prehospital EMS Aircraft Operations  
Reference No. 517, Private Provider Agency Transport/Response Guidelines  
Reference No. 518, Decompression Emergencies/Patient Destination  
Reference No. 519.3, MCI Transport Priority Guidelines  
Reference No. 520, Transport of Patients from Catalina Island

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

- e) on-scene treatment times:
  - Treatment Protocols
  - Medical Control Guidelines
  - Standing Field Treatment Protocols
  - Addressed in transport policies listed in (d) above
  
- f) transfer of emergency patients:
  - DHS Transfer Policy, Guidelines for Acceptance of Emergency Department Transfers of Patients with Emergency Medical Conditions
  
- g) standing orders:
  - Reference No. 806, Procedures Prior to Base Contact
  - Reference No. 813, Standing Field Treatment Protocols
  
- h) base hospital contact:
  - Reference No. 806, Procedures Prior to Base Contact
  - Reference No. 808, Base Contact and Transport Criteria
  
- i) on-scene physician or other medical personnel:
  - Reference No. 411, Provider Agency Medical Director
  - Reference No. 816, Physician at Scene
  - Reference No. 817, Hospital Emergency Response Team
  
- j) local scope of practice:
  - Reference No. 802, Emergency medical Technician (EMT) Scope of Practice
  - Reference No. 803, Los Angeles County Paramedic Scope of Practice

**NEED(S):**

**OBJECTIVE:**

**TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.20 DNR POLICY**

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#### **MINIMUM STANDARDS:**

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. Reference No. 815, Honoring Prehospital Do-Not-Resuscitate (DNR) Orders and Physician Orders for Life Sustaining Treatment, complies with the EMS Authority's DNR Guidelines and permits prehospital personnel to use supportive measures in these circumstances.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.21 DETERMINATION OF DEATH

---

#### MINIMUM STANDARDS:

Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Reference No. 814, Determination/Pronouncement of Death in the Field, addresses issues regarding determination of death by prehospital care personnel and how prehospital care personnel deal the death at the scene of suspected crimes. Reference No. 814 has undergone substantial revision to reflect changes in the American Heart Association guidelines. The policy allows prehospital care providers to determine death in the field if specific conditions are met and resuscitative efforts would be of no benefit to patients whose physical condition precludes any possibility of successful resuscitation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.22 REPORTING OF ABUSE

---

#### MINIMUM STANDARDS:

Each local EMS agency shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The following policies address mechanisms for reporting child abuse, and dependent adult/elder abuse:

- Reference No. 822, Suspected Child Abuse/Neglect Reporting Guidelines
- Reference No. 822.1, Sample Employee Acknowledgment as Mandated Reporter
- Reference No. 822.2, Suspected Child Abuse Report (11166PC) Form
- Reference No. 822.2a, Suspected Child Abuse Report Instructions
- Reference No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines
- Reference No. 823.1, Report of Suspected Dependent Adult/Elder Abuse Form
- Reference No. 823.1a, Report of Suspected Dependent Adult/Elder Abuse General Instructions

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.23 INTERFACILITY TRANSFER

---

#### MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Reference No. 517, Private Provider Agency Transport/Response Guidelines and Reference No. 517.1, Guidelines for Determining Interfacility Level of Transport, provides guidelines for private ambulance providers handling requests for emergency, urgent and non-emergency transports. The delineate the different levels of response and transport modalities, including services available for Interfacility transfers, as well as the role of a base hospital in these transfers. Reference No. 414, Critical Care Transport (CCT) Provider, defines the program and staffing requirements, the role and scope of practice of Nurse/Respiratory Care Practitioner Staffed Ambulances for Interfacility transfers.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **SYSTEM ORGANIZATION AND MANAGEMENT**

### **1.24 ALS SYSTEMS**

---

#### **MINIMUM STANDARDS:**

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.

#### **RECOMMENDED GUIDELINES:**

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

#### **CURRENT STATUS:**

Does not meet minimum standard. 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 conflict with the interpretation of State law and regulations with regards to ".201 rights", and the fear that by signing such an agreement their .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.

#### **NEED(S):**

#### **OBJECTIVE:**

The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers. Since it is likely there will be no progression on the objective until a response from the OAG, we respectfully request the removal of this long range goal, or at a minimum its deferral until a response is issued

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.25 ON-LINE MEDICAL DIRECTION

---

#### MINIMUM STANDARDS:

Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

#### RECOMMENDED GUIDELINES:

Each EMS system should develop a medical control plan that determines:

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

#### CURRENT STATUS:

Meets minimum standard. The base hospitals provide on-line medical direction for all jurisdictions using locally certified mobile intensive care nurses and base hospital physicians. Quality of on-line medical directions is reviewed regularly by the LEMSA during base hospital surveys. Current base hospital configuration was determined by past actions of the local EMS Commission and County Board of Supervisors. Currently there are 21 base hospitals providing on-line medical direction to all public and private ALS providers in Los Angeles County. The role of the base hospital is defined by Reference No. 304.

Hospitals are free to apply to the LEMSA for base hospital status at any time. Base hospital designation disputes are settled by the Board of Supervisors after public hearings by the Los Angeles County EMS Commission.

All provider agencies are required to establish in-house medical consultation/direction. The role and responsibility of the provider agency medical director are delineated in Reference No. 411, Provider Agency Medical Director.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.26 TRAUMA SYSTEM PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimal standard. The LEMSA has the largest organized trauma system in the country, including five Level 1 and nine Level II trauma centers. In 2011, Antelope Valley Hospital entered the system as a Level II trauma center. This addition eliminated the need for air ambulance trauma transport for the residents in the Antelope Valley.

Trauma hospital designation criteria in Los Angeles County were developed by consensus of local experts in trauma care and recommendations by the American College of Surgeons (ACS). The criteria contained in the County's Trauma Center Service Agreement meet the trauma center designation requirements specified in the California Code of Regulations, Title 22. The County has Trauma Center Service Agreements with all private hospitals in the system and a Memorandum of Understanding with the two County trauma hospitals.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.27 PEDIATRIC SYSTEM PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for pediatric emergency medical and critical care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has an organized system for pediatric emergency medical and critical care centers which include the designation of Emergency Departments Approved for Pediatrics (EDAPS) and Pediatric Medical Centers (PMC). To comply with the California Children's Services requirements in the Trauma Regulations, standards were developed for Pediatric Medical Centers and Pediatric Trauma Centers (PTC). The guidelines for insuring that pediatric patients are transported to the most accessible medical facility appropriate to their needs are defined in Reference No. 510, Pediatric Patient Destination.

The process of designation as an EDAP or PMC was developed in conjunction with the American Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Council of Southern California, and the Los Angeles County Department of Health Services. This process includes application by interested facilities and a survey of each facility based on the established standards. Currently there are 42 hospitals in Los Angeles County with EDAP status, nine hospitals with PMC status and seven hospitals with PTC status.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## SYSTEM ORGANIZATION AND MANAGEMENT

### 1.28 EOA PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has developed and implemented a plan for the granting of exclusive operating areas (EOA) for emergency basic life support transportation throughout the County. Under this plan, cities with 201 rights that provide emergency medical response have signed contracts with the County agreeing to provide for the emergency medical transportation of all patients within their city. All other emergency ambulance transportation for all other areas falls under the responsibility of the County EOA Plan.

The County is currently preparing for the expiration of the EOA Plan. These current contracts will expire on June 1, 2016 therefore the Request for Proposal is being developed.

All EOA contractors must meet, at a minimum, the following response times:

- Urban/rural – 8 minutes or less, 90% of the time
- Suburban/rural areas – 20 minutes or less
- Wilderness areas – as quickly as possible

Advanced life support is provided by a combination of public and private provider agencies which either provide transports services or contract with the private ambulance companies to provide basic life support transportation services.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.01 ASSESSMENT OF NEEDS

---

**MINIMUM STANDARDS:**

The local EMS agency shall routinely assess personnel and training needs.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Meets minimum standard. In Los Angeles County, manpower needs are assessed on an ongoing basis by individual BLS and ALS provider agencies. Identified problems are brought to the attention of the LEMSA.

Countywide training needs are assessed by the County's Paramedic Training Institute (PTI) and other LEMSA staff with input from various committees including the Provider Agency Advisory, Base Hospital Advisory and Education Advisory Committees as well as the EMS Commission. An annual EMS Update that focuses on specific educational topics is developed by PTI with input from fire department educators, the Association of Prehospital Care Coordinators, the Education Advisory Committee and provider agencies. All MICNs and accredited paramedics are required to attend these update session. Although not required, may EMTs also attend the updates.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.02 APPROVAL OF TRAINING

---

#### MINIMUM STANDARDS:

The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs that require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA is responsible for review and approval of EMT and paramedic training programs, EMS continuing education (CE) programs and mobile intensive care nurse (MICN) development courses. Education programs are approved for a maximum of four years upon demonstration of compliance with State regulations and LEMSA requirements. Currently, 22 EMT training programs, three paramedic training programs and 75 EMS continuing education programs are approved.

The LEMSA has the following policies in place regarding training program approvals:

Reference No. 901	Paramedic Training Program Approval Requirements
Reference No. 904	Mobile Intensive Care Nurse (MICN) Development Program Approval Requirements
Reference No. 905	Criteria for Approval of EMT Training Programs
Reference No. 1013	EMS Continuing Education (CE) Provider Approval and Program Requirements

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.03 PERSONNEL

---

#### MINIMUM STANDARDS:

The local EMS agency shall have mechanisms to accredit, authorize, and certify pre-hospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for pre-hospital providers to identify and notify the local EMS agency of unusual occurrences that could impact EMS personnel certification.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has the following policies that address accreditation, authorization and certification of prehospital personnel:

Reference No. 1006	Paramedic Accreditation
Reference No. 1010	Mobile Intensive Care Nurse (MICN) Certification/Recertification
Reference No. 1011	Mobile Intensive Care Nurse (MICN) Field Observation
Reference No. 1014	EMT-I Certification

Reference No. 214, Base Hospital and Provider Agency Reporting Responsibilities, provides guideline for reporting possible violations of H&S Code 1798.200, subsections (a) through (c).

Reference No. 216, EMT Certification Review Process, provides policies and procedures for implementation of the State emergency Medical Services Personnel Certification Review Process Guidelines and was approved by the EMS Authority.

Reference No. 220, Denial of Prehospital Care Certification, establishes policies for the denial at the time of application of initial certification or the denial of certification renewal for prehospital care personnel.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.04 DISPATCH TRAINING

---

#### MINIMUM STANDARDS:

Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### RECOMMENDED GUIDELINES:

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

#### CURRENT STATUS:

Does not meet the minimum standard. There are over 100 PSAPs within the local EMS system. These PSAPs are maintained by local public safety agencies and not directly by the LEMSA. So of the PSAPs handle medical dispatch directly but the majority forward calls to a dispatch center, i.e., Los Angeles County Fire Department Dispatch Center handles medical dispatch for up to 74 PSAPs.

The LEMSA Medical Director has informally review the PSAP Medical Dispatch guidelines of the three largest provider agencies. The following policies address dispatching of calls in the LEMSA:

Reference No. 226  
Reference No. 227

Private Ambulance Provider Non 9-1-1 medical Dispatch  
Dispatching of Emergency medical Services

#### NEED(S):

To determine what level of medical responsibility existing PSAPs have, if any. If medical responsibility exists, to identify and ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency medical Dispatch Guidelines and Regulations

#### OBJECTIVE:

The LEMSA shall ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency Medical Dispatch Guidelines and Regulations.

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year) [X]

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.05 FIRST RESPONDER TRAINING

---

#### MINIMUM STANDARDS:

At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

#### RECOMMENDED GUIDELINES:

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT level and have available equipment commensurate with such scope of practice.

#### CURRENT STATUS:

Meets minimum standard. The vast majority of public safety agencies in the County have a minimum certification requirement of EMT-I, and through this certification and recertification process are initially trained beyond the level of first aid and CPR. Retraining is completed as part of the continuing education/refresher course process. As specified in Health and Safety Code 1797.182, all other public provider agencies are required to train their personnel to the minimum level. All EMT-I programs are approved by the LEMSA. Monitoring of the training at the level of first aid and CPR is delegated to the individual agencies

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.06 RESPONSE

---

#### MINIMUM STANDARDS:

Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. In Los Angeles County, those agencies that seek to participate in assigned jurisdictions are incorporated to the degree possible and desirable. A great deal of time and effort is spent on coordination of various entities to ensure maximal cooperation.

Several police departments have implemented an AED program and trained personnel for skill use.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.07 MEDICAL CONTROL

---

**MINIMUM STANDARDS:**

Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Meets minimum standard. Non-transporting EMS first responders operate under medical direction policies as specified by the Los Angeles County Prehospital Care Policy Manual.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.08 EMT-I TRAINING

---

#### MINIMUM STANDARDS:

All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

#### RECOMMENDED GUIDELINES:

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

#### CURRENT STATUS:

Meets minimum standard. According to Los Angeles County code, Chapter 7.16, which applies to private emergency medical transport vehicles (ambulance), both driver and attendant are required to be EMT-I certified. In the County, all public providers with transport capabilities have a minimum requirement of EMT-I level certification. The majority of transporting vehicles within the public sector are staffed with two paramedics

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.09 CPR TRAINING

---

**MINIMUM STANDARDS:**

All allied health personnel who provide direct emergency patient care shall be trained in CPR.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Meets minimum standard. All hospitals with Basic and Comprehensive Emergency Medical Services permits are approved as 9-1-1 receiving hospitals. Monitoring of this permit status is conducted through the DHS Licensing and Certification Division. It is the experience of the auditors that all hospitals with these permits require allied health personnel to be trained in CPR

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.10 ADVANCED LIFE SUPPORT

---

#### MINIMUM STANDARDS:

All emergency department physicians and registered nurses that provide direct emergency patient care shall be trained in advanced life support.

#### RECOMMENDED GUIDELINES:

All emergency department physicians should be certified by the American Board of Emergency Medicine.

#### CURRENT STATUS:

Meets minimum standard. As specified in the Base Hospital Agreements, all MICNs are required to maintain current ACLS certification and all base hospital physicians are required to have Board certification or have satisfied the requirements to take the emergency medical board and/or ACLS certification. All hospitals with Basic Emergency medical Services permits are approved at 9-1-1 receiving hospitals are TJC approved. TJC requirements ensure compliance with the standard for ACLS training. Monitoring for compliance is conducted as a component of base hospital surveys conducted, at a minimum, every three years.

All hospitals with Basic and Comprehensive Emergency Medical Services permits are approved as 9-1-1 receiving hospitals. Monitoring of this permit status is conducted through the DHS Health Facilities Division, Acute Ancillary Services Section. It is the experience of the auditors that all hospitals with these permits require physicians and nurse to be trained in ACLS.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.11 ACCREDITATION PROCESS

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#### MINIMUM STANDARDS:

The local EMS agency shall establish a procedure for accreditation of advanced life support personnel that includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has a procedure for Los Angeles County accreditation of paramedics. Reference No. 1006, Paramedic Accreditation, currently states what the requirements are for initial accreditation and continuous accreditation of paramedics within the County. The LEMSA annually conducts a County wide education program called EMS Update. This annual update is required for all accredited paramedics and certified Mobile Intensive Care Nurses.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.12 EARLY DEFIBRILLATION

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The following policies address Automated External Defibrillator (AED) service providers in Los Angeles County.

Reference No. 412	Automated External Defibrillator (AED) EMT Service Provider Program Requirements
Reference No. 413	Automated External Defibrillator (AED) Public Safety Service Provider Program Requirements

An AED service provider is an agency or organization which is approved by the EMS Agency and is responsible for and authorizes EMT-Is or public safety personnel to operate and AED for the purpose of providing services to the general public. An AED program is mandated for all Exclusive Operating Area (EOA) providers. Public safety personnel include firefighters, lifeguards and peace officers.

All approved providers, encompassing fire departments, law enforcement agencies and business, provide an annual report to the EMS Agency.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## STAFFING/TRAINING

### 2.13 BASE HOSPITAL PERSONNEL

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#### MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Reference No. 1010, Mobile Intensive Care Nurse (MICN) Certification/Recertification, which was recently reviewed and updated, outlines the LEMSA requirements for certification as an MICN. The LEMSA also approves MICN Development Courses. MICN Development Courses are required to include an orientation to the EMS system, orientation and testing on LEMSA policies, procedures and protocols, and an introduction to radio procedures.

As specified in Reference No. 304, role of the Base Hospital, and in the Base Hospital Agreement, base hospitals are required to ensure that each base hospital physician who directs a paramedic in advanced life support has completed a prehospital care course.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.01 COMMUNICATIONS PLAN

---

#### MINIMUM STANDARDS:

The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

#### RECOMMENDED GUIDELINES:

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

#### CURRENT STATUS:

Meets minimum standard. Twenty-one base stations and 52 paramedic provider agencies, which account for nearly 600 paramedic units, have access to nine medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a back-up frequency.

LEMSA communication standards require 90% coverage 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSAs has installed and maintains 11 remote base stations on the mainland and three remote base stations on Catalina Island.

V-MED 28 radio frequency replaced our previously used Hospital Emergency Administrative Radio (HEAR). This frequency is installed in nearly 100% of all ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter. One-hundred percent of the health care facilities (hospitals) have V-MED 28.

The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in 100% of the acute care hospitals (9-1-1 receiving hospitals), over 100 community clinics and 44 Long Term Care Facilities. A terminal is also installed at Operations control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units. Los Angeles County has upgraded ReddiNet from a microwave format to satellite format which has greatly improved system access.

The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles county-operated hospitals, comprehensive health centers and ambulatory care centers. Cellular telephone communication and radios are the primary communication tools utilized by field personnel to make base station contact.

Currently the LEMSAs is an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications Systems (LA-RICS) Board of Directors. 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 services, and health services professional (first responders) throughout Los Angeles County. LA-RICS is currently going through the system design phase, and this phase may last upwards of a year.

#### COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County shares the V-MED 28 primary frequency (155.340 MHz) with San Bernardino, Ventura and Riverside Counties and would be used to interface with those counties. The secondary V-MED 28 frequency (155.280 MHz) used exclusively by Orange County is monitored and available for coordination with Orange County.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.02 RADIOS

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#### MINIMUM STANDARDS:

Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

#### RECOMMENDED GUIDELINES:

Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

#### CURRENT STATUS:

Meets minimum standard. All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist in dispatching. Dispatch radios are under the control of the operating agency. V-MED 28 is installed in 100% of emergency medical transport vehicles and non-transporting ALS responders and over 75% of the BLS vehicles, which allows for ambulance-to-hospital communication.

In addition to the radios used for communication with the hospitals, all ALS units operated by Los Angeles Fire Department are equipped with ReddiNet™ for ease in identifying hospital status prior to patient transport.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.03 INTERFACILITY TRANSFER

#### MINIMUM STANDARDS:

Emergency medical transport vehicles used for Interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. All ALS equipped vehicles have medical channel capabilities. Seventy-five percent of all ambulances performing Interfacility transfers have the ability to communicate with the sending and receiving facilities using the V-MED 28 frequency. On-board cellular telephones are currently not a requirement for Interfacility transports (with the exception of Critical Care Transport) although cell phone are widely available and used by the majority of the companies.

#### COORDINATION WITH OTHER EMS AGENCIES:

V-MED 28 (155.340 MHz) is shared with Ventura, San Bernardino and Riverside counties. Emergency medical transport vehicles performing an Interfacility transfer may communicate with the receiving facility (depending on distance) directly. If distance is a problem, they may use the Medical Alert Center to relay information. Vehicles in Orange County using their local M-MED 28 frequency (155.280 MHz) may relay through the Medical Alert Center to the receiving facilities.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.04 DISPATCH CENTER

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#### MINIMUM STANDARDS:

All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Because of multiple provider (ALS/BLS) agencies, a single dispatch center is not feasible in a system this large. All emergency transport vehicles are equipped with a two-way radio system that is designed, maintained and owned by the individual providers to communicate with their dispatch centers. Except for limited access permitted by Los Angeles County Fire to individual transport vendors, there is no common interface or single dispatch center.

The V-MED 28 (155.340 MHz) is the primary voice frequency utilized by the Department of Health Services' (DHS) Emergency Operations Center and is installed in 100% of emergency transport vehicles. The County Wide Integrated Radio System (CWIRS) 800 MHz trunked radio system is installed on all DHS emergency transport vehicles. An interface exists between CWIRS and Los Angeles County Fire radio frequencies.

#### NEED(S):

The V-MED 28 is shared with neighboring counties (except Orange county, which is on 155.280 MHz). Emergency transport vehicles within these counties can access Los Angeles County using this frequency

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.05 HOSPITALS

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#### MINIMUM STANDARDS:

All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### RECOMMENDED GUIDELINES:

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

#### CURRENT STATUS:

Meets minimum standard. There are 74 health care facilities (hospitals) in Los Angeles County, 72 of which are classified as paramedic receiving hospitals. All 74 hospitals are equipped with the V-MED 28 frequency (155.340 MHz). Hospitals have access to specialized services (e.g., burns, trauma, neonatology) through the Medical Alert Center (MAC) via telephone and V-MED 28.

All 74 hospitals have installed HAM radio communication. The facilities can either utilize their staff to operate these radios if they are licensed operators. Others utilize an organized group of HAM radio operators who will self-report to those facilities in times of disaster. Currently Reference No. 1132, Amateur Radio Communications policy describes the procedures of when to utilize the HAM radio.

#### COORDINATION WITH OTHER EMS AGENCIES:

Hospitals have the ability to communicate with hospitals in Ventura, San Bernardino and Riverside Counties through the V-MED 28 on 155.340 MHz. Additionally, hospitals in Los Angeles County can communicate with bordering hospitals and Trauma Centers in Ventura, San Bernardino, Riverside and Orange Counties through the ReddiNet™

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.06 MCI/DISASTERS

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#### MINIMUM STANDARDS:

The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA, through the Medical Alert Center, conducts daily radio check at eight hour intervals to verify the hardware status of the V-MED 28 radio 155.340 MHz. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA, remote transmitters and hospitals. Hospitals not actively polled are aware of the scheduled roll calls and are able to monitor the transmissions; absence of the hospital's ability to hear the roll call indicates a problem with that individual hospital.

The Rapid Emergency Digital Data Interface Network (ReddiNet™) is designed as a constant polling system. Hospitals equipped with ReddiNet™ (currently 74 hospitals) and community clinics (currently 121) are electronically poled on an average of three times per minute. Failing to respond to the electronic poll alerts the system control point at the Medical Alert Center (MAC) of the hospital's loss of their ReddiNet™ communication link. Coordinator at the MAC will attempt to communicate with the affected hospital (s) through other methods (e.g., telephone, V-MED 28, HAM Radio)

The LEMSA conducts a yearly base station communication survey. The communication survey is reviewed by LEMSA, County radio engineering and private communication vendors to identify and correct any communication problems. In addition, an ongoing process is in place where hospitals and providers can notify the EMS communication representative of any communication difficulties.

DHS facilities utilize the County Wide Integrated Radio System (CWIRS) as an interdepartmental communication modality. LEMSA conducts monthly polls of all departmental users to determine access, coverage and problems.

The LEMSA has developed policies and procedures in order to organize HAM radio operators for a system wide contingent radio tool. Reference No. 1132 Amateur Radio Communication is the policy that was developed.

#### COORDINATION WITH OTHER EMS AGENCIES:

Hospitals have the ability to communicate with hospitals in Ventura, San Bernardino and Riverside through the V-MED 28 on 155.340 MHz. Hospitals needing to access Orange County would require a spare transceiver tuned to 155.280 MHz. The Department of Health Services Emergency Operations Center (DHS EOC) has the ability to communicate with all neighboring counties including Orange

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.07 9-1-1 PLANNING/COORDINATION

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#### MINIMUM STANDARDS:

The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote the development of enhanced 9-1-1 systems.

#### CURRENT STATUS:

Meets minimum standard. 9-1-1 calls are received at a public safety answering point (PSAP) and routed to the responsible agency (police, fire or medical aid). In the case of medical aid, some jurisdictions have dispatchers determine the gravity of the caller's complaint and the level of response required. Most jurisdictions, however, are not set up for tiered dispatch and therefore respond to all requests for medical aid at the ALS level. Public telephone access is free and information on obtaining emergency help is provided in English and Spanish on call boxes. Difficulties with other languages are handled by the dispatcher, who has access to translation services. Provision is made for those who are deaf or mute via TTY and TDD services.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.08 9-1-1 PUBLIC EDUCATION

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#### MINIMUM STANDARDS:

The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Brochures describing the 9-1-1 services are available. Bumper stickers are affixed to public safety vehicles (police, fire rescue) instructing the public on the 9-1-1 emergency system. Telephone directories provide information in the common languages spoken in the area on what to do in emergencies. Signs in building such as restaurants, airports and malls are posted in public areas instructing on the use of the 9-1-1 system. Television (including cable services), radio, newspapers and billboards provide public service announcements to educate and inform the public.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.09 DISPATCH TRIAGE

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#### MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

#### RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

#### CURRENT STATUS:

Meets minimum standard. Reference No. 808, Base Hospital Contact and Transport Criteria, defines the guidelines for determining when a response by 9-1-1 ALS personnel is required. Chief complaints identified in Reference No. 808 require an ALS dispatch response. The LEMSA has informally reviewed the Medical Dispatch Guidelines of the three largest provider agencies to ensure medical appropriateness. Reference No 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch, which provides the minimum standards for private ambulance medical dispatch including private provider medical dispatch standards, basic medical dispatcher program direction and oversight, and records management. Reference No. 227, Dispatching of Emergency Medical Services, provides the minimum standards for public safety medical dispatch.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## COMMUNICATIONS

### 3.10 INTEGRATED DISPATCH

---

#### MINIMUM STANDARDS:

The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

#### RECOMMENDED GUIDELINES:

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

#### CURRENT STATUS:

Meets minimum standard. The local EMS system uses a computer operated 9-1-1 system which routes all emergency medical calls to the appropriate PSAP. Systemwide emergency coordination is provided by the LEMSA's Medical Alert Center (MAC), which uses standardized communication frequencies to ensure appropriate system ambulance coverage at all times.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.01 SERVICE AREA BOUNDARIES

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#### MINIMUM STANDARDS:

The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

#### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has developed and implemented a plan for exclusive operating areas for basic life support transportation services throughout the County. Emergency medical transportation service area boundaries for the unincorporated area of the county and 55 cities were determined by population, area served, number of emergency responses and payer mix. Service areas are defined by individual ambulance service agreements with private ambulance operators or cities. Emergency medical transportation service area boundaries for the remaining 33 cities were determined by each city's corporate boundary.

#### COORDINATION WITH OTHER EMS AGENCIES:

Ambulances licensed in Los Angeles County are permitted to transport patients from locations within Los Angeles County to points both within and outside of the County borders. They are not permitted to pick up patients outside of the County border and transport them into Los Angeles County; however, ambulances may respond to mutual aid request from other counties.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.02 MONITORING

---

#### MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

#### RECOMMENDED GUIDELINES:

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

#### CURRENT STATUS:

Meets minimum standard. Los Angeles County has developed an ordinance and policies that defines minimum standards for licensure or emergency medical transport service operators. Standards include response time parameters, licensure and certification of ambulance personnel, inspection and licensure of ambulance vehicles, service requirements, billing rates, and required insurance coverage. In addition, the LEMSA has agreements with exclusive operating area ambulance providers that reinforce ordinance standards and further define ambulance service requirements. Monitoring of emergency medical transportation services is conducted on at least a quarterly basis, and include review of response time records, fiscal records, and administrative responsibilities including review of personnel licensure and certification, vehicle records, etc.

City exclusive operating area agreements require cities to prepare, retain, and make available to the Director for inspection review, and photocopying, if necessary, such ambulance and emergency medical services records as are required of ambulance and prehospital emergency care operators by the California Highway Patrol, Division 2.5 of the Health and Safety Code, the California Code of Regulations, and the Los Angeles County Prehospital Care Policy Manual.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **RESPONSE AND TRANSPORTATION**

### **4.03 CLASSIFYING MEDICAL REQUESTS**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. Reference No. 808, Base Hospital Contact and Transport Criteria, is the basis for classifying emergency medical requests. Those chief complaints or patients circumstances described in this policy are essentially considered, "emergent or urgent" for purposes of determining need for ALS response. Those chief complaints or patient circumstances not identified in this policy are considered "non-emergent" and may be responded to by BLS level personnel. This is considered the basis for tiered level dispatch application.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.04 PRESCHEDULED RESPONSES

---

#### MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Pre-scheduled emergency medical transport is provided by private ALS and BLS ambulance providers in Los Angeles County. Reference No. 517, Private Provider Agency Transport/Response Guidelines, provides guidelines for private ambulance providers handling request for emergency, urgent and non-emergency transports. EMT-Is and paramedics may not exceed their scopes of practice as outlined in Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice and Reference No. 803, Los Angeles County Paramedic Scope of Practice.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.05 RESPONSE TIME STANDARDS

#### MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch time intervals and driving time.

#### RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

#### CURRENT STATUS:

Meets minimum standard. BLS ambulance providers providing emergency transportation services in any of the seven exclusive operating areas are required to meet the metro/urban – 8 minute, suburban/rural – 20 minute and wilderness – as quickly as possible, standards. The agreements between the County and the independent cities not included in the seven exclusive operating areas, do not specify response times. This is negotiated between the individual cities and the ambulance provider.

Although this is an accepted guideline, the LEMSA has not mandated the primary responder, whether ALS or BLS, to meet the State standards. Response time data is collected on response times from all primary providers, but has not been analyzed to determine whether provider agencies are meeting these standards.

#### COORDINATION WITH OTHER EMS AGENCIES:

Unless requested to provide mutual aid to one of the surrounding counties, provider agencies do not routinely respond to other counties. Therefore, it has been unnecessary to establish response time standards across county borders

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.06 STAFFING

---

#### MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Reference 400 series of the Los Angeles County Prehospital Care Policy manual addresses Provider Agencies (designation/staffing) for all emergency medical transport vehicles as follows:

- Reference No. 406, Authorization for Paramedic Provider Status
- Reference No. 408, Advance Life Support Unit Staffing
- Reference No. 409, Reporting of ALS Unit Staffing Exceptions
- Reference No. 412, Automatic External Defibrillator (AED) Service Provider Program Requirements
- Reference No. 414, Critical Care Transport (CCT) Provider
- Reference No. 416, Assessment Unit

The Reference 700 series of the Los Angeles County Prehospital Care Policy manual address Equipment/Supplies/Vehicles for all emergency medical transport vehicles as follows:

- Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles
- Reference No. 702, Controlled Drugs Carried on ALS Units
- Reference No. 703, ALS Unit Inventory
- Reference No. 704, Assessment Unit Inventory
- Reference No. 706, ALS EMS Aircraft Inventory
- Reference No. 710, Basic Life Support Ambulance Equipment
- Reference No. 712, Nurse Staffed Critical Care Transport (CCT) Unit Inventory
- Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.07 FIRST RESPONDER AGENCIES

---

#### MINIMUM STANDARDS:

The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. In Los Angeles County, all first responder agencies assigned specific jurisdictions are incorporated into the system to the degree possible and desirable. A great deal of time and effort is spent on coordination of various entities to ensure maximum cooperation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.08 MEDICAL & RESCUE AIRCRAFT

---

#### MINIMUM STANDARDS:

The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has implemented Reference No. 514, Prehospital EMS Aircraft Operations, which describes the policies and procedures for EMS aircraft operation in the County. This policy defines dispatch and cancellation criteria, patient destination/landing sites, communication/record keeping and medical control. Patient destination is determined by the initial base hospital directing the patient's care and is consistent with Reference No. 502, patient Destination, provided the receiving facility has a licensed heliport or designated landing site. The authority for safety of the EMS aircraft and persons associated with the EMS aircraft rests with the pilot. The pilot in command also approves all patient destinations with respect to safety factors.

Reference No. 514 describes the general provisions for EMS aircraft operations in the County and establishes the minimum standards for the integration of EMS aircraft and personnel into the LEMSA's prehospital patient transport system. This includes the designation of EMS aircraft providers within the jurisdiction of the LEMSA. Record keeping and quality improvement requirements are also covered.

Reference No. 418, Authorization and Classification of EMS Aircraft, specifies the requirements for communication equipment, aircraft compartment space and patient supplies. Dispatch criteria and a mechanism for addressing and resolving formal complaints regarding EMS aircraft are discussed in Reference No. 418, along with requirements for personnel/training and aircraft specification/required equipment. Requirements for patient supplies are outlined in Reference No. 706, ALS EMS Aircraft Inventory.

The designation process in Reference No. 418 includes "current accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) or successful completion of a site review by CAMTS in conjunction with the local EMS Agency".

#### COORDINATION WITH OTHER EMS AGENCIES:

As identified in Reference No. 418, when prehospital aircraft are routinely requested from outside Los Angeles County, interagency agreements shall be executed between the County of Los Angeles and the County in which the air ambulance provider is operationally based.

Intercounty agreements currently exist between Los Angeles County and the following jurisdictions:

Orange County	Kern County
Riverside County	Ventura County
San Bernardino County	Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.09 AIR DISPATCH CENTER

---

**MINIMUM STANDARDS:**

The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Meets minimum standard. The LEMSA has defined the criteria and the process for designated dispatch centers (LA County Fire and Sheriff's Department, Los Angeles Fire Department and the Medical Alert Center) for the coordination of air ambulances and rescue aircraft in Reference No. 418, Authorization and Classification of EMS Aircraft. This policy classifies dispatch agencies as primary and back-up dispatch centers. The application to be designated dispatch center exists. Los Angeles County Fire Department is the designated primary dispatch center for air providers.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.10 AIRCRAFT AVAILABILITY

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#### MINIMUM STANDARDS:

The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The designation process for medical and rescue aircraft for emergency patient transport is specified in Reference No. 418, Authorization and Classification of EMS Aircraft. The policy specified that EMS aircraft providers will have a contractual agreement with County of Los Angeles, must complete and submit the approved EMS Aircraft/Dispatch Center Application (Reference No. 418.1), must have a program evaluation and site visit, and either be accredited by the Commission and Accreditation of Medical Transport Systems (CAMTS) or have successfully completed a CAMTS site review in conjunction with the LEMSA. At the present time, there are three public safety agencies in Los Angeles County with on back up (Mercy Air) which provide medical and rescue aircraft services.

#### COORDINATION WITH OTHER EMS AGENCIES:

As identified in Reference No. 418, aeromedical prehospital response may be requested from outside Los Angeles County "provided that medical control is maintained by the jurisdiction of origin and an Intercounty agreement exists". Intercounty agreements currently exist between Los Angeles County and the following jurisdictions:

Orange County	Kern County
Riverside County	Ventura County
San Bernardino County	Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.11 SPECIALTY VEHICLES

---

#### MINIMUM STANDARDS:

Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

#### RECOMMENDED GUIDELINES:

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

#### CURRENT STATUS:

Meets minimum standard. The Los Angeles EMS system does not have a need for specialized snow vehicles. However, several of the larger agencies utilize bicycle, water vehicles and/or all-terrain vehicles in those areas where specifically needed, i.e., the beach and port areas, congested urban streets during special events, in rural and mountainous terrains. These agencies include Los Angeles City, Long Beach, Redondo Beach, Pasadena and Los Angeles County Fire Departments (including the Lifeguard division), and the Los Angeles County Sheriff's Department.

#### COORDINATION WITH OTHER EMS AGENCIES:

Intercounty agreements currently exist between Los Angeles County and the following jurisdictions:

Orange County	Kern County
Riverside County	Ventura County
San Bernardino County	Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.12 DISASTER RESPONSE

---

#### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Primary provider agencies are prepared for mobilizing response and transport vehicles in a disaster and have Mutual Aid plans in place. Should additional transport vehicles be required, the Department of Health Services Emergency Operations Center is prepared to provide vehicles from the LEMSA's own fleet, from private contractors with whom contracts are in place, and from other operational areas in the Regional Disaster Medical/health (RDMH) Region I. Reference No. 519.3, MCI Transport Priority Guidelines, provides guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents (MCI).

The LEMSA maintains agreements with other operational areas in Region I through the RDMH Coordinator for medical transportation services in a disaster.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **RESPONSE AND TRANSPORTATION**

### **4.13 INTERCOUNTY RESPONSE**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

#### **CURRENT STATUS:**

Meets minimum standard. Paramedic Intercounty Agreements permitting response of emergency medical transport vehicles and EMS personnel are in place with Kern, Orange, San Bernardino, Riverside, Ventura and Santa Barbara counties.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

Agreements are automatically renewed. No further coordination with other EMS agencies has been required.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.14 INCIDENT COMMAND SYSTEM

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#### MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Primary provider agencies throughout Los Angeles County have adopted the Incident Command System for responding to multi-casualty incidents, and the START (Simple Triage and Rapid Treatment) triage system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed. These procedures are outlined in the following policies:

Reference No. 519,	Management of Multiple Casualty Incidents
Reference No. 519.1,	MCI-Definitions
Reference No. 519.2,	MCI Triage Guidelines
Reference No. 519.3,	MCI Transport Priority Guidelines
Reference No. 519.4,	MCI Field Decontamination Guidelines
Reference No. 519.5,	Regional MCI Maps and Bed Availability Worksheets

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.15 MCI PLANS

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**MINIMUM STANDARDS:**

Multi-casualty response plans and procedures shall utilize state standards and guidelines.

**RECOMMENDED GUIDELINES:**

None.

**CURRENT STATUS:**

Meets minimum standard. Primary provider agencies have adopted the Incident Command System (FIREScope) which utilizes state standards and guidelines for responding to multi-casualty incidents. Reference No. 519, Management of Multiple Casualty Incidents, to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents. The policy addresses four levels of response and ambulance strike teams.

**NEED(S):****OBJECTIVE:****TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.16 ALS STAFFING

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#### MINIMUM STANDARDS:

All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

#### RECOMMENDED GUIDELINES:

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew member.

On an emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

#### CURRENT STATUS:

Meets minimum standard. Currently, the LEMSA's Reference No. 408, Advanced Life Support (ALS) Unit Staffing, defines ALS unit staffing as at least two licensed and accredited paramedics. Allowable exceptions may be made on a temporary basis under specific circumstances as specified in Reference No. 409, Reporting ALS Unit Staffing Exceptions.

Staffing options other than the two-paramedic system (i.e., one paramedic and one EMT-I, also known as 1:1 staffing) is restricted to private provider agencies that have been specifically approved for this staffing configurations and that are performing Interfacility transports only. Currently there is one public provider requesting a pilot project for the use of alternate staffing within their jurisdiction. Reference No. 407, Advanced Life Support (ALS) Unit Alternate Staffing Pilot Program Requirements, addresses the requirements of an alternate staffing pilot program. This draft policy is being revised and approved by our internal committees as well as the EMS Commission.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.17 ALS EQUIPMENT

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#### MINIMUM STANDARDS:

All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Reference 700 series of the Los Angeles County Prehospital Care Policy Manual addresses Equipment/Supplies/Vehicles related to the prehospital care setting. Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles, defines the procurement of medical supplies and drugs. Reference No. 702, Controlled Drugs Carried on ALS Units, identifies the approved controlled drugs carried on ALS Units. Accountability for supplies and drugs, including narcotics, is the responsibility of the provider agency and the responsible physician. The Medical Director of the LEMSA authorizes the purchase of the majority of medical supplies and drugs, while several agencies utilize their Medical Director. Narcotics are obtained primarily through County hospitals, or from pharmaceutical companies. Reference No. 702.4, Provider Agency Medical Director Notification of Controlled Substance Program Implementation, addresses those provider agency medical directors that will assume total responsibility for the controlled substance "program" for that provider agency. Narcotic inventories are subject to inspection as outlined in Reference No. 702 and are part of the provider agency annual site surveys.

Reference No. 703, ALS Unit Inventory, specifically defines a standardized inventory for all ALS Units.

Reference No. 704, Assessment Unit Inventory, defines the inventory of all Assessment Units.

All Newly approved ALS Units and Assessment Units are inspected and approved by the LEMSA prior to implementation in the field

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.18 TRANSPORT COMPLIANCE

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#### MINIMUM STANDARDS:

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

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Los Angeles County has an ambulance ordinance which regulates ambulance transportation in all of Los Angeles County. Many of the 88 incorporated cities have adopted city specific ambulance ordinances. Additionally, the LEMSA has written agreements with exclusive operating area basic life support providers. Two types of agreements are in place: 1) agreements with cities and unincorporated areas included in seven ambulance franchise zones, and 2) agreements with certain cities that provided service prior to 1981. Performance standards are included and monitored regularly in the first type of agreement. In the agreements with specific cities, performance standards are less specific but contract compliance can be monitored as needed by the LEMSA.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.19 TRANSPORTATION PLAN

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#### MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA developed an EMS transportation plan which includes minimum standards for basic life support transportation services. Minimum standards include response time parameters; simultaneous dispatch of transport personnel with advanced life support personnel; an adequate number of vehicles to meet community needs and standards; response locations and personnel. The plan provides for efficient and effective transportation and uses a competitive bidding process to ensure system optimization.

#### NEED(S):

#### OBJECTIVE:

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#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.20 "GRANDFATHERING"

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#### MINIMUM STANDARDS:

Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA developed "grandfather" agreements for those cities that had continued the use of existing providers operating within a local EMS area at the same level of service which had been provided without interruption since January 1, 1981. Los Angeles County has 33 cities that met this criteria and have signed City-County or Provider-County agreements.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.21 EOA COMPLIANCE

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#### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has developed a monitoring instrument that documents each provider's compliance with the administrative, service and fiscal requirements of its exclusive operating area agreements(s). All 9-1-1 providers are required to provide the EMS Agency with EMS reports which document their response to, treatment and, if applicable, transport of patients, and are monitored by exception through annual compliance audits and additional audits as needed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## RESPONSE AND TRANSPORTATION

### 4.22 EOA EVALUATION

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#### MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Currently the LEMSA is preparing for a Request for Proposal (RFP), the seven Exclusive Operating Area (EOA) contracts are expiring on May 31, 2016.

Agreements with the 33 cities that do not fall within the seven exclusive operating areas are automatically renewed.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **FACILITIES AND CRITICAL CARE**

### **5.01 ASSESSMENT OF CAPABILITIES**

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#### **MINIMUM STANDARDS:**

The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have written agreements with acute care facilities in its service area.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA conducts an annual Impact Survey of all 9-1-1 receiving hospitals. This impact Survey assess each receiving hospitals capability, number of 9-1-1 patients received, and number of emergency department visits. Annually these facilities are rated based upon the survey results utilizing a scoring system to determine critical access.

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 along with their "Umbrella Hospitals". 9-1-1 receiving hospitals participating in any of the aforementioned EMS programs have undergone a formal approval process by the LEMSA, with written agreements in place. Currently, all 9-1-1 receiving facilities in the LEMSA service area have a minimum of one of the above specialty programs. Therefore, a formal approval process has been completed by the LEMSA and the facilities are assessed annually for their capabilities.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.02 TRIAGE & TRANSFER PROTOCOLS

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#### MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The EMS Agency has established in policy prehospital triage protocols for the following categories:

Pediatrics (EDAP, PMC and PTC)  
Trauma  
Perinatal  
Decompression Emergencies  
Sexual Assault

Private Provider Agency Transport/Response Guidelines  
Management of Multiple Casualty Incidents  
STEMI Receiving Centers  
Stroke Patient Destination

The Los Angeles County Department of Health Services has developed patient transfer guidelines to assist private hospitals in transferring patients to County-operated acute care hospitals, providing the County hospitals have the capacity and available service to provide the needed care.

Other than transfers between private and County-operated facilities, the LEMSA is not involved in transfer agreements between private health facilities. According to DHS Licensing & Certification Division, this type of an agreement is verified by TJC surveys.

#### COORDINATION WITH OTHER EMS AGENCIES:

No formal triage and transfer policies exist between Los Angeles County and bordering counties; however, 9-1-1 provider agencies routinely transport patients to the most accessible hospital from the incident location. In some instances, the most accessible hospital is in another county.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)  
Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.03 TRANSFER GUIDELINES

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#### MINIMUM STANDARDS:

The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA actively develops policies for transporting patients from the field to appropriate paramedic receiving hospitals (e.g., trauma, perinatal, pediatric). By doing so, the need for secondary transfers for medical reasons is theoretically eliminated. In reality, it does not eliminate the need for transfers due to financial considerations.

Burn patients are not transported directly burn centers but to the most accessible receiving hospital for airway and fluid stabilization. Upon stabilization and request of a private hospital, the County assists the private hospital in transferring burn patients to burn centers. This is done through the LEMSA's Medial Alert Center.

The LEMSA has developed Reference No. 513.1, Emergency Department Interfacility Transport of Patients with ST-Elevation Myocardial Infarction, to address the patients in need of emergency percutaneous coronary intervention that are not in a STEMI Receiving Center Emergency Department. This policy guides hospitals and provider agencies on transportation options that are in line with the Emergency Medical Treatment and Active Labor Act (EMTALA).

The Los Angeles County Department of Health Services (DHS) has a policy to accept patients from the private sector on an emergency basis if urgent care is needed and cannot be provided by the private hospital. Other than transfers between private and County-operated facilities, the LEMSA is not involved in transfer agreements between private health facilities. According to the DHS Licensing & Certification Division, this type of an agreement is verified by TJC surveys.

Guidelines have been established in policy to identify specific patient groups who should be considered for transfer to facilities of higher capabilities. In lieu of facility transfer agreements, the LEMS has developed transfer policies that identify EMTALA transfers requiring higher capabilities.

#### COORDINATION WITH OTHER EMS AGENCIES:

The EMS Agency has not established formal transfer agreements with hospitals outside of Los Angeles County. If a specialty bed is needed in another county (usually a burn bed), the Medical Alert Center contacts the hospital and arranges for transfer. This primarily for the medically indigent patient. Private hospitals that want to transfer medically insured patients make their own transfer arrangements.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.04 SPECIALTY CARE FACILITIES

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#### MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Hospitals with either a Basic or Comprehensive Emergency Department permit are automatically identified as a 9-1-1 receiving hospital. The Licensing & Certification Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care, as required in either permit. The LEMSA works closely with DHS Health Facilities Division, Acute Ancillary Section, on these investigations. Monitoring is conducted primarily by exception. As described in Standard 5.01, Assessment of Capabilities, the LEMSA recognizes the need to develop and implement enforceable written agreements with receiving hospitals.

As described in detail in Standards 5.08, Trauma System Design, 5.10, Pediatric System Design, and 5.13, Specialty System Design, the LEMSA designates specialty care facilities for specific groups of patients and monitors these either by agreements or by exception.

#### COORDINATION WITH OTHER EMS AGENCIES:

Policies governing mutual aid between jurisdictions are found in Paramedic Intercounty Agreements in place between Los Angeles County and the following jurisdictions;

- Orange County
- Riverside County
- San Bernardino County
- Kern County
- Ventura County
- Santa Barbara County

#### NEED(S):

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.05 MASS CASUALTY MANAGEMENT

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#### MINIMUM STANDARDS:

The local EMS agency shall encourage hospitals to prepare for mass casualty management.

#### RECOMMENDED GUIDELINES:

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

#### CURRENT STATUS:

Meets minimum standard. All 9-1-1 receiving hospitals in Los Angeles County have a direct communication link, with the LEMSA through the Medical Alert Center's (MAC) V-MED 28 radio. When a mass casualty incident occurs, the MAC is apprised of the incident by the primary provider agencies. The MAC immediately collects bed availability information from hospitals and provides this information to field personnel. The MAC informs hospitals of the patients being transported to each facility. The goal is to avoid overloading any particular health facility when others could handle an additional patient volume.

The Incident Command System (ICS) has been adopted by all public provider agencies and nearly all private providers in Los Angeles County to ensure organized, efficient care of victims of mass casualty incidents. The Standardized Emergency management System (SEMS) has been implemented with all medical facilities. Reference No. 519, Management of Multiple Casualty Incidents, defines the role of the provider agency, base hospital, receiving facilities and the County's Medical Alert Center during multiple casualty incidents. Basic 24-hour receiving facilities and specialty care facilities (where appropriate) are listed in the Prehospital Care Policy Manual and are regularly updated.

The LEMSA, as the DHS Disaster Coordination Section, works closely with all hospitals and medical facilities to prepare for mass casualty situations. A disaster drill is conducted yearly to allow all facilities and field providers to test their systems and plans. The focus of the drill varies each year.

The LEMSA has implemented and funded twelve hospitals , geographically located and designated as Disaster Resource Centers (DRCs). The goals of the DRC program include enhancing surge capacity for hospitals during a mass casualty incident. Additionally, plans have been put into place to manage specific mass casualty incidents. The following policies address the specific surge plans, policies and procedures:

Reference No. 1102	Disaster Resource Center (DRC) Designation and Mobilization
Reference No. 1138	Burn Resource Center (BRC) Designation and Mobilization
Reference No. 1140	Mobile Medical System Deployment

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.06 HOSPITAL EVACUATION

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#### MINIMUM STANDARDS:

The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA, through its Medical Alert Center (MAC) is able to rapidly assess bed availability throughout Los Angeles County. If a hospital need either full or partial evacuation, the MAC arranges for the transfer and transport of evacuated patients to other receiving facilities.

#### COORDINATION WITH OTHER EMS AGENCIES:

If a hospital within Los Angeles County need evacuation, the LEMSA will attempt to place patients in hospitals within Los Angeles County first. If additional bed are needed, the LEMSA will utilize the Regional Disaster Medical/Health Coordinator to assist with transferring patients to other counties.

Reference No. 1112, Hospital Evacuation, addresses the roles and responsibilities of the LEMSA and the facility requesting evacuation.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.07 BASE HOSPITAL DESIGNATION

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#### MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has an organized base hospital system which currently includes 21 facilities distributed throughout the County and listed on Reference No. 501, Hospital Directory. The process for designation is based on hospital application and ability to perform specified EMS functions as defined in Section 1797.67 of the California Health & Safety Code. There are also Hospital and Medical Care Agreements in place for each of the designated facilities. Reference No. 304, Role of the Base Hospital, defines the roles of the base hospitals in the Los Angeles County ALS system. The existing system is effective; however, given the current economic climate, it would not be surprising to lose base hospitals due to mergers, closures or hospital sales.

#### COORDINATION WITH OTHER EMS AGENCIES:

Policies governing mutual aid between jurisdictions are found in Paramedic Intercounty Agreements in place between Los Angeles County and the following jurisdictions;

- Orange County
- Riverside County
- San Bernardino County
- Kern County
- Ventura County
- Santa Barbara County

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.08 TRAUMA SYSTEM DESIGN

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#### MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Criteria and standards which ensure that patients are appropriately triage and transported to trauma hospitals are outlined and defined in Reference No. 506, Trauma Triage. The role of the non-trauma center hospitals is also addressed in Reference No. 506 as well as Reference No. 502, Patient Destination, which integrates the EMS system overall.

Currently there are 14 designated trauma centers in Los Angeles County, five are Level 1 (one Level 1 specific to Pediatrics) and nine are Level 2. There are two trauma centers that border the County of Los Angeles that are utilized in order to get immediate care to patients, these trauma centers are Level 1.

Monitoring and evaluation of the system is ongoing. Continuous evaluation is primarily accomplished by way of the Trauma Patient Summary Form which contains data elements that track the progress of each trauma patient from the field through final disposition. Further, the Trauma Center Service Agreement and Memorandum of Understanding require private and County-operated trauma centers to conduct internal review of trauma care. The Regional quality Assurance Committees Annual trauma center surveys are also performed by the LEMSA and site visits are conducted by the American College of Surgeons every three years.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **FACILITIES AND CRITICAL CARE**

### **5.09 PUBLIC INPUT**

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#### **MINIMUM STANDARDS:**

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The Emergency Medical Services Commission (EMSC) provides input into system planning along with multiple advisory committees and subcommittees including, but not limited to, the Medical Council, Provider Agency Advisory Committee, Data Advisory Committee and Trauma Hospital Advisory Committee.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.10 PEDIATRIC SYSTEM DESIGN

---

#### MINIMUM STANDARDS:

Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- the number and role of system participants, particularly of emergency departments,
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- identification of providers who are qualified to transport such patients to a designated facility,
- identification of tertiary care centers for pediatric critical care and pediatric trauma,
- the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The present Los Angeles County pediatric emergency medical and critical care system consists of two levels of facility designation including Emergency Department Approved for Pediatrics (EDAP), Pediatric Medical Centers (PMC), and Pediatric Trauma Centers (PTC). The designation of EDAPs, PMCs and PTCs is based upon standards which were developed in cooperation with the Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Association of Southern California, the Los Angeles County Medical Association and the Los Angeles County Department of Health Services. There are 42 LA County EDAPs (1 in Orange County and 1 in Ventura County), 9 PMCs and 7 PTCs throughout the County. These facilities are listed in Reference No. 501, Hospital Directory.

In Los Angeles County, ALS personnel transport all pediatric patients who are not critically ill to the most accessible EDAP, and critically ill or injured pediatric patients are transport to either a PMC or a PTC. The criteria for determining the most appropriate facility for the pediatric patient and guidelines for identifying the critically ill or injured pediatric patient are specified in Reference No. 510, Pediatric Patient Destination. BLS units transport pediatric patients to the most accessible EDAP and a secondary transport can be arranged to a PMC or PTC if needed.

As stated in Reference No. 510, "In all cases, the health and well-being of the child is the overriding consideration in determining hospital destination". Factors which are considered when triaging these patients include the severity and stability of the child's illness or injury, the current pediatric status of the receiving facility, anticipated transport time; request by the patient, family guardian or physician; and EMS personnel and base hospital judgment.

As part of the LEMSA's ongoing monitoring and evaluation of the system, periodic surveys of EDAPs and PMCs are conducted to ensure that each designated facility continues to meet the standards. These standards include specific requirements for administration, pediatric policies and procedures, staff education and the availability of appropriately sized equipment for the pediatric patient.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.11 EMERGENCY DEPARTMENTS

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#### MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

#### RECOMMENDED GUIDELINES:

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

#### CURRENT STATUS:

Meets minimum standard. As stated in Standard 5.10, the present standards address professional staff requirements, equipment, administration, pediatric policies and procedures, staff education, quality improvement and availability of appropriately sized equipment for the pediatric patient.

Reference No. 510, Pediatric Patient Destination, specified the guidelines for identifying the critically ill or injured pediatric patient and the criteria for determining the most appropriate facility. Pediatric receiving centers are designated as Emergency Department Approved for Pediatrics (EDAP), Pediatric Medical Centers (PMC) or Pediatric Trauma Center (PTC) depending on their ability to continually meet the established standards. These facilities are identified in Reference No. 501, Hospital Directory, and include 42 EDAPs, 9 PMCs, and 7 PTCs. The LEMSA has a data management system in place which collects prehospital, base hospital and trauma hospital data elements on all 9-1-1 patients, including pediatric patients.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.12 PUBLIC INPUT

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#### MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The pediatric system in Los Angeles County is a result of input from the Academy of pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Association of Southern California, the Los Angeles County Medical Association, and the Los Angeles County Department of Health Services. These standards have been updated and assimilated with the EMS Authority's Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department.

Recently the LEMSA established a Pediatric Advisory Committee. Committee membership structure is as follows:

- Pediatric Physician Specialist (LEMSA Staff)
- Pediatric Program Coordinator (LEMSA Staff)
- One Pediatric Liaison Nurse from each of the Emergency Department Approved for Pediatrics (EDAP) Regions
- One EDAP Medical Director from each of the EDAP Regions
- One Pediatric Medical Center (PMC) Coordinator
- One PMC Medical Director
- One Pediatric Trauma Center (PTC) Program Manager
- One PTC Medical Director

The purpose of this committee is input and advisement for any policies or procedures that have an impact, directly or indirectly, on the pediatric population of Los Angeles County.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.13 SPECIALTY SYSTEM DESIGN

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#### MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has established a procedure for determining appropriate destination of burn patients as outlined in Reference No. 512, Burn Patient Destination. Due to the limited number of burn centers in the County, all basic receiving centers are equipped to provide initial stabilization of burn patients. Secondary transfer of these patients to an appropriate burn facility is coordinated with the County's Medical Alert Center (MAC). This may include transfer to a facility outside of the County.

Reference No. 511, Perinatal patient Destination, provides guidelines for transporting perinatal patients to the most accessible medical facility appropriate to their needs. The designated facilities listed in Reference No. 501, Hospital Directory, are those hospitals in the County which have both a basic emergency department permit and an obstetrical service.

Reference No. 518, Decompression Emergencies/Patient Destination, outlines the procedures for transporting patients with potential decompression emergencies. This policy provides a mechanism for field personnel to transport these patients directly to a hyperbaric chamber when appropriate.

Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient Destination, provides guidelines for transporting STEMI patients to the most accessible medical facility appropriate to their needs. The designated facilities listed in Reference No. 501, Hospital Directory, are those hospitals in the County which is licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Public Health, Health Facilities Inspection Division, and approved by the Los Angeles County EMS Agency as a STEMI Receiving Center.

Reference No. 521, Stroke Patient Destination, provides guidelines for transporting stroke patients to the most accessible medical facility appropriate to their needs. The designated facilities listed in Reference No. 501, Hospital Directory, are those hospitals in the County which has met the standards of a Center for Medicaid & Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been approved as a Stroke Center by the Los County EMS Agency.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## FACILITIES AND CRITICAL CARE

### 5.14 PUBLIC INPUT

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#### MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA ensures ongoing input in planning other specialty care systems for both prehospital and hospital providers, physicians and consumers. This is accomplished by reviewing policies and procedures related to specialty care centers with the Provider Agency Advisory and Base Hospital Advisory Committees. System changes are further reviewed by the Medical Council and/or the Data Advisory Committee and ultimately approved by the EMS Commission. The LEMSA further seeks inputs as needed from other concerned groups including the Hospital Association of Southern California and the Los Angeles county Medical Association, which may be affected by policy and/or systems additions or changes.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.01 QA/QI PROGRAM**

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#### **MINIMUM STANDARDS:**

The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA has the following policy regarding a system wide Quality Improvement Programs; Reference No. 620, EMS Quality Improvement Program (EQIP). Reference No. 618, EMS Quality Improvement Committees, outlines the responsibilities of the QI Committees to review, assess and make recommendations to the Medical Director concerning prehospital emergency care. The policies address the total EMS system, including all paramedic provider agencies, base hospitals, trauma hospitals and receiving hospitals. Each paramedic provider agency and base hospitals is required to submit a Quality Improvement Program to the LEMSA for approval.

The LEMSA has implemented the EMS System Quality Improvement Program to include, at a minimum, compliance with policies, procedures, protocols and identification of preventable morbidity and mortality utilizing State standards and guidelines.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.02 PREHOSPITAL RECORDS

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#### MINIMUM STANDARDS:

Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Department of Health Services policy required completion of a prehospital record for each patient response for all 9-1-1 calls (including false alarms) and all advanced life support Interfacility transfers. Base hospitals complete a record when medical direction is provided. Trauma hospitals complete a record for all injured patients seen in the emergency department that meet Los Angeles County's record completion criteria. All prehospital, base and trauma records have a unique identifier allowing the data system to track patients from time of dispatch to discharge from the hospital.

The EMS Report Form is updated and revised annually through the Data Advisory Committee with input from both hospitals and providers. Los Angeles County Prehospital Care Policy Reference No. 606, Documentation of Prehospital Care, and Reference No. 608, Retention and disposition of Copies of Prehospital Patient Care Records, describe the documentation requirements and the procedure for disposition of copies of the EMS Report Form. Reference No. 607, Electronic Submission of Prehospital Data, provides guidelines for provider agencies that utilize Electronic Patient Care Records (EPCR) on submission of EPCR data to the LEMSA.

Currently 2/3 of the providers in the County have established and are utilizing EPCR. It is expected that 100% of the providers will be utilizing EPCR by 2016.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.03 PREHOSPITAL CARE AUDITS**

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#### **MINIMUM STANDARDS:**

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA provides continuous monitoring of prehospital care from both a system response and clinical perspective. Monitoring activities are coordinated with all system participants and utilize data from the Trauma Emergency Medical Information System (TEMIS). Individual cases can be tracked throughout the data base by a unique identifier (sequence number) which is initiated with the EMS record. TEMIS links prehospital records with base hospital records. Inpatient records are linked with prehospital and base hospital records for trauma hospital cases only.

Each base hospital is required to provide Emergency Department outcome data on all patients when it provides medical direction and is the receiving hospital. Compliance is monitored during the base hospital audit, which examines quality improvement activities that focus on patient outcome.

#### **NEEDS:**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.04 MEDICAL DISPATCH

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#### MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The EMS dispatch centers in Los Angeles County are coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/response times and the level of response (BLS vs. ALS) are entered into the Trauma Emergency Medical Information System (TEMIS). Though we have the capability to monitor, current monitoring activities are by exception only.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.05 DATA MANAGEMENT SYSTEM**

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#### **MINIMUM STANDARDS:**

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA's data responsibilities are managed through the Trauma and Emergency Medicine Information System (TEMIS). TEMIS captures EMS data from EMS provider agencies, base and trauma hospitals. Through the use of a unique identifier for every patient, the care of trauma victims can be tracked from the time of 9-1-1 dispatch to discharge from the trauma hospital. TEMIS assists the LEMSA in monitoring, evaluating and coordinating all EMS components of the system. As an integrated data management system, prehospital data elements capture system and clinical data. Trauma hospital data reflects demographic and clinical data. TEMIS is used to monitor patient care, as part of the LEMSA's quality improvement program, at all stages of the system.

The LEMSA participated in 2012 and 2013 on the EMSA Core Measures Project.

Each base hospital is required to provide Emergency Department outcome data on all patients if they provide medical direction and are the receiving hospital. Compliance is monitored routinely.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

The LEMSA networks with other local EMS agencies throughout the State on data issues.

#### **NEEDS:**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.06 SYSTEM DESIGN EVALUATION

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#### MINIMUM STANDARDS:

The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The Emergency Medical Services Commission (EMSC) and its subcommittees provide an ongoing mechanism to evaluate EMS system design and operations through written reports from the LEMSA. The EMSC acts in an advisory capacity to the Board of Supervisors and the Director of Health Services regarding county policies, programs and standards for emergency services throughout the County. Information is acquired and analyzed measuring the impact and the quality of emergency medical care services. The LEMSA has begun to publish and distribute an annual report to assist in system evaluation. In cooperation with the Department of Public Health the LEMSA participates in prevention programs (Violence Prevention, American Trauma Society/Southern California Division) Developed to meet the needs of the community.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.07 PROVIDER PARTICIPATION**

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#### **MINIMUM STANDARDS:**

The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. Reference No. 620, EMS Quality Improvement Program (EQIP) establishes a systemwide Quality Improvement (QI) program for evaluating the Emergency Medical Services system of Los Angeles County. Each base hospital and provider agency is required to submit its QI program to the LEMSA. All paramedic base hospitals and provider agencies have implemented an approved Quality Improvement Program that includes monitoring and reporting of systemwide indicators as well as specific hospital/provider agency indicator.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.08 REPORTING**

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#### **MINIMUM STANDARDS:**

The local EMS agency shall, at least annually, report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA, through the Emergency Medical Services Commission (EMSC), reports all Commission activities to the Board of Supervisors annually each July. This report includes all new appointments and re-appointments of Commissioners, Commission activities and accomplishments. The report also includes a summary of the subcommittees' membership, EMS staff attendance at meetings and all policies reviewed and projects accomplished during the year. The Annual Report is posted on the EMS website.

A full system report is provided by means of EMS Commission and Board approval of the EMS Plan.

#### **NEEDS:**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DATA COLLECTION AND SYSTEM EVALUATION

### 6.09 ALS AUDIT

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#### MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

#### RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA conducts annual audits of both public and private Advanced Life Support (ALS) provider agencies. These audits encompass the provider agencies Quality Improvement Program, documentation of prehospital care and equipment/supplies/medication inventories.

The Trauma Emergency Medical Information System (TEMIS) includes data on both basic and advanced prehospital care collected from the EMS and base hospital records. Additional in-house data is collected on trauma patients transported to a trauma hospital.

Each base hospital is required to provide Emergency Department outcome data on all patients where they provided medical direction and are the receiving hospital. Compliance is monitored routinely.

A selected audit process can utilize EMS, base hospital and trauma hospital data as needed. Individual cases can be tracked throughout the entire data base by a unique identifier (Sequence Number) which is initiated with the EMS records.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.10 TRAUMA SYSTEM EVALUATION**

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#### **MINIMUM STANDARDS:**

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA has a comprehensive trauma registry which includes demographic and clinical data on the trauma patient (identified in the Trauma Center Service Agreement) from the time of 9-1-1 dispatch to discharge from the trauma center. Reference No. 616, Trauma Hospital Regional Quality Improvement Program, provides the LEMSA and the fourteen Los Angeles County designated trauma centers a forum to conduct a systematic evaluation of a trauma center's compliance with optimum trauma care standards. In addition, the LEMSA utilizes the trauma data system to continuously evaluate system design and operations.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DATA COLLECTION AND SYSTEM EVALUATION**

### **6.11 TRAUMA CENTER DATA**

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#### **MINIMUM STANDARDS:**

The local EMS Agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information that is required for quality assurance/quality improvement and system evaluation.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their QA/QI and system evaluation program.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA has developed a comprehensive trauma center data collection system providing demographic and clinical data on the trauma patient (identified in the Trauma Center Service Agreement) from time of 9-1-1 dispatch to discharge from the trauma center. Required data elements provide the LEMSA with the necessary data for quality improvement and system evaluation activities. In addition to the required elements, hospitals also have the ability to enter additional hospital specific data for internal studies and program evaluation.

Each base hospital is required to provide Emergency Department outcome data on all patients where they provide medical direction and are the receiving hospital. Compliance is monitored routinely.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.01 PUBLIC INFORMATION MATERIALS

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#### MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

- understanding of EMS system design and operation,
- proper access to the system,
- self-help (e.g., CPR, first aid, etc.),
- patient and consumer rights as they relate to the EMS system,
- health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- appropriate utilization of emergency departments.

#### RECOMMENDED GUIDELINES:

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA supports all efforts countywide to develop and disseminate informational materials for the public on the EMS system and proper use of the 9-1-1 system. While the LEMSA and the Department of Public Health promotes these activities, there is no centralized development, distribution, or provision of public information and educational material and training programs related to the EMS system. Many of the County's fire departments sponsor safety programs and information on EMS system access. In addition, Reference No. 908, Trauma Prevention and Public Education, describes the collaborative relationship between each trauma hospital and the LEMSA in providing public information and injury prevention activities.

The LEMSA conducts an annual Countywide Sidewalk CPR training in conjunction with the American Heart Association. This reporting year over 5000 people were trained in "Hands Only CPR".

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **PUBLIC INFORMATION AND EDUCATION**

### **7.02 INJURY CONTROL**

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#### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA, in conjunction with the Department of Public Health, promotes injury control through participation in the Violence Prevention Coalition and the American Trauma Society/Southern California Division (ATS/SCD). Reference No. 908, Trauma Prevention and Public Education, describes the collaborative relationship between each trauma hospital and the LEMSA in providing public information and injury prevention activities.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **PUBLIC INFORMATION AND EDUCATION**

### **7.03 DISASTER PREPAREDNESS**

---

#### **MINIMUM STANDARDS:**

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA participates in the County's disaster preparedness program through the Office of Emergency Management. This office coordinates citizen disaster preparedness activities for the County. The LEMSA has participated by arranging displays at County buildings and hospitals, arranging for vendors to display and sell disaster preparedness kits, but demonstrating the capabilities of the Department's Mobile Emergency Operations Center and by arranging for "Shaky quaky", an earthquake simulator owned by the County Fire Department, to be presented to school-age children.

The County Fire Department and County Sheriff Department conduct classes for the public focused on Community Emergency Response Teams (CERT). These training courses are supported by the LEMSA and the LEMSA assists in the training when needed.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## PUBLIC INFORMATION AND EDUCATION

### 7.04 FIRST AID & CPR TRAINING

---

#### MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

#### RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA in collaboration with the Los Angeles County Fire Department and the American Heart Association conducts an annual Sidewalk CPR event. Residents of Los Angeles County learned the basics of "hands only" cardiopulmonary resuscitation (CPR). BLS-certified personnel are 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.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.01 DISASTER MEDICAL PLANNING

---

#### MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The disaster plan for the Los Angeles County Department of Health Services has been established to provide for the organization, mobilization, coordination and direction of medical and health services, both public and private, during a disaster. The plan delineates the authority, responsibility, functions and operations of all public and private agencies whose resources must be utilized if medical and health care are to be provided during a disaster. The LEMSA, under the auspices of the Los Angeles County Department of Health Services, is responsible for the Department's disaster plan.

Because the successful management of any major emergency or disaster is contingent upon communications, Los Angeles County has placed an emphasis on various communication linkages. The LEMSA maintains V-MED 28 and ReddiNet™ with over 100 hospitals and community clinics. All hospitals have both systems whereas community clinics have the ReddiNet™ system. In addition to these systems, the DHS DOC is equipped with a HAM radio as a back-up communication system for hospitals and community clinics. The DHS DOC is also equipped with an 800 MHz system known as County Wide Integrated Radio Systems (CWIRS). This is the primary radio system that supports the County infrastructure. A satellite phone is also available.

The LEMSA conducts at least one countywide disaster exercise each year for the Los Angeles County medical and health system. Participants include but are not limited to hospitals (public and private), community clinics, long term care facilities, dialysis centers, home health & hospice agencies, prehospital providers (public and private), Department of Public Health, Department of Mental Health and Department of Coroner.

The Los Angeles County Fire Department is responsible for public health issues related to hazardous material releases throughout the County. The cities of Pasadena and Long Beach respond their own internal health department units within their respective jurisdictions.

#### COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County is the RDMHC for Region I.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.02 RESPONSE PLANS

---

#### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

#### RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has plans and procedures in place for responding to disaster, including haz-mat incidents. SEMS has been incorporated into the disaster plan

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.03 HAZMAT TRAINING

---

#### MINIMUM STANDARDS:

All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Nearly all public safety providers (except for the Lifeguard and Sheriff's Departments) have received haz-mat training in at least the "first responder awareness" level. Many providers have all firefighters personnel trained to the "first responder operational" level. A small number of private ambulance providers have integrated the "first responder awareness" training in their agencies.

The Los Angeles City, Burbank, Glendale, Santa Fe Springs, Long Beach and Los Angeles County Fire Departments have specially designated haz-mat units/teams comprised of individuals highly trained to CSTI/OES technician level.

First responder units make the scene safe, isolate the problem area and begin to contain victims. The haz-mat units mitigate the incident and decontaminate victims. Health Haz-mat Teams, a division of the Los Angeles County Fire Department, or other city public health services give official clearance of a haz-mat incident.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.04 INCIDENT COMMAND SYSTEM

---

#### MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

#### CURRENT STATUS:

All public provider agencies and most private providers in Los Angeles County have adopted the Incident Command System (ICS). The Standardized Emergency Management System (SEMS) has been implemented with all medical facilities. SEMS, combined with the Hospital Incident Command System, for the foundation of ICS for hospitals.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.05 DISTRIBUTION OF CASUALTIES

---

#### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

#### RECOMMENDED GUIDELINES:

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

#### CURRENT STATUS:

The LEMSA's disaster response plan requires hospitals to notify the DHS Department Operations Center (DOC) of the number and types of patients that require evacuation to other facilities. Facilities are also required to identify the number of critical and non-critical beds available to treat incoming patients. The LEMSA in accordance with the State utilizes the HAvBED system for reporting available in-patient beds. The DHS-DOC arranges the transfer of evacuated patients to appropriate facilities. The following policies provide guidelines for the efficient management of multiple casualty incidents by coordinating the involved entities to prevent unnecessary delays in patient care and transport. They define the roles of the provider agencies, Medical Alert Center, base hospital and receiving facilities during an MCI.

Reference No. 519	Management of Multiple Casualty Incidents
Reference No. 519.1	MCI-Definitions
Reference No. 519.2	MCI Triage Guidelines
Reference No. 519.3	MCI Transport Priority Guidelines
Reference No. 519.4	MCI field Decontamination Guidelines

All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination and injuries. Through Federal grant funding, the LEMSA has furnished all hospitals personal protective equipment, training to ensure that hospitals are aware of haz-mat response requirements as a component of all hazards preparedness, additionally, funding was given to purchase/install decontamination facilities. All 9-1-1 receiving hospitals are equipped and have staff trained to respond to such an event.

#### COORDINATION WITH OTHER EMS AGENCIES:

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.06 NEEDS ASSESSMENT

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#### MINIMUM STANDARDS:

The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

#### RECOMMENDED GUIDELINES:

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA utilizes the V-MED 28 radio and ReddiNet™ systems as primary communication tools to ascertain the needs of health facilities. Regional assets are requested through the RDMHC system utilizing the State Emergency Operations Manual. The LEMSA conducts annual exercises with health and medical facilities in Los Angeles County.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.07 DISASTER COMMUNICATIONS

---

#### MINIMUM STANDARDS:

A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets the minimum standard. The Hospital Emergency Administrative Radio(HEAR) frequency 155.280 MHz is available for administrative use between Los Angeles and Orange Counties. The V-MED 28 frequency 155.340 MHz is available for coordination between Los Angeles, Riverside, Ventura and San Bernardino counties.

OASIS provides one interagency frequency available for the operational area to communicate with other operational areas. Other communication systems include transportable satellite telephones and the Statewide Response Information Management System (RIMS).

#### COORDINATION WITH OTHER EMS AGENCIES:

Operational areas within Region I and EMSA are equipped with transportable satellite communications.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.08 INVENTORY OF RESOURCES

---

#### MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has developed the following policies regarding the available disaster medical resources deployed at hospitals, clinics and prehospital care providers:

Reference No. 1102.2

Reference No. 1104

Reference No. 1106

Reference No. 1106.1

Disaster Resource Center (DRC) Equipment Checklist for Items Deployed to Other Facilities

Disaster Pharmaceutical Caches Carried by Authorized ALS Providers

Mobilization of Local Pharmaceutical Caches (LPCs)

LPC Inventory and Checklist for Items Deployed

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.09 DMAT TEAMS

---

#### MINIMUM STANDARDS:

The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

#### RECOMMENDED GUIDELINES:

The local EMS agency should support the development and maintenance of DMAT teams in its area.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA established DMAT CA 9, sponsored by the County of Los Angeles through the Department of Health Services, in February 1995. In 2011 the EMS Agency requested clarification of the relationship between CA-9 and the County. Deputy Assistant Secretary Kevin Yeskey, M.D. informed us that the written agreement between the County and Federal Government was invalid and that ASPR was the sponsoring organization for all DMATs. The EMS Agency has employees who continue their DMAT membership and we maintain contact information for CA-9.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DISASTER MEDICAL RESPONSE**

### **8.10 MUTUAL AID AGREEMENTS**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. Under the California Master Mutual Aid Agreement, all public resources shall be shared within and among Mutual Aid Regions. Private resources that are requested across operational areas of Regions I and VI shall be reimbursed in accordance with the Southern Regional Cooperative Medical Assistance Agreement. Reference No. 519.3 MCI Transport Priority Guidelines, was developed to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents.

#### **COORDINATION WITH OTHER EMS AGENCIES:**

The LEMSA currently serves as the RDMHC for Region I.

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.11 CCP DESIGNATION

---

#### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA refers to Casualty Collection Points (CCPs) as Field Treatment Sites (FTS). FTS are sites pre-designated by county officials which are used for the assembly, triage, medical and austere medical treatment, relatively long-term holding and subsequent evacuation of casualties.

Each provider agency has designated field sites to assemble, triage and provide medical care to disaster victims. These sites would also be used for holding until patient destination is determined. To compliment this, Los Angeles County has implemented select hospitals as Disaster Resource Centers (DRCs). Twelve hospitals, geographically dispersed throughout the County, have been designated and funded. The goals of the DRC program include enhancing surge capacity for hospitals through the provision of ventilators, pharmaceuticals, medical supplies and large tent shelters, and enhancing hospital planning and cooperation in a geographical area to include planning for surge capacity. This planning addresses the use of non-hospital space to shelter and treat mass casualties, including the role of local community health centers and clinics.

#### COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA has concentrated its efforts on selecting DRC sites within Los Angeles County only. If sites outside of Los Angeles County were needed, this coordination would be accomplished through the Regional Disaster Medical/Health Coordinator.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.12 ESTABLISHMENT OF CCP

---

#### MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA has identified 12 Disaster Resource Centers, rather than utilizing Casualty Collection Points (CCP).

Communication with a DRC site will be accomplished through one of the following mechanisms, depending on what remains functional: V-MED 28, ReddiNet™, telephone (land line or cell) or the County Wide Integrated Radio System (CWIRS).

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.13 DISASTER MEDICAL TRAINING

---

#### MINIMUM STANDARDS:

The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

#### RECOMMENDED GUIDELINES:

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

#### CURRENT STATUS:

Meets minimum standard. Primary providers utilize the Incident Command System (FIRESCOPE) when responding to multiple casualty incidents. When casualties are exposed to and/or contaminated by toxic or radioactive substance, providers are required to follow the procedures outlined in Reference No. 807, Medical Control during Hazardous Material Exposure.

Trainers from public safety, law, fire and health as well as trainers from private EMS providers, over 300, have received DOD Train-the-Trainer instruction for nuclear, biological and chemical incidents. Los Angeles County and Los Angeles City Firefighter personnel have all received the NFA awareness module. Over 1000 hospital personnel have received the DOD hospital provider module.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.14 HOSPITAL PLANS

---

#### MINIMUM STANDARDS:

The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

#### RECOMMENDED GUIDELINES:

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

#### CURRENT STATUS:

Meets minimum standard. All hospitals in Los Angeles County, 9-1-1 receiving hospitals, those with standby emergency departments and specialty hospitals, are given the opportunity to participate in an annual disaster exercise. Any of the above mentioned hospitals that receive federal grant funding are required to participate in the annual disaster exercise. Communication systems are in place with all hospitals and standardized data forms have been implemented.

Participation of 9-1-1 provider agencies is limited, excepted when the exercise is developed by the LEMSA.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.15 INTERHOSPITAL COMMUNICATIONS

---

#### MINIMUM STANDARDS:

The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The V-MED 28 radio and ReddiNet™ communication systems are available to all hospitals throughout Los Angeles County. These systems are coordinated by the Hospital Association of Southern California and are operated by the LEMSA. Operational procedures are in place.

The V-MED 28 and ReddiNet™ systems provides a mechanism for hospitals to communicate with each other and the Medical Alert Center operated by the LEMSA.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# **SYSTEM ASSESSMENT FORMS**

## **DISASTER MEDICAL RESPONSE**

### **8.16 PREHOSPITAL AGENCY PLANS**

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

#### **RECOMMENDED GUIDELINES:**

The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

#### **CURRENT STATUS:**

Meets minimum standard. All prehospital providers and acute care 9-1-1 receiving hospitals have developed guidelines for the management of significant medical incidents. The LEMSA provides ongoing training programs to facilitate preparedness.

Primary provider agencies utilize the Incident Command System and nearly all hospitals have adopted and trained on the Hospital Incident Command System (HICS).

#### **NEED(S):**

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.17 ALS POLICIES

---

#### **MINIMUM STANDARDS:**

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

#### **RECOMMENDED GUIDELINES:**

None.

#### **CURRENT STATUS:**

Meets minimum standard. The LEMSA adheres to the California Code of Regulations, title 22, Section 100143c which permits paramedics not licensed in California to temporarily perform their scope of practice in California on a mutual aid response or during a special event, when approved by the medical director of the local EMS agency. The Intercounty agreement covers prehospital personnel from surrounding counties.

#### **NEED(S):**

An intercounty agreement between this county and surrounding counties are in place to cover mutual aid responses.

#### **OBJECTIVE:**

#### **TIME FRAME FOR MEETING OBJECTIVE:**

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.18 SPECIALTY CENTER ROLES

---

#### MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. Depending on the size of a major medical emergency or disaster, specialty centers including trauma centers, may or may not function under the normal policies governing triage. The smaller the event, the greater the likelihood that the specialty centers will function as they normally do (assuming they are not directly impacted by the disaster).

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

# SYSTEM ASSESSMENT FORMS

## DISASTER MEDICAL RESPONSE

### 8.19 WAIVING EXCLUSIVITY

---

#### MINIMUM STANDARDS:

Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

#### RECOMMENDED GUIDELINES:

None.

#### CURRENT STATUS:

Meets minimum standard. The LEMSA's exclusive operating program agreements permit emergency ambulance transportation services by Federal, State, or County operated ambulance vehicles, or to a city government operated ambulance vehicle if authorized to transport by an authorized County agency or by another lawful authority, or to air ambulances if authorized to transport by an authorized County agency or by another lawful authority. Additionally, during periods of major emergency or disaster within an exclusive operating area, the County, by agreement, may require and use the services of other providers. Reference No. 519.3, MCI Transport Priority Guidelines, was developed to provide guidelines for the rapid and efficient dispatch of multiple casualty incidents.

Public agencies may develop mutual aid agreements between the city and other public agencies and/or separate back-up service agreements between city and private ambulance operators.

#### NEED(S):

#### OBJECTIVE:

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-Range Plan (one year or less)

Long-Range Plan (more than one year)



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**CHANGES MADE ON A STANDARD**



LEMSA: Los Angeles County

FY: 2012-2013

**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	<p>1. The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area. 2. The local EMS agency should have written agreements with acute care facilities in its service area.</p>	Yes			<p>1. The LEMSA conducts an annual Impact Survey of all 9-1-1 receiving hospitals. This Impact Survey assess each receiving hospitals capability, number of 9-1-1 patients received, and number of emergency department visits. Annually these facilities are rated based upon the survey results utilizing a scoring system to determine critical access 2. 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. Currently, all 9-1-1 receiving facilities in the LEMSA service area have a minimum of one of the above specialty programs. Therefore, a formal approval process has been completed by the LEMSA and the facilities are assessed annually for their capabilities</p>	This standard has been met during this reported fiscal year.



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**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: **Los Angeles County Emergency Medical Services Agency**  
 Reporting Year: **Fiscal Year 2012-13**

**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) | <u>X</u> |
| Designation of trauma centers/trauma care system planning           | <u>X</u> |

Designation/approval of pediatric facilities	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	X
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	X
Administration of critical incident stress debriefing team (CISD)	X
Administration of disaster medical assistance team (DMAT)	X
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: <b>RDMHC</b>	X
Other: <b>HRSA Grant and other grant management</b>	X
Other: _____	X

**5. EXPENSES:**

Salaries and benefits(All but contract personnel)	\$19,212,512
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	_____
Travel	_____
Fixed assets	\$38,708
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	\$17,811,498
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: S&S	\$14,784,241
Other:	_____
<b>TOTAL EXPENSES</b>	<b>\$51,846,959</b>

**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	\$10,373,218
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$406,773
Training program approval fees	\$732,776
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	\$320,837
Trauma center application fees	\$1,027,348
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type:	_____
Other critical care center designation fees	_____
Type:	_____
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612/SB 1773)	\$26,002,513
Other grants: EMS Allocation Fund	_____
Other fees: various other revenue/Intrafund Transfers	\$4,886,758
Other (specify): HRSA	\$10,053,738
<b>TOTAL REVENUE</b>	<b>\$53,803,961</b>

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

Total Revenue is greater than Total Expenses due to the SB 1773 allocation of \$1,957,002 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
EMT-I recertification	\$20
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	_____
Mobile Intensive Care Nurse /Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	_____
EMT-II training program approval	_____
EMT-P training program approval	\$265
MICN/ARN training program approval	\$125
Base hospital application	\$15,449
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	\$73,382
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application / designation	_____
Type: _____	_____
Ambulance service license - New	\$4,846
Ambulance service license - Renewal	\$2,923
Ambulance vehicle permits - New	\$373.86
Ambulance vehicle permits - Renewal	\$339.55
Other: Ambulette Operator - New	\$4,846
Other: Ambulette Operator - Renewal	\$2,923
Other: Ambulette Vehicle Permit - New	\$361.72
Other: Ambulette Vehicle Permit – Renewal	\$327.41



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

EMS System: Los Angeles County

Reporting Year: Fiscal Year 2012-2013

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (46.56 % of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	1	\$73.33	34.14	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	3	\$63.14	\$29.40	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	1	\$61.07	\$28.43	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	\$54.65	\$25.44	
Trauma Coordinator	Trauma System Program Manager	1	\$59.71	\$27.80	
Medical Director	Medical Director	1	\$118.88	\$55.35	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1			
Disaster Medical Planner	Disaster Medical Officer	1	\$77.67	\$36.16	

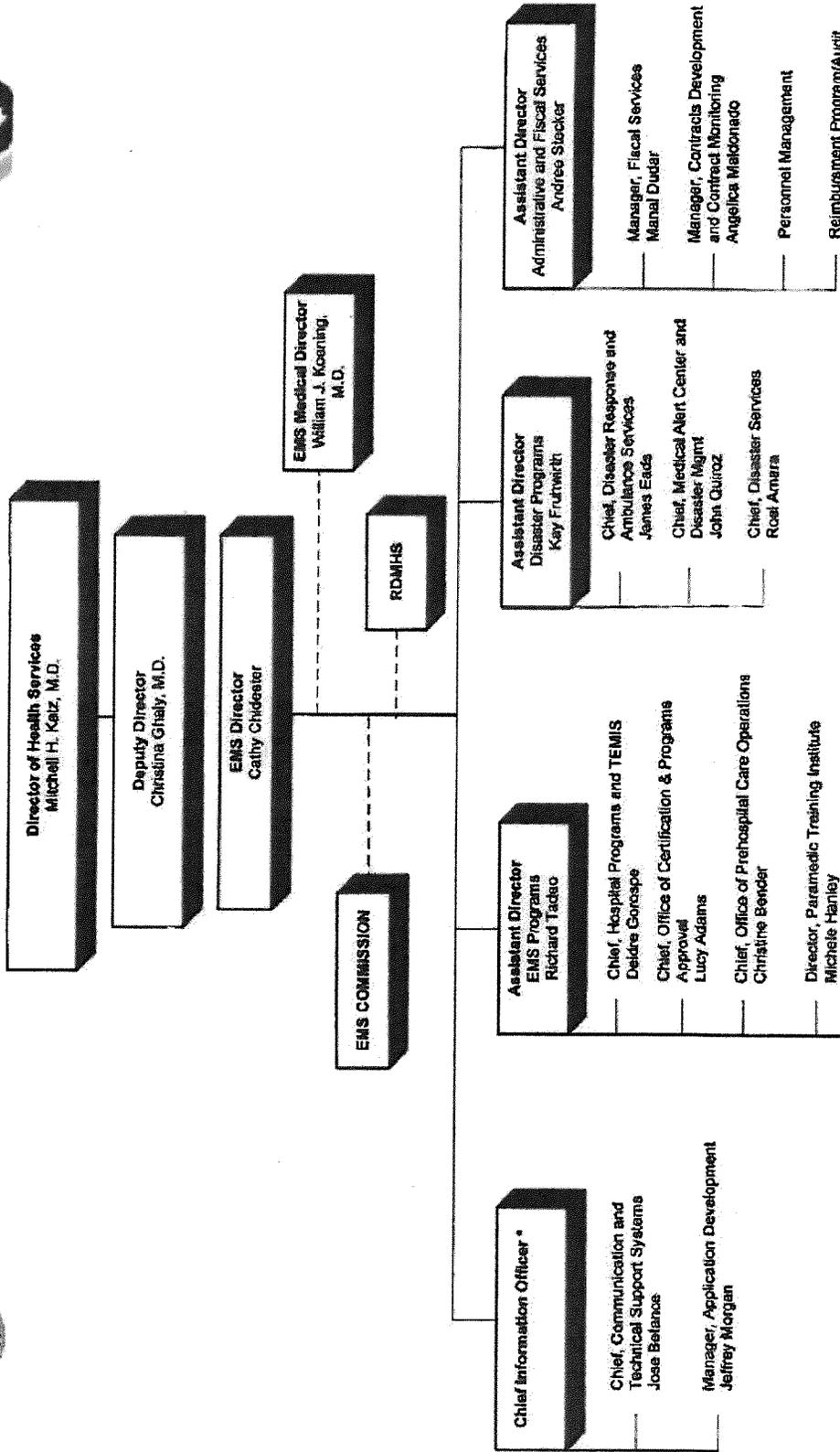
**Table 2 - System Organization & Management (cont.):**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (50.45% of Salary)	COMMENTS
Dispatch Supervisor	Ambulance Program Coordinator	1	\$43.90	\$20.44	
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	\$59.24	\$27.58	
QA/QI Coordinator	Provider and Hospital Program Managers	4	\$56.87	\$26.48	
Public Info. & Education Coordinator	Pre-Hospital Certification, Risk Management and Investigators	2	\$67.94	\$31.63	
Executive Secretary	Executive Secretary	1	\$30.93	\$14.40	
Data Entry Clerk	Data Entry Clerk	5	Various	Various	
Ambulance Services	Ambulance Services	67	Various	Various	
Medical Alert Center & Communications (MACC)	Medical Alert Center & Communications (MACC)	25	Various	Various	
Other EMS Staff	Various	69	Various	Various	

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



**LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
ORGANIZATIONAL CHART**



Approved by: *Cathy Chidester*  
EMS Director

Approved by: *Christina Ghaly, M.D.*  
Deputy Director

6/8/13

\* Item filled. Employee temporarily assigned to HSA - IT





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

EMS System: Los Angeles County Emergency Medical Services Agency  
 Reporting Year: Fiscal Year 2012 - 2013

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

	EMT	EMT II and AEMT	PM	MICN
Total Certified	7420	N/A		800
Number newly certified this year	1707	N/A		80
Number recertified this year	2273	N/A		323
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	3736	N/A
Number of certification reviews resulting in:				
a) formal investigations	249	N/A		0
b) probation	59	N/A		0
c) suspensions	0	N/A		0
d) revocations	9	N/A		0
e) denials	1	N/A		0
f) denials of renewal	0	N/A		0
g) no action taken	97	N/A		0

1. Early defibrillation:
  - a) Number of EMT AED Service Providers: 11,411
  - b) Number of Public Safety AED Providers (non-EMT): 3,692
  
2. Do you have a first responder training program? Yes No **X**



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

EMS System: **County of Los Angeles**

Reporting Year: **2013 (Fiscal Year 2012-2013)**

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

1. Number of primary Public Service Answering Points (PSAP) 85
2. Number of secondary PSAPs 13
3. Number of dispatch centers directly dispatching ambulances 33
4. Number of EMS dispatch agencies utilizing EMS guidelines 21
5. Number of designated dispatch centers for EMS Aircraft 2
6. Who is your primary dispatch agency for day-to-day emergencies?  
**Dispatch agency for day-to-day emergencies is dependent on where the call originated.**
7. Who is your primary dispatch agency for a disaster?  
**Los Angeles County Fire District is the Fire Operational Area Coordinator**
8. Do you have an operational area disaster communication system? Yes  No
  - a. Radio primary frequency:  
**For LA County operated facilities it is the 800 MHz trunked – Countywide Integrated Radio System (CWIRS).**  
**For privately operated facilities and providers and non- LA County Agencies it is VMED28 (formerly HEAR) at 155.340 MHz**
  - b. Other methods:  
**Landline, cellphones, Internet ReddiNet, satellite phones and amateur radio (HAM).**
  - c. Can all medical response units communicate on the same disaster communications system?  
**Limited console patching is available via VMED28 using LARTCS** Yes  No  
**(Los Angeles Regional Tactical Communications System)**

- d. Do you participate in the Operational Area Satellite Information System?      **Yes X** 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  
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**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation**

EMS System: **County of Los Angeles**

Reporting Year: **2013 (Fiscal Year 2012-2013)**

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers **11,411**

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

Enter the response times in the appropriate boxes	METRO/ URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:09*	Not Applicable	Not Applicable	5:09*
Early defibrillation responder	5:28*	Not Applicable	Not Applicable	5:28*
Advanced life support responder	5:38*	Not Applicable	Not Applicable	5:38*
Transport Ambulance	6:10*	Not Applicable	Not Applicable	6:10*

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



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

EMS System: **County of Los Angeles**

Reporting Year: **2013 (Fiscal Year 2012-2013)**

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

**1. Trauma**

a. Number of patients meeting trauma triage criteria <b>(Trauma Database – Total Volume)</b>	<b>25,273</b>
b. Number of major trauma victims transported directly to a trauma center by ambulance <b>(Trauma Database – Entry Mode=EMS Ground)</b>	<b>21,097</b>
c. Number of major trauma patients transferred to a trauma center <b>(Trauma Database – Entry Mode=Transfer)</b>	<b>1,130</b>
d. Number of patients meeting trauma triage criteria not treated at a trauma center <b>(Base Database – 8.8%)</b>	<b>1,468</b>
• Met Trauma Criteria	<b>16,595</b>
• Not transported	<b>682</b>
◦ AMA	607
◦ Pronounced	56
◦ DOA	15
◦ Other	4
• Not transported to Trauma Center	<b>786</b>
◦ Minimal injuries	171
◦ Judgment	56
◦ TC/PTC Diversion	40
◦ Not accessible	49
◦ Patient Request	30
◦ Airway	9
◦ ED Saturation	6
◦ Internal Disaster	2
◦ Other	44

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS - continued**

**2. Emergency Departments**

a. Total number of emergency departments	76
b. Number of referral emergency services	0
c. Number of standby emergency services <b>(Catalina Island Medical Center, Los Angeles Community Hospital, &amp; St. Vincent Medical Center)</b>	3
d. Number of basic emergency services	71
e. Number of comprehensive emergency services <b>(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)</b>	2

**3. Receiving Hospitals**

a. Number of receiving hospitals with written agreements	2
b. Number of base hospitals with written agreements	20



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

EMS System: **County of Los Angeles**

Reporting Year: **2013 (Fiscal Years 2012-2013)**

**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.**

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Adult Medical Transportation, Inc. Response Zone: whole county

Address: 7048 Darby Avenue Number of Ambulance Vehicles in Fleet: 8

Reseda, CA 91355

Phone Number: (818) 705-0100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

10,299	Total number of responses	8,812	Total number of transports
0	Number of emergency responses	Unk	Number of emergency transports
8,812	Number of non-emergency responses	8,812	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Aegis Ambulance Service Inc. Response Zone: whole county

Address: 140 W. Chestnut Avenue Number of Ambulance Vehicles in Fleet: 21

Monrovia, CA 91016

Phone Number: (626) 685-9400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 21

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**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  
Unk Number of emergency transports  
19,000 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Alhambra Fire Department **Response Zone:** City of Alhambra

**Address:** 301 North First Street **Number of Ambulance Vehicles in Fleet:** 2

Alhambra, CA 91801

**Phone Number:** (626) 570-5190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4,231	Total number of responses	2856	Total number of transports
4,213	Number of emergency responses	2856	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: AmbuServe, Inc Response Zone: whole county

Address: 15105 S. Broadway Avenue Number of Ambulance Vehicles in Fleet: 28  
Gardena, CA 90248

Phone Number: (310) 644-0500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 28

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>23,517</u>	Total number of responses	<u>23,517</u>	Total number of transports
<u>1,272</u>	Number of emergency responses	<u>1,272</u>	Number of emergency transports
<u>22,245</u>	Number of non-emergency responses	<u>22,245</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: AmeriCare Ambulance Response Zone: whole county

Address: 1059 E. Bedmar Street Number of Ambulance Vehicles in Fleet: 50  
Carson, CA 90746

Phone Number: (310) 835-9390 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 50

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

66,807	Total number of responses	52,047	Total number of transports
1,588	Number of emergency responses	1,094	Number of emergency transports
65,219	Number of non-emergency responses	50,953	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** AmeriPride Ambulance Service, Inc. **Response Zone:** whole county

**Address:** 13509 Raymond Avenue  
Gardena, CA 90247

**Phone Number:** (310) 965-0905

**Number of Ambulance Vehicles in Fleet:** 5

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

5866 \_\_\_\_\_ Total number of responses  
 900 \_\_\_\_\_ Number of emergency responses  
 4966 \_\_\_\_\_ Number of non-emergency responses

5594 \_\_\_\_\_ Total number of transports  
 910 \_\_\_\_\_ Number of emergency transports  
 4684 \_\_\_\_\_ 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** American Medical Response **Response Zone:** 1, 2, 5 and City of La Habra Heights

**Address:** 1055 W. Avenue J **Number of Ambulance Vehicles in Fleet:** 70  
Lancaster, CA 93534

**Phone Number:** (310) 644-0500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 70

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

107,741 Total number of responses  
85,143 Number of emergency responses  
22,589 Number of non-emergency responses

83,175 Total number of transports  
62,417 Number of emergency transports  
20,758 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Antelope Ambulance Service Response Zone: whole county

Address: 42540 N. 6<sup>th</sup> Street East Number of Ambulance Vehicles in Fleet: 7  
Lancaster, CA 93535

Phone Number: (661) 951-1998 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>7547</u>	Total number of responses	<u>7353</u>	Total number of transports
<u>54</u>	Number of emergency responses	<u>36</u>	Number of emergency transports
<u>7493</u>	Number of non-emergency responses	<u>7317</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Arcadia Fire Department **Response Zone:** City of Arcadia

**Address:** 710 S. Santa Anita Avenue **Number of Ambulance Vehicles in Fleet:** 3  
Arcadia, CA 91006

**Phone Number:** (626) 574-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3594          Total number of responses  
 3594          Number of emergency responses  
 0          Number of non-emergency responses

2557          Total number of transports  
 2557          Number of emergency transports  
 0          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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Avalon Fire Department Response Zone: City of Avalon

Address: PO Box 707 (420 Avalon Canyon Road) Number of Ambulance Vehicles in Fleet: 2  
Avalon, CA 90704

Phone Number: (310) 510-0203 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>917</u>	Total number of responses	<u>458</u>	Total number of transports
<u>850</u>	Number of emergency responses	<u>450</u>	Number of emergency transports
<u>67</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Beverly Hills Fire Department Response Zone: City of Beverly Hills

Address: 445 North Rexford Drive Number of Ambulance Vehicles in Fleet: 4  
Beverly Hills, CA 90210

Phone Number: (310) 281-2700 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6711 \_\_\_\_\_ Total number of responses  
 6711 \_\_\_\_\_ Number of emergency responses  
 0 \_\_\_\_\_ Number of non-emergency responses

4205 \_\_\_\_\_ Total number of transports  
 4205 \_\_\_\_\_ Number of emergency transports  
 0 \_\_\_\_\_ 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles      Provider: Bowers Companies, Inc.      Response Zone: whole county

Address: 3355 East Spring Street, Suite 301      Number of Ambulance Vehicles in Fleet: 49

Long Beach, CA 90806

Phone Number: (562) 988-6460      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 49

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

55759 \_\_\_\_\_ Total number of responses  
1023 \_\_\_\_\_ Number of emergency responses  
54736 \_\_\_\_\_ Number of non-emergency responses

54617 \_\_\_\_\_ Total number of transports  
675 \_\_\_\_\_ Number of emergency transports  
53953 \_\_\_\_\_ 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Burbank Fire Department Response Zone: City of Burbank

Address: 3355 East Spring Street, Suite 301  
Long Beach, CA 90806 Number of Ambulance Vehicles in Fleet: 3

Phone Number: (562) 988-6460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> Non-Transport X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>7818</u>	Total number of responses	<u>3897</u>	Total number of transports
<u>7818</u>	Number of emergency responses	<u>3897</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Care Ambulance Service **Response Zone:** 6 and cities of Montebello and Santa Fe Springs

**Address:** 1517 W. Braden Court **Number of Ambulance Vehicles in Fleet:** 181  
 Orange, CA 92868  
**Phone Number:** (714) 288-3800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 181

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> LALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1959 Total number of responses 1381 Total number of transports  
 1959 Number of emergency responses 1381 Number of emergency transports  
 0 Number of non-emergency responses 0 Number of non-emergency transports

**Air Ambulance Services**

Total number of responses \_\_\_\_\_ Total number of transports  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Compton Fire Department Response Zone: City of Compton

Address: 201 South Arcadia Number of Ambulance Vehicles in Fleet: 5

Compton, CA 90220

Phone Number: (310) 605-5670 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<p><b>Written Contract:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p>X Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
<p><b>Ownership:</b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other                  Explain: _____</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>

**Transporting Agencies**

9843 Total number of responses  
 9843 Number of emergency responses  
 0 Number of non-emergency responses

4986 Total number of transports  
 2206 Number of emergency transports  
 2780 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Culver City Fire Department Response Zone: City of Culver City

Address: 9770 Culver Boulevard Number of Ambulance Vehicles in Fleet: 3

Culver City, CA 90232

Phone Number: (310) 253-5900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3795 Total number of responses  
 3795 Number of emergency responses  
 0 Number of non-emergency responses

2772 Total number of transports  
 N/A Number of emergency transports  
 N/A 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Downey Fire Department Response Zone: City of Downey

Address: 12222 Paramount Blvd. Number of Ambulance Vehicles in Fleet: 4

Downey, CA 90242

Phone Number: (562) 904-7344 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> Non-Transport X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>9229</u>	Total number of responses	<u>4664</u>	Total number of transports
<u>8675</u>	Number of emergency responses	<u>2667</u>	Number of emergency transports
<u>554</u>	Number of non-emergency responses	<u>1997</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Emergency Ambulance Service, Inc. **Response Zone:** whole county

**Address:** 3200 E. Birch Street, Suite A **Number of Ambulance Vehicles in Fleet:** 15  
Brea, CA 92821

**Phone Number:** (714) 986-3900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>14745</u>	Total number of responses	<u>11361</u>	Total number of transports
<u>8354</u>	Number of emergency responses	<u>1223</u>	Number of emergency transports
<u>6391</u>	Number of non-emergency responses	<u>10138</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Elite Ambulance, Inc. Response Zone: whole county

Address: 2065 Venice Blvd. Number of Ambulance Vehicles in Fleet: 39

Los Angeles, CA 90006

Phone Number: (323) 874-4100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 39

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

52168 Total number of responses 45813 Total number of transports  
 0 Number of emergency responses 0 Number of emergency transports  
 52168 Number of non-emergency responses 45813 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: El Segundo Fire Department Response Zone: City of El Segundo

Address: 314 Main Street Number of Ambulance Vehicles in Fleet: 3

El Segundo, CA 90245

Phone Number: (323) 874-4100 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>1470</u>	Total number of responses	<u>901</u>	Total number of transports
<u>1449</u>	Number of emergency responses	<u>901</u>	Number of emergency transports
<u>21</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Gentle Care Transport, Inc. Response Zone: whole county

Address: 3539 Casitas Ave Number of Ambulance Vehicles in Fleet: 52

Los Angeles, CA 90039

Phone Number: (323) 662-8777 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 52

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>34751</u>	Total number of responses	<u>34481</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>34751</u>	Number of non-emergency responses	<u>34481</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Gerber Ambulance Service **Response Zone:** City of Torrance and whole county

**Address:** 19801 Mariner Avenue **Number of Ambulance Vehicles in Fleet:** 21  
Torrance, CA 90503

**Phone Number:** (310) 542-6464 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

23854	Total number of responses	23854	Total number of transports
18381	Number of emergency responses	18381	Number of emergency transports
8473	Number of non-emergency responses	8473	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Glendale Fire Department Response Zone: City of Glendale

Address: 421 Oak Street Number of Ambulance Vehicles in Fleet: 6  
Glendale, CA 91204

Phone Number: (818) 548-4814 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

14350 Total number of responses  
14350 Number of emergency responses  
0 Number of non-emergency responses

10448 Total number of transports  
10448 Number of emergency transports  
0 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Guardian Ambulance Service Response Zone: whole county

Address: 1854 E. Corson Number of Ambulance Vehicles in Fleet: 5

Pasadena, CA 91107

Phone Number: (626) 792-3688 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

4016	Total number of responses	<u>3959</u>	Total number of transports
0	Number of emergency responses	<u>0</u>	Number of emergency transports
4016	Number of non-emergency responses	<u>3959</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Hermosa Beach Fire Department Response Zone: City of Hermosa Beach

Address: 504 Pier Avenue Number of Ambulance Vehicles in Fleet: 2

Hermosa Beach, CA 90254

Phone Number: (310) 376-2479 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

1473 Total number of responses 916 Total number of transports  
 1473 Number of emergency responses 645 Number of emergency transports  
 0 Number of non-emergency responses 271 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency responses \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Impulse Ambulance, Inc. Response Zone: whole county

Address: 12531 Vanowen Street Number of Ambulance Vehicles in Fleet: 12

North Hollywood, CA 91605

Phone Number: (818) 982-3500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 12

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>12592</u>	Total number of responses	<u>12451</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>12592</u>	Number of non-emergency responses	<u>12451</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** Los Angeles Fire Department **Response Zone:** City of Los Angeles

**Address:** 200 N. Main Street – Room 1860  
Los Angeles, CA 90012 **Number of Ambulance Vehicles in Fleet:** 141 (Ground) 2 (Air)

**Phone Number:** (213) 978-3885 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 141 (Ground) 2 (Air)

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> X Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

882069	Total number of responses	<u>209606</u>	Total number of transports
820028	Number of emergency responses	<u>188135</u>	Number of emergency transports
62041	Number of non-emergency responses	<u>20732</u>	Number of non-emergency transports

**Air Ambulance Services**

386	Total number of responses	<u>128</u>	Total number of transports
386	Number of emergency responses	<u>128</u>	Number of emergency transports
0	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: LA County Fire Dept., EMS Division Response Zone: whole county

Address: 1320 N. Eastern Avenue  
Los Angeles, CA 90040 Number of Ambulance Vehicles in Fleet: 0

Phone Number: (323) 881-2485 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

236972 Total number of responses  
 236840 Number of emergency responses  
 132 Number of non-emergency responses

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: LA County Fire Dept., EMS Division Response Zone: whole county

Address: 1320 N. Eastern Avenue Number of Ambulance Vehicles in Fleet: 3

Los Angeles, CA 90040

Phone Number: (323) 881-2485 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

1224 \_\_\_\_\_ Total number of responses 1224 \_\_\_\_\_ Total number of transports  
 1224 \_\_\_\_\_ Number of emergency responses 1224 \_\_\_\_\_ Number of emergency transports  
 0 \_\_\_\_\_ Number of non-emergency responses 0 \_\_\_\_\_ Number of non-emergency transports

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: LA County Sheriff's Department Response Zone: whole county

Address: 1060 N. Eastern Avenue Number of Ambulance Vehicles in Fleet: 8 (Air)  
Los Angeles, CA 90022

Phone Number: (323) 881-7823 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

**Air Ambulance Services**

207	Total number of responses	131	Total number of transports
207	Number of emergency responses	131	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

**County:** Los Angeles **Provider:** La Habra Heights Fire Department **Response Zone:** City of La Habra Heights

**Address:** 1245 North Hacienda Boulevard **Number of Ambulance Vehicles in Fleet:** 0  
La Habra Heights, CA 90631

**Phone Number:** (562) 694-8283 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes X No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

474 \_\_\_\_\_ Total number of responses  
 474 \_\_\_\_\_ Number of emergency responses  
 0 \_\_\_\_\_ Number of non-emergency responses

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: La Verne Fire Department Response Zone: City of La Verne

Address: 2061 Third Street Number of Ambulance Vehicles in Fleet: 2

La Verne, CA 91750

Phone Number: (909) 596-5991 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>2489</u>	Total number of responses	<u>1409</u>	Total number of transports
<u>2276</u>	Number of emergency responses	<u>1409</u>	Number of emergency transports
<u>213</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Long Beach Fire Department Response Zone: City of Long Beach

Address: 3205 Lakewood Boulevard  
Long Beach, CA 90808 Number of Ambulance Vehicles in Fleet: 8 (ALS) 5 (BLS)

Phone Number: (562) 562-2500 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>43618</u>	Total number of responses	<u>28043</u>	Total number of transports
<u>29349</u>	Number of emergency responses	<u>15387</u>	Number of emergency transports
<u>5272</u>	Number of non-emergency responses	<u>12656</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Liberty Ambulance Service Response Zone: whole county

Address: 9441 Washburn Road Number of Ambulance Vehicles in Fleet: 22

Downey, CA 90242

Phone Number: (956) 741-6230 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 22

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

19228 Total number of responses  
136 Number of emergency responses  
19092 Number of non-emergency responses

19007 Total number of transports  
111 Number of emergency transports  
18896 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Mauran Ambulance Service Response Zone: whole county

Address: 1211 First Street Number of Ambulance Vehicles in Fleet: 14

San Fernando, CA 91430

Phone Number: (818) 365-3182 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 14

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>9214</u>	Total number of responses	<u>8994</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>9214</u>	Number of non-emergency responses	<u>8994</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles      Provider: Manhattan Beach Fire Department      Response Zone: \_\_\_\_\_ City of Manhattan Beach

Address: 400 15<sup>th</sup> Street      Number of Ambulance Vehicles in Fleet: 2

Manhattan Beach, CA 90266

Phone Number: (310) 802-5203      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>2245</u>	Total number of responses	<u>1800</u>	Total number of transports
<u>2245</u>	Number of emergency responses	<u>1200</u>	Number of emergency transports
<u>400</u>	Number of non-emergency responses	<u>400</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: MedCoast Ambulance Service Response Zone: whole county

Address: 14325 Iseli Road Number of Ambulance Vehicles in Fleet: 27

Santa Fe Springs, CA 90670

Phone Number: (562) 802-3765 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 27

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>31889</u>	Total number of responses	<u>26227</u>	Total number of transports
<u>13</u>	Number of emergency responses	<u>96</u>	Number of emergency transports
<u>31876</u>	Number of non-emergency responses	<u>26131</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles      Provider: Med-Life Ambulance Service, Inc.      Response Zone: whole county

Address: 4303 Alger Street      Number of Ambulance Vehicles in Fleet: 28

Los Angeles, CA 90039

Phone Number: (818) 500-0044      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 28

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>22772</u>	Total number of responses	<u>22378</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>37</u>	Number of emergency transports
<u>22772</u>	Number of non-emergency responses	<u>22341</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: MedReach Ambulance Service Response Zone: 2hole county

Address: 1303 Kona Drive Number of Ambulance Vehicles in Fleet: 27

Rancho Dominguez, CA 902200

Phone Number: (310) 868-5103 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 27

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>31968</u>	Total number of responses	<u>25692</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>31968</u>	Number of non-emergency responses	<u>25692</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles      Provider: MedResponse, Inc.      Response Zone: whole county

Address: 7040 Hayvenhurst Avenue, Suite #200      Number of Ambulance Vehicles in Fleet: 24

Van Nuys, CA 91406

Phone Number: (818) 442-9222      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 24

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>38162</u>	Total number of responses	<u>31844</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>16</u>	Number of emergency transports
<u>38162</u>	Number of non-emergency responses	<u>31828</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Mercy Ambulance Service Response Zone: whole county

Address: 7700 Imperial Highway Number of Ambulance Vehicles in Fleet: 9  
Downey, CA 90242

Phone Number: (888) 777-3851 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>12148</u>	Total number of responses	<u>12148</u>	Total number of transports
<u>50</u>	Number of emergency responses	<u>50</u>	Number of emergency transports
<u>12098</u>	Number of non-emergency responses	<u>12098</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 6 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Mercy Air Service Inc. Response Zone: whole county

Address: 1670 Miro Way Number of Ambulance Vehicles in Fleet: 7

Rialto, CA 92376

Phone Number: (909) 829-7030 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> X Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> X Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**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**

284 Total number of responses  
28 Number of emergency responses  
256 Number of non-emergency responses

197 Total number of transports  
15 Number of emergency transports  
182 Number of non-emergency transports

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Monrovia Fire Department Response Zone: City of Monrovia

Address: 141 East Lemon Avenue Number of Ambulance Vehicles in Fleet: 0  
Monrovia, CA 91016

Phone Number: (626) 256-8181 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

2749 \_\_\_\_\_ Total number of responses  
 2749 \_\_\_\_\_ Number of emergency responses  
 0 \_\_\_\_\_ Number of non-emergency responses

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Montebello Fire Department Response Zone: City of Montebello

Address: 600 North Montebello Boulevard Number of Ambulance Vehicles in Fleet: 0  
Montebello, CA 90640

Phone Number: (626) 256-8181 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><b>Written Contract:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p>X Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b>Ownership:</b></p> <p><input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other          Explain: _____</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal  <input type="checkbox"/> County <input type="checkbox"/> Fire District</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

3898 0 Total number of transports  
 3898 0 Number of emergency transports  
 0 0 Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Monterey Park Fire Department Response Zone: City of Monterey Park

Address: 320 West Newmark Avenue Number of Ambulance Vehicles in Fleet: 2  
Monterey Park, CA 91754

Phone Number: (626) 307-1270 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____ <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

3169 \_\_\_\_\_ Total number of responses 2275 Total number of transports \_\_\_\_\_  
 3196 \_\_\_\_\_ Number of emergency responses 2275 Number of emergency transports \_\_\_\_\_  
 0 \_\_\_\_\_ Number of non-emergency responses 0 Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 \_\_\_\_\_ Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 \_\_\_\_\_ Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Pasadena Fire Department Response Zone: City of Pasadena

Address: 199 S. Los Robles Avenue, Suite 550 Number of Ambulance Vehicles in Fleet: 5

Pasadena, CA 91101

Phone Number: (626) 744-4655 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

13006                      Total number of responses 9312 Total number of transports                       
 13006                      Number of emergency responses 9312 Number of emergency transports                       
 0                      Number of non-emergency responses 0 Number of non-emergency transports                     

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Priority One Medial Transport, Inc. Response Zone: whole county

Address: 9327 Fairway View Place Number of Ambulance Vehicles in Fleet: 13

Rancho Cucamonga, CA 91730

Phone Number: (909) 948-4400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>6264</u>	Total number of responses	<u>6016</u>	Total number of transports
<u>37</u>	Number of emergency responses	<u>29</u>	Number of emergency transports
<u>6227</u>	Number of non-emergency responses	<u>5987</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: PRN Ambulance, Inc. Response Zone: whole county

Address: 8928 Sepulveda Blvd. Number of Ambulance Vehicles in Fleet: 53

North Hills, CA 91343

Phone Number: (818) 810-3616 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 53

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>40000</u>	Total number of responses	<u>37225</u>	Total number of transports
<u>263</u>	Number of emergency responses	<u>263</u>	Number of emergency transports
<u>36962</u>	Number of non-emergency responses	<u>36962</u>	Number of non-emergency transports

**Air Ambulance Services**

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



**Table 8: Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: REACH AirMedical Services Response Zone: whole county

Address: 451 Aviation Blvd. Number of Ambulance Vehicles in Fleet: 3

Santa Rosa, CA 95403

Phone Number: (707) 324-2400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> X Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> X Rotary X Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

Total number of responses \_\_\_\_\_ Total number of transports \_\_\_\_\_  
 Number of emergency responses \_\_\_\_\_ Number of emergency transports \_\_\_\_\_  
 Number of non-emergency responses \_\_\_\_\_ Number of non-emergency transports \_\_\_\_\_

**Air Ambulance Services**

44 \_\_\_\_\_ Total number of transports 44  
 0 \_\_\_\_\_ Number of emergency transports 0  
 44 \_\_\_\_\_ Number of non-emergency transports 44

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Rescue Services International, Ltd Response Zone: whole county

Address: 5462 Inwindale Avenue, Suite B Number of Ambulance Vehicles in Fleet: 24  
Inwindale, CA 91706

Phone Number: (626) 385-0440 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 24

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>19820</u>	Total number of responses	<u>19804</u>	Total number of transports
<u>77</u>	Number of emergency responses	<u>75</u>	Number of emergency transports
<u>19743</u>	Number of non-emergency responses	<u>19729</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Schaefer Ambulance Service Response Zone: 3 and City of Monrovia

Address: 4627 W. Beverly Boulevard Number of Ambulance Vehicles in Fleet: 44

Los Angeles, CA 90004-3101

Phone Number: (310) 458-8652 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 44

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input checked="" type="checkbox"/> ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport X BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>55760</u>	Total number of responses	<u>40337</u>	Total number of transports
<u>40706</u>	Number of emergency responses	<u>26086</u>	Number of emergency transports
<u>15054</u>	Number of non-emergency responses	<u>14251</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Santa Fe Springs Fire Rescue Response Zone: Santa Fe Springs

Address: 1130 Greenstone Avenue Number of Ambulance Vehicles in Fleet: 0

Santa Fe Springs, CA 90670

Phone Number: (562) 944-9713 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><b>Written Contract:</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b>Ownership:</b></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other          Explain: _____</p>	<p><b>If Public:</b></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District  <input type="checkbox"/> State <input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

3153 \_\_\_\_\_ Total number of responses  
 3018 \_\_\_\_\_ Number of emergency responses  
 135 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ 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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: San Gabriel Fire Department Response Zone: City of San Gabriel

Address: 1303 S. Del Mar Avenue Number of Ambulance Vehicles in Fleet: 1

San Gabriel, CA 91776

Phone Number: (626) 308-2800 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>1914</u>	Total number of responses	<u>1527</u>	Total number of transports
<u>1914</u>	Number of emergency responses	<u>1527</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Sierra Madre Fire Department Response Zone: City of Sierra Madre

Address: 242 West Sierra Madre Boulevard Number of Ambulance Vehicles in Fleet: 2

Sierra Madre, CA 91024

Phone Number: (626) 836-0246 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> Non-Transport X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

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

449          Total number of transports  
 449          Number of emergency transports  
 0          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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: San Marino Fire Department Response Zone: City of San Marino

Address: 2200 Huntington Drive Number of Ambulance Vehicles in Fleet: 1  
San Marino, Ca 91108

Phone Number: (626) 300-0735 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

588	Total number of responses	<u>382</u>	Total number of transports
588	Number of emergency responses	<u>382</u>	Number of emergency transports
0	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Santa Monica Fire Department Response Zone: City of Santa Monica

Address: 333 Olympic Drive Number of Ambulance Vehicles in Fleet: 0  
Santa Monica, CA 90401

Phone Number: (310) 458-8652 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<p><b>Written Contract:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b>  <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input type="checkbox"/> IFT</p>
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<p><b>Ownership:</b>  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b>  <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b>If Public:</b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b>  <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b>  <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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**Transporting Agencies**

10925 Total number of responses \_\_\_\_\_  
 10925 Number of emergency responses \_\_\_\_\_  
 0 Number of non-emergency responses \_\_\_\_\_

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses \_\_\_\_\_  
 \_\_\_\_\_ Number of emergency responses \_\_\_\_\_  
 \_\_\_\_\_ Number of non-emergency responses \_\_\_\_\_

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: South Pasadena Fire Department Response Zone: City of South Pasadena

Address: 817 Mound Avenue Number of Ambulance Vehicles in Fleet: 2

So. Pasadena, CA 91030

Phone Number: (626) 403-7300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> X Public <input type="checkbox"/> Private	<b>If Public:</b> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> X City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>1188</u>	Total number of responses	<u>670</u>	Total number of transports
<u>1188</u>	Number of emergency responses	<u>670</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Symons Ambulance Response Zone: whole county

Address: 18592 Cajon Boulevard Number of Ambulance Vehicles in Fleet: 5 (special events only)

San Bernardino, CA 92407

Phone Number: (909) 880-2979 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>0</u>	Total number of responses
<u>0</u>	Number of emergency responses
<u>0</u>	Number of non-emergency responses
<u>0</u>	Total number of transports
<u>0</u>	Number of emergency transports
<u>0</u>	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**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Torrance Fire Department Response Zone: City of Torrance

Address: 1701 Crenshaw Boulevard Number of Ambulance Vehicles in Fleet: 0

Torrance, CA 90501

Phone Number: (310) 781-7000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

9243                      Total number of responses 0 Total number of transports                       
 9243                      Number of emergency responses 0 Number of emergency transports                       
                     Number of non-emergency responses 0 Number of non-emergency transports                     

**Air Ambulance Services**

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

**Table 8. Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Trinity Ambulance & Med Transport Response Zone: whole county

Address: 11745 Firestone Boulevard, Suite #204 Number of Ambulance Vehicles in Fleet: 8  
Norwalk, CA 90650

Phone Number: (652) 677-1000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

<b>Written Contract:</b> X Yes <input type="checkbox"/> No	<b>Medical Director:</b> X Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> X Yes <input type="checkbox"/> No	<b>Level of Service:</b> X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b>Ownership:</b> <input type="checkbox"/> Public X Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

6471	Total number of responses	6471	Total number of transports
0	Number of emergency responses	0	Number of emergency transports
6471	Number of non-emergency responses	6471	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: Vernon Fire Department Response Zone: City of Vernon

Address: 4305 Santa Fe Avenue Number of Ambulance Vehicles in Fleet: 1  
Vernon, CA 90058

Phone Number: (323) 583-8811 (ext. 510) Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>352</u>	Total number of responses	<u>190</u>	Total number of transports
<u>352</u>	Number of emergency responses	<u>190</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

**Table 8 Resource Directory**

Reporting Year: 2013

**Response/Transportation/Providers**

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

County: Los Angeles Provider: West Covina Fire Department Response Zone: City of West Covina

Address: 1444 West Garvey Avenue #205 Number of Ambulance Vehicles in Fleet: 3  
West Covina, CA 91790

Phone Number: (626) 939-8824 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>System Available 24 Hours:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Level of Service:</b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**

<u>7952</u>	Total number of responses	<u>3581</u>	Total number of transports
<u>6858</u>	Number of emergency responses	<u>3581</u>	Number of emergency transports
<u>1094</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

**Air Ambulance Services**

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

Table 8 Resource Directory

Reporting Year: 2013

Response/Transportation/Providers

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

County: Los Angeles Provider: West Coast Ambulance, Inc. Response Zone: whole county

Address: 6739 S. Victoria Avenue Number of Ambulance Vehicles in Fleet: 29  
 Los Angeles, CA 90043

Phone Number: (800) 880-0556 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 29

<p><b>Written Contract:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b>                  X Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b>                  X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 X Ground  <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water  <input checked="" type="checkbox"/> IFT</p>
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<p><b>Ownership:</b>  <input type="checkbox"/> Public                  X Private</p>	<p><b>If Public:</b>  <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other                  Explain: _____</p>	<p><b>If Public:</b>  <input type="checkbox"/> City <input type="checkbox"/> County  <input type="checkbox"/> State <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b>  <input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b>  <input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

30745	Total number of responses	30177	Total number of transports
0	Number of emergency responses	91	Number of emergency transports
30745	Number of non-emergency responses	30086	Number of non-emergency transports

Air Ambulance Services

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





Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2013**  
**(Fiscal Years 2012-2013)**



**Table 9 – RESOURCE DIRECTORY – Facilities**

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2012-2013**

**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

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

**Facility:** Antelope Valley Medical Center **Telephone Number:** (661) 949-5000  
**Address:** 1600 West Avenue J  
 Lancaster, CA 93534

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

**Facility:** Bellflower Medical Center **Telephone Number:** (562) 925-8355  
**Address:** 9542 East Artesia Boulevard  
 Bellflower, CA 90706

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<b>PICU:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</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:** Beverly Hospital  
**Address:** 309 West Beverly Boulevard  
 Montebello, CA 90640

**Telephone Number:** (323) 726-1222

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

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

**Telephone Number:** (310) 836-7000

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

**Table 9 – Resource Directory – Facilities**

**Facility:** California Hospital Medical Center  
**Address:** 1401 South Grand Avenue  
 Los Angeles, CA 90015  
**Telephone Number:** (213) 7482411

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Catalina Medical Center  
**Address:** 100 Falls Canyon Road  
 Avalon, CA 90704  
**Telephone Number:** (310) 510-0700

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Trauma Center what level:</b> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Cedars Sinai Medical Center **Telephone Number:** (310) 855-5000  
**Address:** 8700 Beverly Boulevard  
 Los Angeles, CA 90048

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

**Facility:** Centinela Hospital Medical Center **Telephone Number:** (310) 673-4660  
**Address:** 555 East Hardy Street  
 Inglewood, CA 90301

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<b>PICU:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</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:** Children’s Hospital Los Angeles **Telephone Number:** (323) 660-2450  
**Address:** 4650 Sunset Boulevard  
 Los Angeles, CA 90027

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

**Facility:** Citrus Valley Medical Center-Inter-Community Campus **Telephone Number:** (626) 331-7331  
**Address:** 210 West San Bernardino Road  
 Covina, CA 91723

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Citrus Valley Medical Center-Queen of the Valley Campus **Telephone Number:** (626) 962-4011  
**Address:** 1115 South Sunset Avenue  
 West Covina, CA 91790

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

**Facility:** Coast Plaza Doctors Hospital **Telephone Number:** (562) 868-3751  
**Address:** 13100 Studebaker Road  
 Norwalk, CA 90650

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Community Hospital of Huntington Park  
**Address:** 2623 East Slauson Avenue  
 Huntington Park, CA 90255

**Telephone Number:** (323) 583-1931

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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

**Telephone Number:** (562) 498-1000

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

**Table 9 – Resource Directory – Facilities**

**Facility:** Downey Regional Medical Center **Telephone Number:** (562) 904-5000  
**Address:** 11500 Brookshire Avenue  
 Downey, CA 90241

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

**Facility:** East Los Angeles Doctors Hospital **Telephone Number:** (323) 268-5514  
**Address:** 4060 East Whittier Boulevard  
 Los Angeles, CA 90023

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (626) 335-0231

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

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

**Telephone Number:** (818) 995-5000

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Foothill Presbyterian Hospital  
**Address:** 250 South Grand Avenue  
 Glendora, CA 91741

**Telephone Number:** (626) 963-8411

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Glendale Adventist Medical Center **Telephone Number:** (818) 409-8000  
**Address:** 1509 East Wilson Terrace  
 Glendale, CA 91206

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Glendale Memorial Hospital and Health Center **Telephone Number:** (818) 502-1900  
**Address:** 1420 South Central Avenue  
 Glendale, CA 91204

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Good Samaritan Hospital  
**Address:** 1225 Wilshire Boulevard  
 Los Angeles, CA 90017  
**Telephone Number:** (213) 977-2121

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

**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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<b>PICU:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</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:** Henry Mayo Newhall Memorial Hospital **Telephone Number:** (661) 253-8000  
**Address:** 23845 West McBean Parkway  
 Valencia, CA 91355

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

**Facility:** Hollywood Presbyterian Medical Center **Telephone Number:** (213) 413-3000  
**Address:** 1300 North Vermont Avenue  
 Los Angeles, CA 90027

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b>			
<b>PICU:</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>EDAP:</b> <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			
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Huntington Memorial Hospital  
**Address:** 100 West California Boulevard  
 Pasadena, CA 91105  
**Telephone Number:** (626) 397-5000

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

**Facility:** Kaiser Foundation Hospital - Baldwin Park  
**Address:** 1011 Baldwin Boulevard  
 Baldwin Park, CA 91706  
**Telephone Number:** (626) 851-1011

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Kaiser Foundation Hospital - Downey Medical Center **Telephone Number:** (562) 657-9000  
**Address:** 9333 Imperial Highway  
 Downey, CA 90242

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

**Facility:** Kaiser Foundation Hospital - Los Angeles **Telephone Number:** (323) 783-4011  
**Address:** 4867 Sunset Boulevard  
 Los Angeles, CA 90027

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Kaiser Foundation Hospital - Panorama City **Telephone Number:** (818) 375-2000  
**Address:** 13652 Cantara Street  
 Panorama City, CA 91402

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

**Facility:** Kaiser Foundation Hospital – South Bay Medical Center **Telephone Number:** (310) 325-5111  
**Address:** 25825 South Vermont Avenue  
 Harbor City, CA 90710

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Kaiser Foundation Hospital - West Los Angeles **Telephone Number:** (323) 857-2000  
**Address:** 6041 Cadillac Avenue  
 Los Angeles, CA 90034

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Facility:** Kaiser Foundation Hospital - Woodland Hills **Telephone Number:** (818) 719-2000  
**Address:** 5601 De Soto Avenue  
 Woodland Hills, CA 91367

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 5 – Resource Directory – Facilities**

**Facility:** LAC Harbor-UCLA Medical Center **Telephone Number:** (310) 222-2345  
**Address:** 1000 West Carson Street  
 Torrance, CA 90502

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

**Facility:** LAC Olive View Medical Center **Telephone Number:** (818) 364-1555  
**Address:** 14445 Olive View Drive  
 Sylmar, CA 91342

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** LAC + USC Medical Center **Telephone Number:** (323) 226-2622  
**Address:** 1200 North State Street  
 Los Angeles, CA 90033

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

**Facility:** Lakewood Regional Medical Center **Telephone Number:** (562) 602-6751  
**Address:** 3700 East South Street  
 Lakewood, CA 90712

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Long Beach Memorial Medical Center  
**Address:** 2801 Atlantic Avenue  
 Long Beach, CA 90806  
**Telephone Number:** (562) 933-2000

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

**Facility:** Los Angeles Metropolitan Medical Center  
**Address:** 2231 S. Western Ave.  
 Los Angeles, CA 90018  
**Telephone Number:** 000.00.0000

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

**Facility:** Marina Del Rey Hospital  
**Address:** 4650 Lincoln Boulevard  
 Marina Del Rey, CA 90291  
**Telephone Number:** (310) 823-8911

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

**Facility:** Memorial Hospital of Gardena  
**Address:** 1145 West Redondo Beach Boulevard  
 Gardena, CA 90247  
**Telephone Number:** (310) 532-4200

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (626) 898-8000

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

**Telephone Number:** (818) 608-4624

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Table 9 – Resource Directory – Facilities

**Facility:** Monterey Park Hospital **Telephone Number:** (626) 570-9000  
**Address:** 900 South Atlantic Boulevard  
 Monterey Park, CA 91754

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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			
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Facility:** Northridge Hospital Medical Center **Telephone Number:** (818) 885-8500  
**Address:** 18300 Roscoe Boulevard  
 Northridge, CA 91328

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Norwalk Community Hospital  
**Address:** 13222 Bloomfield Avenue  
 Norwalk, CA 90650

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

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

**Table 9 – Resource Directory – Facilities**

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

**Telephone Number:** (661) 948-4781

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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

**Telephone Number:** (909) 623-8715

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

**Facility:** Presbyterian Intercommunity Hospital  
**Address:** 12401 East Washington Boulevard  
 Whittier, CA 90602  
**Telephone Number:** (562) 698-0811

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

**Facility:** Providence Holy Cross Medical Center  
**Address:** 15031 Rinaldi Street  
 Mission Hills, CA 91345  
**Telephone Number:** (818) 365-8051

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Providence Little Company of Mary Medical Center – San Pedro **Telephone Number:** (310) 832-3311  
**Address:** 1300 West Seventh Street  
 San Pedro, CA 90732

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

**Facility:** Providence Little Company of Mary Medical Center – Torrance **Telephone Number:** (310) 540-7676  
**Address:** 4101 Torrance Boulevard  
 Torrance, CA 90503

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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			
<b>STEMI Center:</b>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

**Telephone Number:** (818) 881-0800

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Stroke Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

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

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

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

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

**Telephone Number:** (310) 900-8900

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

**Table 9 – Resource Directory – Facilities**

**Facility:** St. John's Health Center  
**Address:** 2121 Santa Monica Blvd.  
 Santa Monica, CA 90404  
**Telephone Number:** (310) 829-5511

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Santa Monica – UCLA Medical Center & Orthopaedic Hospital      **Telephone Number:** (424) 259-6000  
**Address:** 1250 16th Street  
 Santa Monica, CA 90404

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Stroke Center:</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Facility:** Sherman Oaks Community Hospital      **Telephone Number:** (818) 981-7111  
**Address:** 4929 Van Nuys Boulevard  
 Sherman Oaks, CA 91403

<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b>							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Table 9 – Resource Directory – Facilities**

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

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

<b>Written Contract:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Burn Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>Stroke Center:</b> <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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Service:</b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency		<b>Base Hospital:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Burn Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Pediatric Medical Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Trauma Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>If Trauma Center what level:</b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <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							
<b>STEMI Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Stroke Center:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**Table 9 – Resource Directory – Facilities**

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

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

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

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

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

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

**Table 9 – Resource Directory – Facilities**

**Facility:** West Hills Hospital and Medical Center **Telephone Number:** (818) 676-4000  
**Address:** 7300 Medical Center Drive  
 West Hills, CA 91307

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

**Facility:** White Memorial Medical Center **Telephone Number:** (323) 268-5000  
**Address:** 1720 Caesar Chavez Avenue  
 Los Angeles, CA 90033

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Whittier Hospital Medical Center  
**Address:** 9080 Colima Road  
 Whittier, CA 90605  
**Telephone Number:** (562) 945-3561

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

**Facility:** Los Angeles Community Hospital  
**Address:** 4081 E. Olympic Blvd.  
 Los Angeles, CA 90023  
**Telephone Number:** (323) 267-0477

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

**Table 9 – Resource Directory – Facilities**

**Facility:** Saint Vincent Medical Center  
**Address:** 2131 W. 3<sup>rd</sup> Street  
 Los Angeles, CA 90057  
**Telephone Number:** (213) 484-7301

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



**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2013**  
**(Fiscal Year 2012-13)**



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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2012-13**

Training Institution Name/Address	Program Director/Telephone Number
Antelope Valley College Health Sciences Division 3041 West Avenue K Lancaster, CA 93536	Name: Dr. Karen Cowell Office: 661.722.6300 Ext. 6402 Fax: 661.722.6403 e-mail: <a href="mailto:kcowell@avc.edu">kcowell@avc.edu</a>
Student Eligibility:  Open to the general public	Program Level: EMT Number of students completing training per year: Initial training: 37 Refresher: 2 Expiration date: 06/30/2016  Number of courses: Initial training: 2 Refresher: 2
Cost of Program:  Basic: \$259  Refresher: \$259	

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Antelope Valley ROP 1156 E. Avenue S Palmdale, CA 93550</p>	<p>Name: Andra Ratliff Office: 661.575.1028 Fax: 661.575.1037 e-mail: aratliff@avhisd.org</p>
<p>Student Eligibility: Restricted to high school students only</p>	<p>Program Level: EMT Number of students completing training per year: Initial training: 22 Refresher: 0 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 1 Refresher: 0</p>
<p>Cost of Program: Basic: No charge Refresher: N/A</p>	
Training Institution Name/Address	Program Director/Telephone Number
<p>Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210</p>	<p>Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org</p>
<p>Student Eligibility: Restricted to Beverly Hills Fire Department personnel</p>	<p>Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 80 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 0 Refresher: 7</p>
<p>Cost of Program: Basic: N/A Refresher: N/A</p>	

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

Training Institution Name/Address	Program Director/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502	Name: Susan Hayward Office: 818.238.3453 Fax: 818.238.3483 e-mail: <a href="mailto:shayward@burbankca.gov">shayward@burbankca.gov</a>
Student Eligibility:  Restricted to Burbank Fire Department personnel	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 120 Expiration date: 08/31/2014  Number of courses: Initial training: 0 Refresher: 1
Cost of Program:  Basic: N/A  Refresher: N/A	

Training Institution Name/Address	Program Director/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755	Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.2090 e-mail: <a href="mailto:admin@cieimt.com">admin@cieimt.com</a>
Student Eligibility:  Open to the general public	Program Level: EMT Number of students completing training per year: Initial training: 700 Refresher: 150 Expiration date: 12/31/2013  Number of courses: Initial training: 28 Refresher: 6
Cost of Program:  Basic: \$850  Refresher: \$180	

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

Training Institution Name/Address	Program Director/Telephone Number	
<p>Cerritos Community College 11110 Alondra Blvd Norwalk, CA 90650</p>	<p>Name: Russell LoBue Office: 562.862.2451 Ext. 2554 Fax: 562.467.5077 e-mail: <a href="mailto:rlobue@cerritos.edu">rlobue@cerritos.edu</a></p>	<p>Program Level: EMT Number of students completing training per year:</p>
<p>Student Eligibility:  Open to the general public Student must be enrolled through Cerritos College CPR for the Professional Rescuer</p>	<p>Cost of Program:  Basic:  Refresher:</p>	<p>Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:</p>
Training Institution Name/Address	Program Director/Telephone Number	
<p>Citrus College 1000 West Foothill Blvd Glendora, CA 91741</p>	<p>Name: Cliff Hadsell, PhD Office: 626.914.8755 Fax: 626.914.8724 e-mail: <a href="mailto:chadsell@citruscollege.edu">chadsell@citruscollege.edu</a></p>	<p>Program Level: EMT Number of students completing training per year:</p>
<p>Student Eligibility:  Open to the general public</p>	<p>Cost of Program:  Basic: \$322 plus about \$300 for text/supplies/background  Refresher: \$155</p>	<p>Initial training: 120 Refresher: 2 Expiration date: 12/31/2013  Number of courses: Initial training: 4 Refresher: 1</p>

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

Training Institution Name/Address	Program Director/Telephone Number	
<p>College of the Canyons                  26455 Rockwell Canyon Road                  Santa Clarita, CA 91355-1899  <a href="http://www.canyons.edu/EMT">www.canyons.edu/EMT</a></p>	<p>Name: Patti Haley                  Office: 661.362.5804                  Fax: 661.365.5438                  e-mail: <a href="mailto:patti.haley@canyons.edu">patti.haley@canyons.edu</a></p>	
<p><b>Student Eligibility:</b>                  Open to the general public                  Must be 18 years of age the first day class meets</p>	<p><b>Cost of Program:</b>                  Basic: \$ 368                  Refresher: \$92                  Additional costs for background check, physical, immunizations, titers, uniforms, text, and skill books. See COC website</p>	<p><b>Program Level:</b> EMT                  Number of students completing training per year:                  Initial training: 151                  Refresher: 18                  Expiration date: 12/31/2013                  Number of courses:                  Initial training: 9                  Refresher: 1</p>
Training Institution Name/Address	Program Director/Telephone Number	
<p>Culver City Fire Department                  9770 Culver Blvd                  Culver City, CA 90230</p>	<p>Name: Robert Kohlhepp                  Office: 310.253.5900                  Fax: 310.253.5901                  e-mail: <a href="mailto:robert.kohlhepp@culvercity.org">robert.kohlhepp@culvercity.org</a></p>	
<p><b>Student Eligibility:</b>                  Restricted to Culver City Fire Department personnel</p>	<p><b>Cost of Program:</b>                  Basic: N/A                  Refresher: N/A</p>	<p><b>Program Level:</b> EMT                  Number of students completing training per year:                  Initial training: 0                  Refresher: 16                  Expiration date: 12/31/2013                  Number of courses:                  Initial training: 0                  Refresher: 1</p>

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

Training Institution Name/Address	Program Director/Telephone Number
<p>East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754</p>	<p>Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: <a href="mailto:pittmac@elac.edu">pittmac@elac.edu</a></p>
<p>Student Eligibility:  Open to the general public BLS for the Healthcare Provider Immunization record Background check</p>	<p>Cost of Program:  Basic: \$288 Refresher: N/A</p> <p>Program Level: EMT Number of students completing training per year: Initial training: 19 Refresher: 0 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 4 Refresher: 0</p>

Training Institution Name/Address	Program Director/Telephone Number
<p>East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790</p>	<p>Name: Ethel Fimbres Office: 626.472.5195 Fax: 626.472.5148 e-mail: <a href="mailto:efimbres@esgvrp.org">efimbres@esgvrp.org</a></p>
<p>Student Eligibility:  Open to the general public BLS for Healthcare provider Background check CA Driver License Pass entrance exam Negative TB skin test or chest x-ray within 3 months of start of course Immunization record including Hepatitis B series</p>	<p>Cost of Program:  Basic: \$3,829 Refresher: N/A</p> <p>Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 0 Refresher: 0</p>

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

Training Institution Name/Address	Program Director/Telephone Number	
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506	Name: Tim Dennis Office: Fax: e-mail: <a href="mailto:tdennis@elcamino.edu">tdennis@elcamino.edu</a>	
Student Eligibility:  Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program:  Basic:  Refresher: \$	Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:

Training Institution Name/Address	Program Director/Telephone Number	
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208	Name: Richard Hayne Office: 818.847.3868 Fax: 818.847.3865 e-mail: <a href="mailto:richard.hayne@providence.org">richard.hayne@providence.org</a>	
Student Eligibility:  Open to the general public	Cost of Program:  Basic:  Refresher:	Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:

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

Training Institution Name/Address	Program Director/Telephone Number
Glendale Fire Department 421 Oak Street Glendale, CA 91204	Name: Gregory Anderson Office: 818.550.5632 Fax: 818.409.7111 e-mail: <a href="mailto:ganderson@ci.glendale.ca.us">ganderson@ci.glendale.ca.us</a>
Student Eligibility:  Restricted to City of Glendale Fire Department	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 95 Expiration date: 12/31/2013  Number of courses: Initial training: 0 Refresher: 1
Cost of Program:  Basic: N/A  Refresher: N/A	

Training Institution Name/Address	Program Director/Telephone Number
Long Beach City College 4901 East Carson St. Long Beach, CA 90808	Name: Andy Reno Office: 562.491.9174 Fax: e-mail: <a href="mailto:andrew.reno@dignityhealth.edu">andrew.reno@dignityhealth.edu</a>
Student Eligibility:  Open to the general public	Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: 2 Refresher:
Cost of Program:  Basic: College tuition  Refresher: N/A	

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Long Beach Fire Department 3205 Lakewood Blvd Long Beach, CA 90808-1733</p>	<p>Name: Joanne Dolan Office: 562.570.2547 Fax: 562.570.2564 e-mail: <a href="mailto:joanne.dolan@longbeach.gov">joanne.dolan@longbeach.gov</a></p>
<p>Student Eligibility:  Restricted to Long Beach Fire Department personnel</p>	<p>Cost of Program: Basic: N/A Refresher: N/A</p>
<p>Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 40 Expiration date: 12/31/2013  Number of courses: Initial training: 0 Refresher: 2</p>	

Training Institution Name/Address	Program Director/Telephone Number
<p>Los Angeles Fire Department 1700 Stadium Way, Room 100 Los Angeles, CA 90012</p>	<p>Name: Linda Ullman Office: 213.893.9869 Fax: 213.473.4203 e-mail: <a href="mailto:linda.ullman@lacity.org">linda.ullman@lacity.org</a></p>
<p>Student Eligibility:  Restricted to Los Angeles Fire Department personnel and certain City of Los Angeles employees that maintain EMT certification.</p>	<p>Cost of Program: Basic: N/A Refresher: N/A</p>
<p>Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 1,030 Expiration date: 12/31/2013  Number of courses: Initial training: 0 Refresher: 36</p>	

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Los Angeles County Fire Department – EMS Section                      5801 S. Eastern Avenue, Suite 100                      Commerce, CA 90040</p>	<p>Name: Mario Gonzales                      Office: 909.620.2204                      Fax: 909.865.5616                      e-mail: <a href="mailto:mgonzales@fire.lacounty.gov">mgonzales@fire.lacounty.gov</a></p>
<p>Student Eligibility:                       Restricted to Los Angeles County Fire Department personnel</p>	<p>Cost of Program:                       Basic: N/A                      Refresher: N/A</p> <p>Program Level: EMT                      Number of students completing training per year:                      Initial training: 90                      Refresher: 0                      Expiration date: 12/31/2013</p> <p>Number of courses:                      Initial training: 2                      Refresher: 0</p>

Training Institution Name/Address	Program Director/Telephone Number
<p>Los Angeles County Fire Department - Lifeguard Division                      2600 The Strand                      Manhattan Beach, CA 90266</p>	<p>Name: Matthew Rhodes                      Office: 310.939.7209                      Fax: 310.545.4280                      e-mail: <a href="mailto:mrhodes@fire.lacounty.gov">mrhodes@fire.lacounty.gov</a></p>
<p>Student Eligibility:                       Los Angeles County Fire Department Lifeguards, Fire Suppression Aid, Call Firefighter, U.S. Coast Guard, Los Angeles County Sheriff, or Lake Lifeguard</p>	<p>Cost of Program:                       Basic: N/A                      Refresher: N/A</p> <p>Program Level: EMT                      Number of students completing training per year:                      Initial training: 0                      Refresher: 310                      Expiration date: 12/31/2013</p> <p>Number of courses:                      Initial training: 0                      Refresher: 16</p>

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

Training Institution Name/Address	Program Director/Telephone Number	
Los Angeles County Sheriff's Department 4700 Ramona Blvd, Room 106 Monterey Park, CA 91754	Name: Sue Burakowski Office: 323.526.5691 Fax: e-mail: <a href="mailto:smburako@lasd.org">smburako@lasd.org</a>	
Student Eligibility:  Los Angeles County Sheriff Department employees and volunteers only	Cost of Program:  Basic: N/A  Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:

Training Institution Name/Address	Program Director/Telephone Number	
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397	Name: Glenn Weiss Office: 310.233.4361 Fax: 310.233.4683 e-mail: <a href="mailto:weissg@lahc.com">weissg@lahc.com</a>	
Student Eligibility:  Open to the general public Must be enrolled at Los Angeles Harbor College	Cost of Program:  Basic: \$478  Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 60 Refresher: 0 Expiration date: 12/31/2013  Number of courses: Initial training: 2 Refresher: 0

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320</p>	<p>Name: Alan R. Cowen Office: 818.947.2982 Fax: 818.947.2620 e-mail: <a href="mailto:cowenar@lajvc.edu">cowenar@lajvc.edu</a></p>
<p>Student Eligibility: Open to the general public</p>	<p>Cost of Program: Basic: \$368 Refresher: N/A</p> <p>Program Level: EMT Number of students completing training per year: Initial training: 139 Refresher: 0 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 4 Refresher: 0</p>

Training Institution Name/Address	Program Director/Telephone Number
<p>Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789</p>	<p>Name: Tina Ziolkowski Office: 909.274.4750 Fax: 909.468.4175 e-mail: <a href="mailto:tziolkowski@mtsac.edu">tziolkowski@mtsac.edu</a></p>
<p>Student Eligibility: Open to the general public</p>	<p>Cost of Program: Basic: \$1000 includes physical and background check Refresher: \$100</p> <p>Program Level: EMT Number of students completing training per year: Initial training: 70 Refresher: 0 Expiration date: 12/31/2013</p> <p>Number of courses: Initial training: 3 Refresher: 0</p>

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

Training Institution Name/Address	Program Director/Telephone Number	
<p>Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789</p>	<p>Name: Tina Ziolkowski Office: 909.274.4750 Fax: 909.468.4175 e-mail: <a href="mailto:tziolkowski@mtsac.edu">tziolkowski@mtsac.edu</a></p>	
<p>Student Eligibility: Open to the general public EMT Certification 1200 hours of EMT experience Pass physical exam, drug screen and background Complete EMS 1 and EMS 2</p>	<p>Cost of Program: Basic: \$2900.00 Refresher: \$100</p>	<p>Program Level: Paramedic Number of students completing training per year: Initial training: 60 Refresher: 0 Expiration date: 12/31/2013  Number of courses: Initial training: 2 Refresher: 0</p>
Training Institution Name/Address	Program Director/Telephone Number	
<p>North Valley Service Area of Adult and Career Educational Services 11450 Sharp Avenue Mission Hills, CA 91345</p>	<p>Name: Carol Govier Office: 818.365.9645 Fax: 818.365.2695 e-mail: <a href="mailto:kcemtkids@aol.com">kcemtkids@aol.com</a></p>	
<p>Student Eligibility: Open to the general public</p>	<p>Cost of Program: Basic: \$110 Refresher: \$110</p>	<p>Program Level: EMT Number of students completing training per year: Initial training: 7 Refresher: 0 Expiration date: 04/30/2015  Number of courses: Initial training: 1 Refresher: 0</p>

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670</p>	<p>Name: Michele Hanley Office: 562.347.1571 Fax: 562.941.5835 e-mail: <a href="mailto:mhanley@dhs.lacounty.gov">mhanley@dhs.lacounty.gov</a></p>
<p>Student Eligibility:  Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements</p>	<p>Cost of Program:  Basic: \$2870.50 Refresher: N/A</p>
<p>Program Level: Paramedic Number of students completing training per year: Initial training: 100 Refresher: 0 Expiration date: 12/31/2013  Number of courses: Initial training: 4 Refresher: 0</p>	

Training Institution Name/Address	Program Director/Telephone Number
<p>Pasadena City College 1570 East Colorado Blvd Pasadena, CA 91106</p>	<p>Name: Steven Jensen Office: 626.585.3022 Fax: 626.585.7977 e-mail: <a href="mailto:sbjensen@pasadena.edu">sbjensen@pasadena.edu</a></p>
<p>Student Eligibility:  Open to the general public</p>	<p>Cost of Program:  Basic: \$ Refresher:</p>
<p>Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:</p>	

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

Training Institution Name/Address	Program Director/Telephone Number
<p>Pasadena Fire Department                      199 S. Los Robles, Suite 550                      Pasadena, CA 91101</p>	<p>Name: Art Dominguez                      Office: 626.797.5092                      Fax: 626.356.0561                      e-mail: <a href="mailto:adominguez@cityofpasadena.net">adominguez@cityofpasadena.net</a></p>
<p>Student Eligibility:                      Restricted to City of Pasadena Fire and Police Department personnel</p>	<p>Program Level: EMT                      Number of students completing training per year:                      Initial training: 0                      Refresher: 140                      Expiration date: 12/31/2013                      Number of courses:                      Initial training: 0                      Refresher: 1</p>
<p>Cost of Program:                      Basic: N/A                      Refresher: N/A</p>	

Training Institution Name/Address	Program Director/Telephone Number
<p>Rio Hondo Community College                      11400 Greenstone Avenue                      Santa Fe Springs, CA 90670</p>	<p>Name: Tracy E. Rickman                      Office: 562.777.6644                      Fax: 562.941.7382                      e-mail: <a href="mailto:trickman@rio.hondo.edu">trickman@rio.hondo.edu</a></p>
<p>Student Eligibility:                      Completion of FT 121 (EMR) with a grade of "B" or better                      Reading 23 is advised</p>	<p>Program Level: EMT                      Number of students completing training per year:                      Initial training: 205                      Refresher:                      Expiration date: 12/31/2013                      Number of courses:                      Initial training: 5                      Refresher: 1</p>
<p>Cost of Program:                      Basic: \$1100                      Refresher: \$195</p>	

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

Training Institution Name/Address	Program Director/Telephone Number
<p>San Antonio ROP 1460 Holt Avenue, Room 12/13 Pomona, CA 91762</p>	<p>Name: Marie Dennis Office: 909.397.4711 x6785 Fax: 909.397.4786 e-mail: <a href="mailto:marie.dennis@pusd.org">marie.dennis@pusd.org</a></p>
<p>Student Eligibility: 18 years of age or older BLS for the Healthcare Provider Clean DMV and criminal record Negative TB skin test Flu shot</p>	<p>Cost of Program: Basic: \$1200.00 Refresher: N/A</p>
<p>Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 12/31/2013  Number of courses: Initial training: 0 Refresher: 0</p>	
Training Institution Name/Address	Program Director/Telephone Number
<p>Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401</p>	<p>Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: <a href="mailto:jodi.nevandro@smgov.net">jodi.nevandro@smgov.net</a></p>
<p>Student Eligibility: Restricted to Santa Monica Fire Department personnel</p>	<p>Cost of Program: Basic: N/A Refresher: N/A</p>
<p>Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013  Number of courses: Initial training: Refresher:</p>	

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

Training Institution Name/Address		Program Director/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd Torrance, CA 90501		Name: Brian Hudson Office: 310.781.7018 Fax: 310.781.7030 e-mail: <a href="mailto:bhudson@torranceca.gov">bhudson@torranceca.gov</a>
Student Eligibility:  Restricted to Torrance Fire Department personnel	Cost of Program:  Basic: N/A  Refresher: N/A	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 150 Expiration date: 12/31/2013  Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Tri-Cities ROP 10800 Benavon St, Unit 5 Whittier, CA 90606		Name: Karin Reynoso Office: 562.698.9571 Ext. 209 Fax: 562.945.0678 e-mail: <a href="mailto:kreynoso@tricityestop.org">kreynoso@tricityestop.org</a>
Student Eligibility:  Open to the general public 18 years of age Rhodes Reading Assessment Level V Background check No more than one DMV violation Clear drug screen	Cost of Program:  Basic: \$1,150  Refresher: \$285	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 66 Refresher: 0 Expiration date: 12/31/2013  Number of courses: Initial training: 3 Refresher: 1

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

Training Institution Name/Address	Program Director/Telephone Number
<p>University of Antelope Valley 44201 10<sup>th</sup> Street West Lancaster, CA 93534</p>	<p>Name: Marco Johnson Office: 661.726.1911 Fax: 661.726.5158 e-mail: <a href="mailto:mjavmc@aol.com">mjavmc@aol.com</a></p>
<p>Student Eligibility: Open to the general public High School Diploma Valid Driver's License 18 years of Age</p>	<p>Cost of Program: Basic: \$ Refresher: \$</p> <p>Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 12/31/2013 Number of courses: Initial training: Refresher:</p>
Training Institution Name/Address	Program Director/Telephone Number
<p>UCLA Center for Prehospital Care 10990 Wilshire Blvd, Suite 1450 Los Angeles, CA 90024</p>	<p>Name: Barry Jensen Office: 310.312.9316 Fax: 310.312.9322 e-mail: <a href="mailto:bjensen@mednet.ucla.edu">bjensen@mednet.ucla.edu</a></p>
<p>Student Eligibility: Open to the general public</p>	<p>Cost of Program: Basic: \$ Refresher: \$</p> <p>Program Level: EMT Number of students completing training per year: Initial training: Refresher: Expiration date: 3/31/2017 Number of courses: Initial training: Refresher:</p>

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

Training Institution Name/Address	Program Director/Telephone Number
<p>UCLA Paramedic Education                      Box 957367                      405 Hilgard Ave                      Los Angeles, CA 90095</p>	<p>Name: Heather Davis                      Office: 310.680.1100                      Fax: 310.672.0221                      e-mail: hdavis@mednet.ucla.edu</p>
<p>Student Eligibility:                      Certified as an EMT/AEMT in CA                      Minimum six months work experience as an EMT in the prehospital setting within the past two years                      Achieve qualifying score on the UCLA PM EMT written &amp; Wonderlic exam                      Submit online application and all supporting documents                      Achieve qualifying score on application                      Meet with program faculty</p>	<p>Program Level: Paramedic                      Number of students completing training per year:                      Initial training: 102                      Refresher: 247                      Expiration date: 12/31/2013                      Number of courses:                      Initial training: 3                      Refresher: 2</p>
<p>Cost of Program:                      Basic: \$10,000                      Refresher: \$350</p>	

Training Institutions noted by yellow highlight failed to provide the requested information after repeated requests.



6 Los Angeles County – Department of Health Services  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE 2013**  
**(Fiscal Year 2012-2013)**



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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2012-2013**

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

<b>Name &amp; Address:</b> AmbuServe Inc. 15105 S. Broadway Street Gardena, CA 90248		<b>Primary Contact &amp; Phone Number:</b> Traci Taylor General Manager 310.644.0500	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster  If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	Number of Personnel Providing Services: ___1___ EMD _____ EMT-D _____ ALS ___8___ BLS _____ LALS _____ Other _____
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State		

<b>Name &amp; Address:</b> American Medical Response – Antelope Valley 1055 W. Avenue J Lancaster, CA 93534		<b>Primary Contact &amp; Phone Number:</b> Greg Moore Director of Communications 661.945.9366	
<b>Written Contract:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>Medical Director:</b> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster  If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	Number of Personnel Providing Services: ___27___ EMD _____ EMT-D ___50___ ALS ___372___ BLS _____ LALS _____ Other _____
<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State		

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

<b>Name &amp; Address:</b> Americare Med Services, Incorporated 1059 E. Bedmar Street Carson, CA 91746		<b>Primary Contact &amp; Phone Number:</b> John Beltran Regulatory Affairs 858.212.6712	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster  If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	Number of Personnel Providing Services: _11_ EMD _____ EMT-D _____ ALS _4_ BLS _____ LALS _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State		

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

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

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

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

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

<p><b>Name &amp; Address:</b>                  Bowers Ambulance Service                  3355 East Spring Street, Suite 301                  Long Beach, CA 90806</p>		<p><b>Primary Contact &amp; Phone Number:</b>                  Ken Kaufmann                  Assistant General Manager/Paramedic Coordinator                  562.480.1542  <a href="mailto:kenk@bowersambulance.com">kenk@bowersambulance.com</a></p>	
<p>Written Contract:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p>Day-to-day  <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services:                  EMD _____ EMT-D <u>  1  </u> ALS                  BLS _____ LALS _____ Other _____</p>	
<p>Medical Director:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p>If Public:  <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other explain: _____</p>	<p>If Public:  <input type="checkbox"/> City  <input type="checkbox"/> Fire District  <input type="checkbox"/> County  <input type="checkbox"/> Federal  <input type="checkbox"/> State</p>	
<p>Ownership:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>			

<p><b>Name &amp; Address:</b>                  Culver City Fire Department                  9770 Culver Boulevard                  Culver City, CA 90232</p>		<p><b>Primary Contact &amp; Phone Number:</b>                  Ken Powell                  Administrative Captain/EMS Coordinator                  310.253.5912  <a href="mailto:ken.powell@culvercity.org">ken.powell@culvercity.org</a></p>	
<p>Written Contract:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p>Day-to-day  <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services:                  EMD _____ EMT-D <u>  45  </u> ALS                  BLS <u>  16  </u> LALS _____ Other _____</p>	
<p>Medical Director:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p>If Public:  <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other explain: _____</p>	<p>If Public:  <input checked="" type="checkbox"/> City  <input type="checkbox"/> Fire District  <input type="checkbox"/> County  <input type="checkbox"/> Federal  <input type="checkbox"/> State</p>	
<p>Ownership:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>			

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

<p><b>Name &amp; Address:</b> Downey Fire Communications Center 12222 Paramount Blvd. Downey, CA 90242</p>		<p><b>Primary Contact &amp; Phone Number:</b> Bruce English EMS Battalion Chief 562.904.7344 Bruce.english@downeyfire.org</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services: _11_ EMD _____ EMT-D _24_ ALS _46_ BLS _____ LALS _____ Other</p>	
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	
<p>Downey Fire Communications Center is the Dispatch Agency for the following Fire Departments: Compton, Downey, La Habra Heights, Santa Fe Springs and Vernon.</p>			

<p><b>Name &amp; Address:</b> El Segundo Fire Department 314 Main Street El Segundo, CA 90245</p>		<p><b>Primary Contact &amp; Phone Number:</b> Mark Early EMS Battalion Chief 310.524.2228</p>	
<p>Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>	<p>Day-to-day <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services: _35_ EMD _____ EMT-D _22_ ALS _21_ BLS _____ LALS _____ Other</p>	
<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	
<p>El Segundo Fire Department is the Dispatch Agency for the following Fire Departments: Compton, Downey, La Habra Heights, Santa Fe Springs and Vernon.</p>			

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

<b>Name &amp; Address:</b> Gerber Ambulance Service 19801 Mariner Avenue Torrance, CA 90503		<b>Primary Contact &amp; Phone Number:</b> Luis Manjarrez Operations Manager 310.542.6464	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ 2 ___ EMD ___ EMT-D ___ 10 ___ ALS ___ 100 ___ BLS ___ LALS ___ Other	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			

<b>Name &amp; Address:</b> Guardian Ambulance Service 1854 E. Corson Pasadena, CA 91107		<b>Primary Contact &amp; Phone Number:</b> Melinda Smith Operations Manager 626.792.3688 <a href="mailto:operations@guardianambulance.org">operations@guardianambulance.org</a>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ 3 ___ EMD ___ EMT-D ___ 5 ___ ALS ___ 10 ___ BLS ___ LALS ___ Other	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			

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

<b>Name &amp; Address:</b> La Verne Fire/Police Department 2061 Third Street La Verne, CA 91750		<b>Primary Contact &amp; Phone Number:</b> Mike Thompson Battalion Chief 909.596.5991	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 0 EMD _____ EMT-D ___26___ ALS 7 BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State

<b>Name &amp; Address:</b> Long Beach Fire Department 3205 Lakewood Boulevard Long Beach, CA 90808		<b>Primary Contact &amp; Phone Number:</b> Dwayne Preston EMS Coordinator 562.570.2558 dwayne.preston@longbeach.gov	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 18 EMD _____ EMT-D ___160___ ALS 310 BLS _____ LALS _____ Other _____
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal	<input type="checkbox"/> State

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

<b>Name &amp; Address:</b> Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063		<b>Primary Contact &amp; Phone Number:</b> Chris Bundesen Assistant Chief <a href="mailto:chris.bundesen@fire.lacounty.gov">chris.bundesen@fire.lacounty.gov</a>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 80 ___ EMD ___ EMT-D ___ ALS 14 ___ BLS ___ LALS ___ Other	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			

<b>Name &amp; Address:</b> Los Angeles Fire Department – Operations Control 200 N. Main Street Los Angeles, CA 90012		<b>Primary Contact &amp; Phone Number:</b> Trevor Richmond Assistant Chief <a href="mailto:Trevor.richmond@lacity.org">Trevor.richmond@lacity.org</a>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 109 ___ EMD ___ EMT-D 30 ___ ALS 79 ___ BLS ___ LALS ___ Other	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			

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

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

<b>Name &amp; Address:</b> MedReach Ambulance 1303 Kona Dr. Rancho Dominguez, CA 90220		<b>Primary Contact &amp; Phone Number:</b> Robert Aragon Direction of Operations 310.567.065 <a href="mailto:robertaragon@medreachambulance.com">robertaragon@medreachambulance.com</a>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD _____ EMT-D _____ ALS BLS _____ LALS _____ Other _____
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	

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

<b>Name &amp; Address:</b> PRN Ambulance, Incorporated 8928 Sepulveda Blvd. North Hills, CA 91343		<b>Primary Contact &amp; Phone Number:</b> Joe Busto Operations Manager 818.810.3616 jbusto@prnambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD                      EMT-D                      ALS ___15___                      ___ ___                      ___1___ BLS                      LALS                      Other ___1___                      ___ ___                      ___ ___	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other explain: ___	

<b>Name &amp; Address:</b> Redondo Beach Fire Department 401 South Broadway Redondo Beach, CA 90277		<b>Primary Contact &amp; Phone Number:</b> Paul Lepore Fire Chief paul.lepore@redondo.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD                      EMT-D                      ALS ___ ___                      ___ ___                      ___1___ BLS                      LALS                      Other ___1___                      ___ ___                      ___ ___	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other explain: ___	

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

<b>Name &amp; Address:</b> Rescue Services International, LTD. 5462 Inwindale Avenue, Suite B Inwindale, CA 91706		<b>Primary Contact &amp; Phone Number:</b> Robert Ower Director of Operations 626.385.0440 Ext. 112 rower@rsiamb.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD _____ EMT-D <u>7</u> ALS BLS _____ LALS _____ Other _____	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			

<b>Name &amp; Address:</b> Santa Monica Fire Department 333 Olympic Blvd. Santa Monica, CA 90401		<b>Primary Contact &amp; Phone Number:</b> Jodi Nevandro EMS Coordinator 310.458.4929	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD _____ EMT-D <u>50</u> ALS BLS _____ LALS _____ Other _____	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			

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

<b>Name &amp; Address:</b> Schaefer Ambulance Service, Incorporated 4627 Beverly Boulevard Los Angeles, CA 90004		<b>Primary Contact &amp; Phone Number:</b> Leslie McNeal Assistant Vice President 323.468.1612 <a href="mailto:lesliemcneal@aol.com">lesliemcneal@aol.com</a>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ 21 ___ EMD ___ EMT-D ___ 42 ___ ALS ___ 129 ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal	

<b>Name &amp; Address:</b> South Bay Regional Communications Center 4440 W. Broadway Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> Ralph Mailloux Executive Director 310.973.1802 ext. 101 <a href="mailto:rmailloux@rcc911.org">rmailloux@rcc911.org</a>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___ 46 ___ EMD ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal	South Bay Regional Communications Center is the Dispatch Agency for the following Fire Departments: Hermosa Beach, Manhattan Beach and El Segundo.

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

<p><b>Name &amp; Address:</b>                  Torrance Fire Department                  1701 Crenshaw Boulevard                  Torrance, CA 90501</p>		<p><b>Primary Contact &amp; Phone Number:</b>                  Captain Brian Hudson                  EMS Coordinator                  310.781.7018                  bhudson@torranceca.gov</p>	
<p>Written Contract:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p>Medical Director:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day  <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services:                  EMD _____ EMT-D _48_ ALS                  BLS _____ LALS _____ Other _____</p>
<p>Ownership:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p>If Public:  <input checked="" type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other explain: _____</p>	<p>If Public:  <input checked="" type="checkbox"/> City  <input type="checkbox"/> Fire District  <input type="checkbox"/> County  <input type="checkbox"/> Federal  <input type="checkbox"/> State</p>	
<p><b>Name &amp; Address:</b>                  Verdugo Communications Center                  421 Oak Street                  Glendale, CA 91204</p>		<p><b>Primary Contact &amp; Phone Number:</b>                  Jason Pfau                  Systems Analyst                  818.548.6408                  jpfau@ci.glendale.ca.us</p>	
<p>Written Contract:  <input type="checkbox"/> yes  <input checked="" type="checkbox"/> no</p>	<p>Medical Director:  <input checked="" type="checkbox"/> yes  <input type="checkbox"/> no</p>	<p><input checked="" type="checkbox"/> Day-to-day  <input checked="" type="checkbox"/> Disaster</p>	<p>Number of Personnel Providing Services:                  EMD _____ EMT-D _____ ALS                  BLS _____ LALS _____ Other _____</p>
<p>Ownership:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p>	<p>If Public:  <input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other explain: _____</p>	<p>If Public:  <input type="checkbox"/> City  <input type="checkbox"/> Fire District  <input type="checkbox"/> County  <input type="checkbox"/> Federal  <input type="checkbox"/> State</p>	<p>Verdugo Fire Communications Center is the Dispatch Center for the following Fire Department: Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey Park, Pasadena, San Gabriel, San Marino, Sierra Madre, and South Pasadena.</p>

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

<b>Name &amp; Address:</b> West Covina Fire Communications 1435 W. Puente Avenue West Covina, CA 91790		<b>Primary Contact &amp; Phone Number:</b> Bart Brewer Fire Chief 626.939.8824 <a href="mailto:bart.brewer@westcovina.org">bart.brewer@westcovina.org</a>	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD _____ EMT-D ___63___ ALS BLS _____ LALS _____ Other _____	
Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private			

<b>Name &amp; Address:</b> West Med/McCormick Ambulance Company 13933 Crenshaw Boulevard Hawthorne, CA 90250		<b>Primary Contact &amp; Phone Number:</b> Michael Jones Managing Director 310.349.8904 <a href="mailto:mjones@mccormickambulace.com">mjones@mccormickambulace.com</a>	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: EMD ___2___ EMT-D _____ ALS BLS ___14___ LALS _____ Other _____	
Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> State	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private			

Highlighted providers failed to provide the requested information after repeated request; therefore, the information provided is from Fiscal Year 2011-2012.

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 1</p>
<p><b>Name of Current Provider(s):</b> 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> 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 1.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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> 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>

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 2</p>
<p><b>Name of Current Provider(s):</b> 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> 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> 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> 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>

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 3</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Schaefer Ambulance Service</p>
<p><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> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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> 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>

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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> 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, rural and wilderness areas. See Attached Map.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.</p>
<p><b>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):</b> 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> 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>

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

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

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 6</p>
<p><b>Name of Current Provider(s):</b> 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> 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> 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> 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>

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">Emergency Operating Area 7</p>
<p><b>Name of Current Provider(s):</b> 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> 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> 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> 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>

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

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

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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> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Arcadia Fire Department Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Arcadia has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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>

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

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Burbank</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Burbank Fire Department Length of operation prior to 1981</p>
<p><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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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>

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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> 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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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

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

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

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<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> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">La Verne Fire Department Length of operation prior to 1981</p>
<p><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> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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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> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Long Beach Fire Department Length of service prior to 1981</p>
<p><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> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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 Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Los Angeles</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p><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> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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 Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Manhattan Beach</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p><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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Monterey Park</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Monterey Park Fire Department Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Monterey Park has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Pasadena</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Pasadena Fire Department Length of operation prior to 1981</p>
<p><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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of San Gabriel</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p><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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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 Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.</p>

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

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

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

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

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Torrance</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Torrance Fire Department Length of operation prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Torrance has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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 Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b></p> <p style="text-align: center;">Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b></p> <p style="text-align: center;">City of Avalon</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Avalon Fire Department Length of service prior to 1981</p>
<p><b>Area or subarea (Zone) Geographic Description:</b></p> <p style="text-align: center;">Avalon has urban area only.</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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

<p><b>Local EMS Agency or County Name:</b></p> <p style="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> 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 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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.</p>

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

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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> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Vernon Fire Department Length of service prior to 1981</p>
<p><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> 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> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> 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 2013  
(Fiscal Year 2012-2013)  
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> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Glendale Fire Department Length of service prior to 1981</p>
<p><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> Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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 9-1-1 calls only.</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p><b>Local EMS Agency or County Name:</b> Los Angeles County</p>
<p><b>Area or subarea (Zone) Name or Title:</b> City of Compton</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Compton Fire Department</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> City of Compton</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action. Non-exclusive</p>
<p><b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b> 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><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>