STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

EDMUND G. BROWN JR., *Governor*

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

June 23, 2016

Ms. Cathy Chidester, EMS 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 EMS plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Los Angeles County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

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 Health and Safety Code (H&SC) § 1797.105(b).

Los Angeles County received its last full Plan approval for its 2013 plan submission, and its last annual Plan Update approval for its 2012 plan submission.

Historically, we have received EMS Plan documentation from Los Angeles County for its 1995, 1997, 2004, 2006, 2007, 2009, 2010, 2012, and 2013 plan submissions, and most current, its 2014 plan submission.

The H&SC § 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".*

III. Analysis of EMS System Components:

Following are comments related to Los Angeles County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training

1. Standard

- Standard 2.04 does not meet the minimum standard. In the next plan submission, please provide an update on the progress of implementing system-wide pre-arrival instructions, as well as the progress in revising policies related to 9-1-1 dispatch centers.

C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

- Based on the documentation you provided, 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 shall be made available by data submission using the current versions of NEMSIS and CEMSIS standards (H&SC § 1797.227).

G. ☒ ☐ Public Information and Education

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Los Angeles County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&SC § 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 or before June 30, 2017.

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

	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
Los Angeles County															
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							

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							

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES ANNUAL UPDATE 2014 (Fiscal Year 2013-2014)

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:

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 updating the system design and has completed LTE, and this phase may last upwards of a year. The design will utilize a UHF/700 MHz hybrid system.

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.

Currently pre hospital on-line medical control is provided by 21 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 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. The following departments have implemented electronic patient care records with electronic data submission to the EMS Agency; Arcadia Fire Department, Downey Fire Department, La Verne Fire Department, Los Angeles County Sheriff's Department, San Gabriel Fire Department, and Vernon Fire Department.

Sidewalk CPR:

On June 5, 2014, thanks to a unique collaboration between the EMS Agency, the Los Angeles County Fire Department, and the American Heart Association, over 7,200 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 continued work on the 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 November, 2014. 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 complete. 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, LA County 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, in collaboration with CHLA, provided pediatric surge training classes to hospital and prehospital personnel from 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.
To further enhance pediatric surge capability, LA County is developing a pediatric surge triage simulator training and will conduct a countywide pediatric surge exercise.

Annual EMS Update:

During this fiscal year from March to June 2014 LAC EMS Agency educated 3874 licensed paramedics and 810 certified Mobile Intensive Care Nurses (MICNs) in the following topics.

- Glasgow Coma Scale
- Patient Ventilation
- Sepsis
- Spinal Motion Restrictions (SMR)
- Hemorrhage Control Tourniquets

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 30 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 – West Los Angeles (June 14)
- Kaiser Foundation Hospital – Woodland Hills (June '11)
- Long Beach Memorial Medical Center (November '09)
- Los Alamitos Medical Center (*Orange County*) (November '09)

- Los Robles Hospital & Medical Center (*Ventura County*) (October '10)
- Methodist Hospital of Southern California (August '10)
- Northridge Hospital Medical Center (November '09)
- Pomona Valley Hospital Medical Center (January '11)
- Presbyterian Intercommunity Hospital (November '09)
- Providence Little Company of Mary – San Pedro (November '09)
- Providence Little Company of Mary Medical Center - Torrance (June '10)
- Providence Holy Cross Medical Center (June '10)
- Providence St. Joseph Medical Center (November '09)
- Providence Tarzana Medical Center (June '10)
- Ronald Reagan UCLA Medical Center (November '09)
- San Gabriel Valley Hospital (January 2014)
- 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.
- PRN Ambulance, Inc.
- Rescue Services International, Ltd.
- Royalty Ambulance Service
- Schaefer Ambulance Service
- Symons Ambulance
- Trinity Ambulance and Medical Transportation, LLC
- West Coast Ambulance, Inc.
- Westmed/McCormick Ambulance Company

Executive Summary 2013 updated for 2014.doc

LOS ANGELES COUNTY EMS AGENCY

DATA FACTS

EMS SYSTEM REPORT

OCTOBER 1, 2014

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CITIZEN CPR	16
BASE HOSPITAL	

SPECIAL POINTS OF INTEREST:

- Trauma system data facts are in pages 4-6
- ROSC & STEMI information are in pages 7-9
- STROKE program information are in pages 10-12
- EMS Provider Transports are in pages 14-16

Message from the Director and Medical Director

The 2014 EMS System Data Report provides an excellent opportunity for you our readers to see first-hand the expansion of the EMS Agency's data capabilities. Since last year's report, the number of fire departments utilizing electronic patient care records increased from five to 11, resulting in more timely and accurate data submission from our provider agencies. The County's Hospital Specialty Care Center programs continue to submit data that provides us the opportunity to measure outcomes and integrate our data to ensure that we measure the entire patient care continuum.

Cathy Chidester
Director

The EMS Agency strives to provide data that:

- Improves system transparency, public understanding of emergency medical incidents and the unique characteristics of emergency care delivery in specific areas of the County.
- Is useful to system planners and results in informed public policy.
- Identifies trends in injury and illness within Los Angeles County, identifying patient needs and opportunities for improving patient outcomes.
- Creates public awareness of the care our Specialty Care Centers provide, thus improving access and utilization of regionalized EMS care.

Dr. William Koenig
Medical Director

The EMS System Data Report is a resource to assist with answering system questions and serves as a catalyst for change to improve the health of our community. Please enjoy this year's edition.

System Demographics

72 9-1-1 Receiving Hospitals

- **42** EDAP (Emergency Department Approved for Pediatrics)
- **8** Pediatric Medical Centers
- **6** Pediatric Trauma Centers
- **14** Trauma Centers
- **21** Paramedic Base Hospitals
- **33** STEMI Receiving Centers
- **33** Approved Stroke Centers
- **54** Perinatal Centers
- **40** Hospitals with Neonatal Intensive Care Unit
- **9** SART (Sexual Assault Response Team) Centers
- **13** Disaster Resource Centers

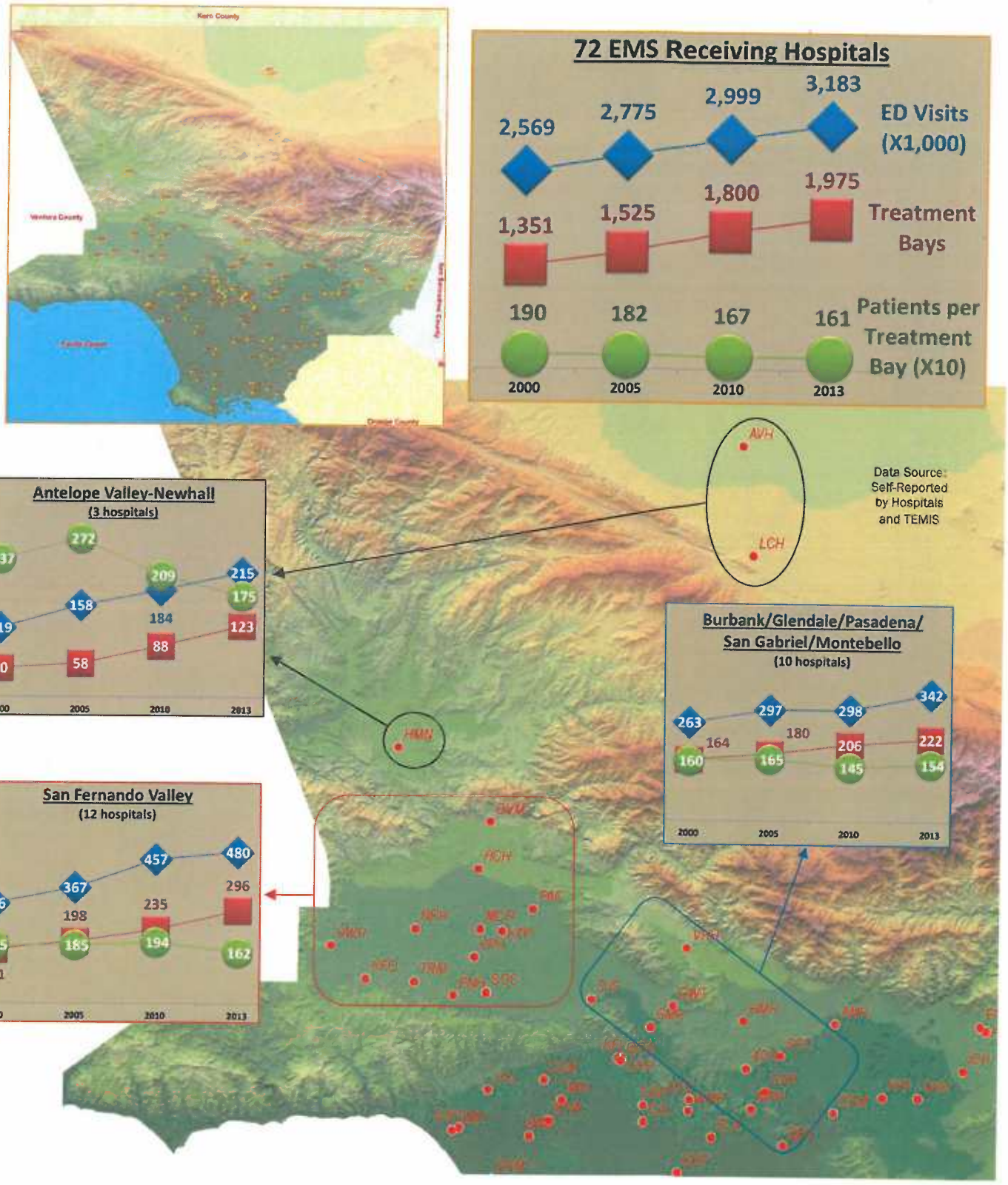
EMS Provider Agencies

- **32** Public Safety EMS Provider Agency
- **31** Licensed Basic Life Support Ambulance Operators
- **18** Licensed Advanced Life Support Ambulance Operators
- **18** Licensed Critical Care Transport Ambulance Operators
- **13** Licensed Ambulette Operators

EMS Practitioners

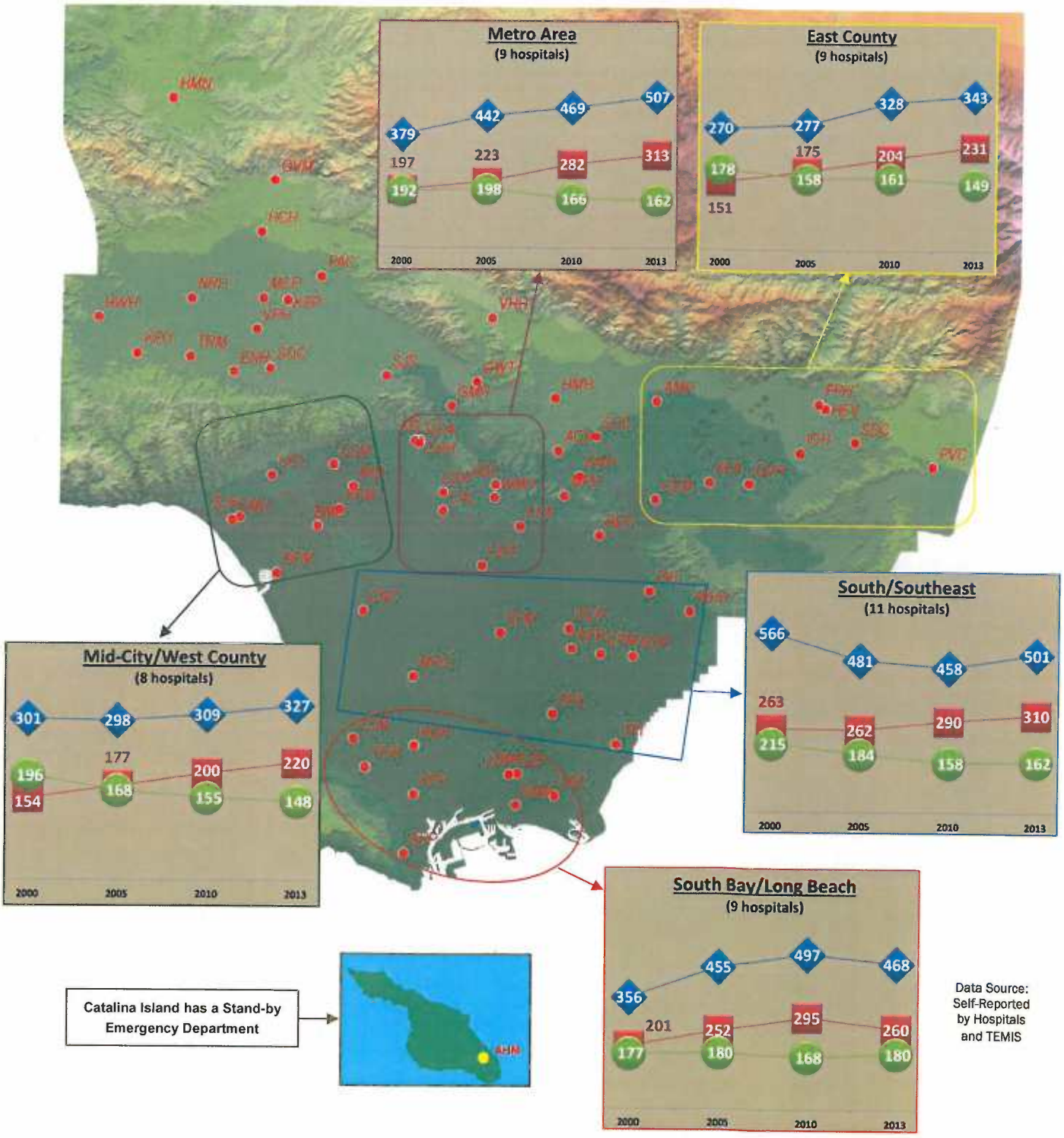
- **3,786** Accredited Paramedics
- **7,681** Certified EMTs by LA Co EMS Agency
- **805** Certified Mobile Intensive Care Nurses

Emergency Department Volume



Emergency Department Volume

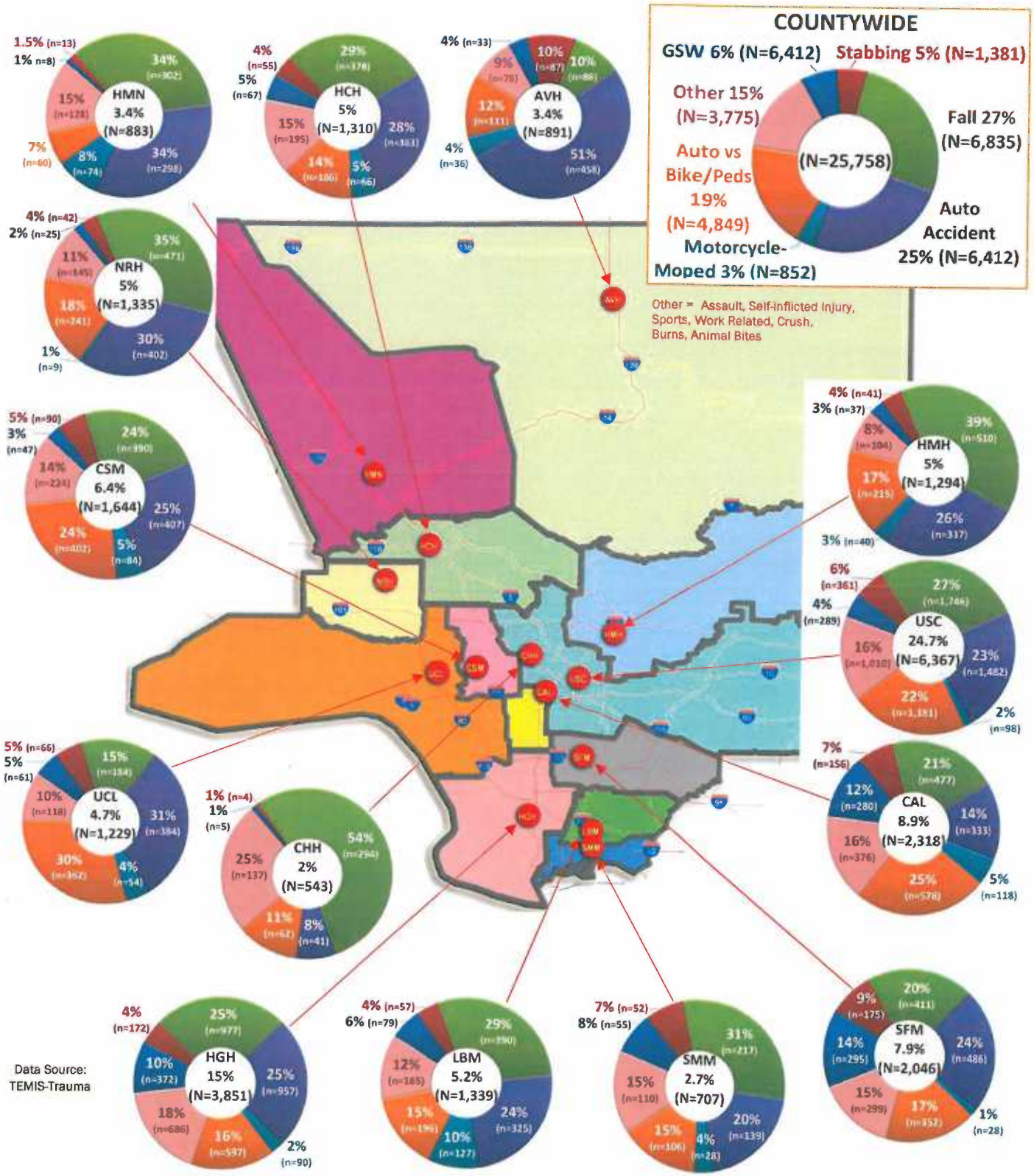
ED Visits (X1,000) | Treatment Bays | Patients per Treatment Bay (x10)



Catalina Island has a Stand-by Emergency Department

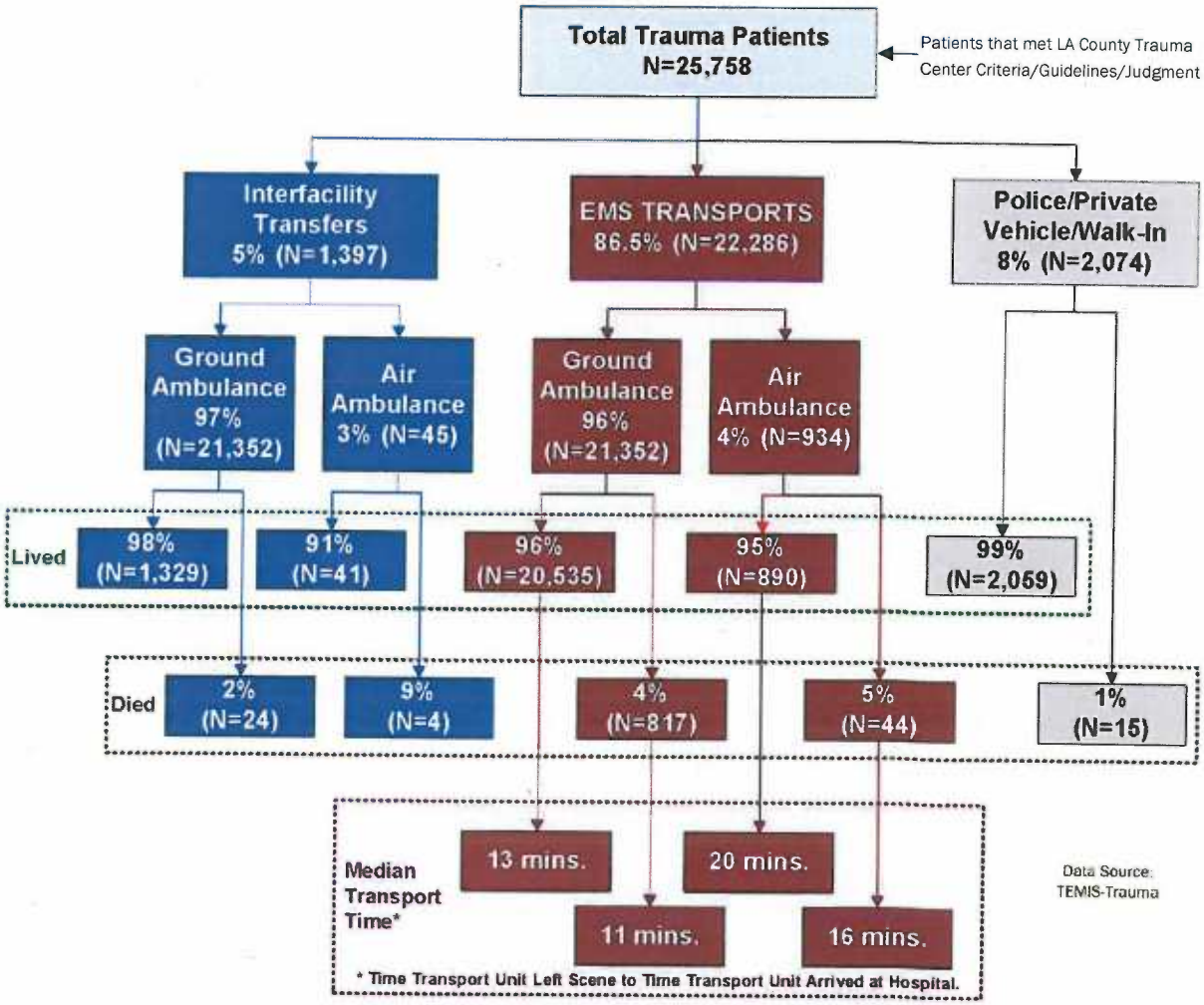
Data Source: Self-Reported by Hospitals and TEMIS

Mechanism of Injury by Trauma Center Catchment Area (CY 2013)

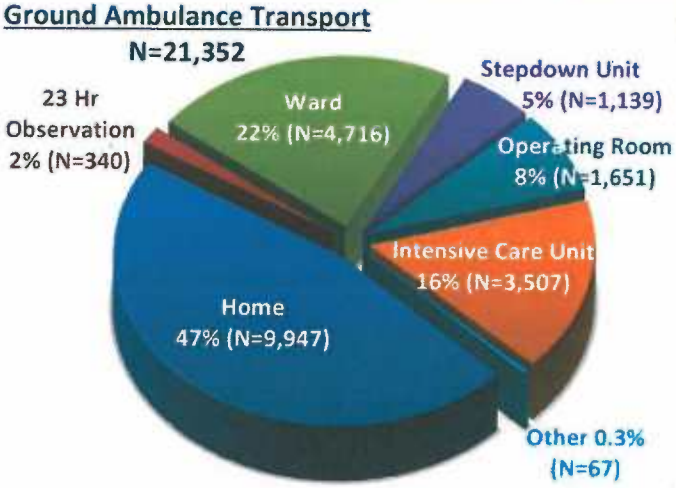


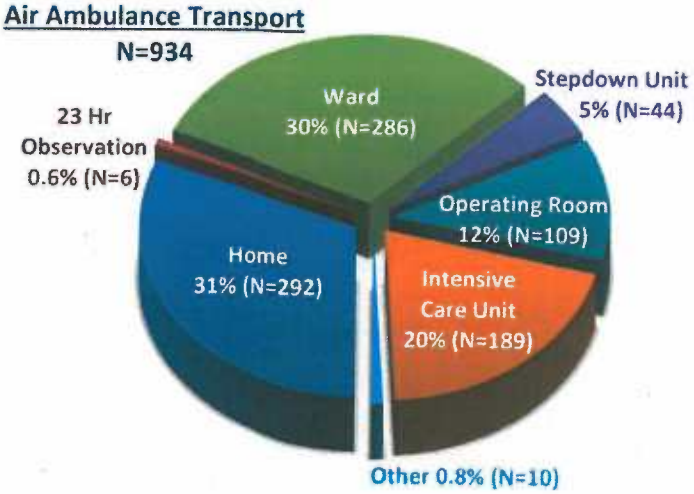
Data Source: TEMIS-Trauma

Mode of Transport / Mortality / Transport Time

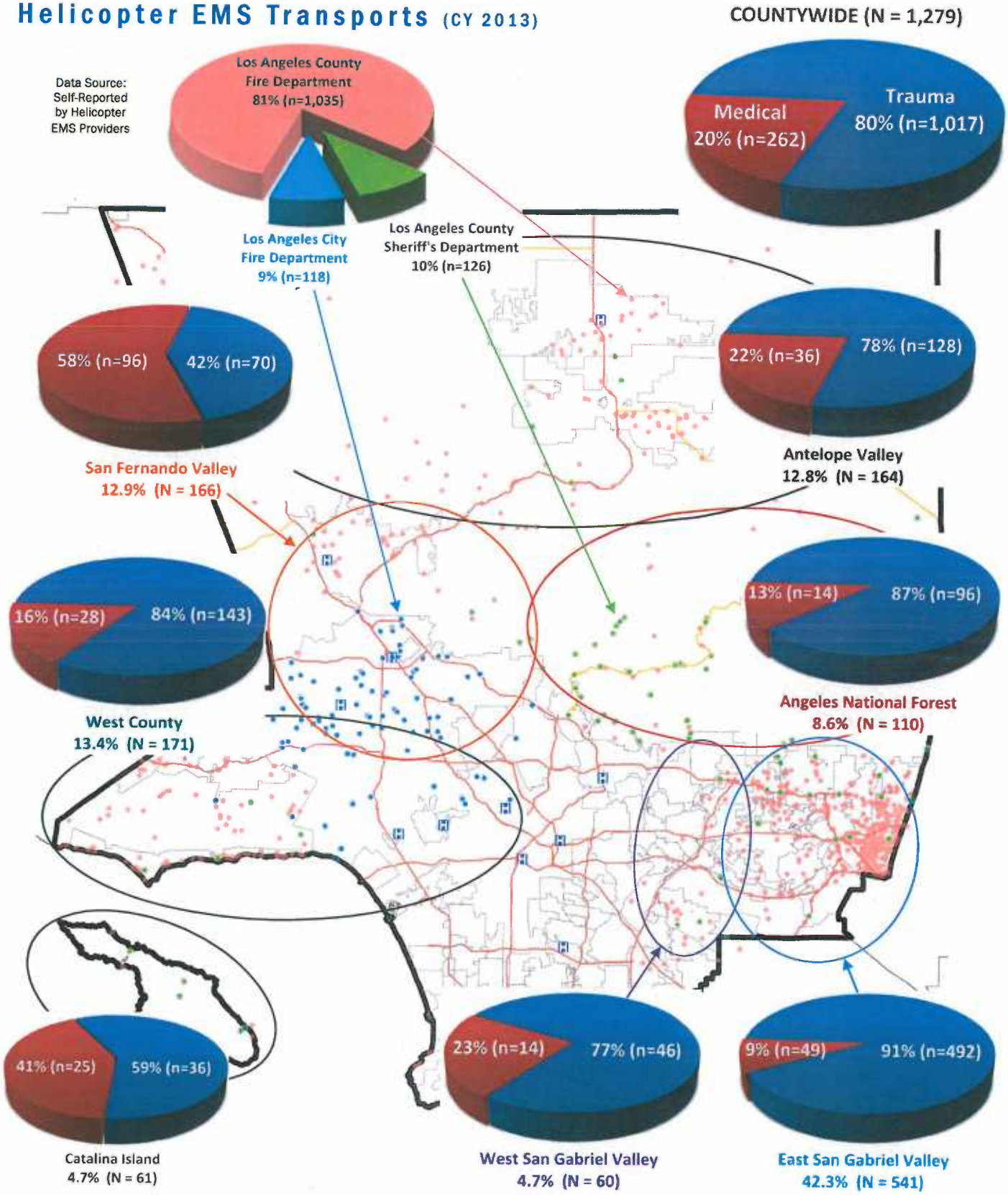


Trauma Patient Emergency Department Disposition



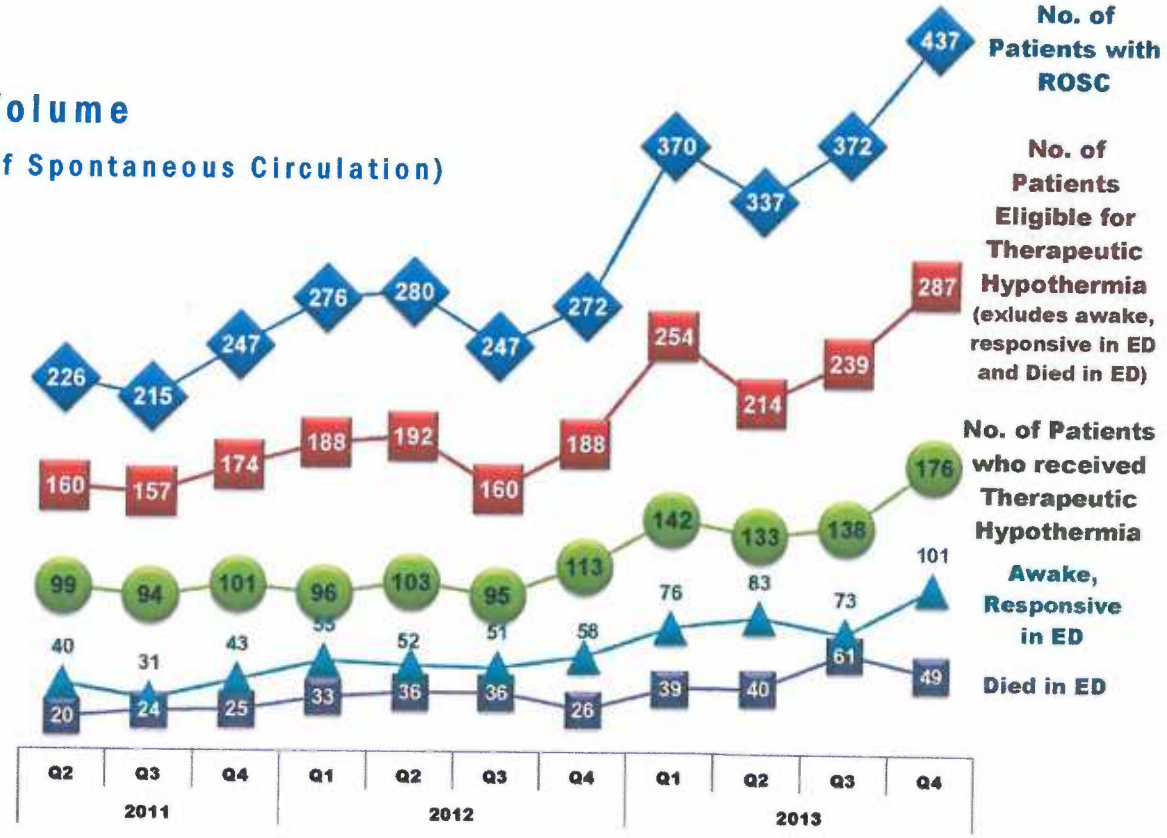


Helicopter EMS Transports (CY 2013)

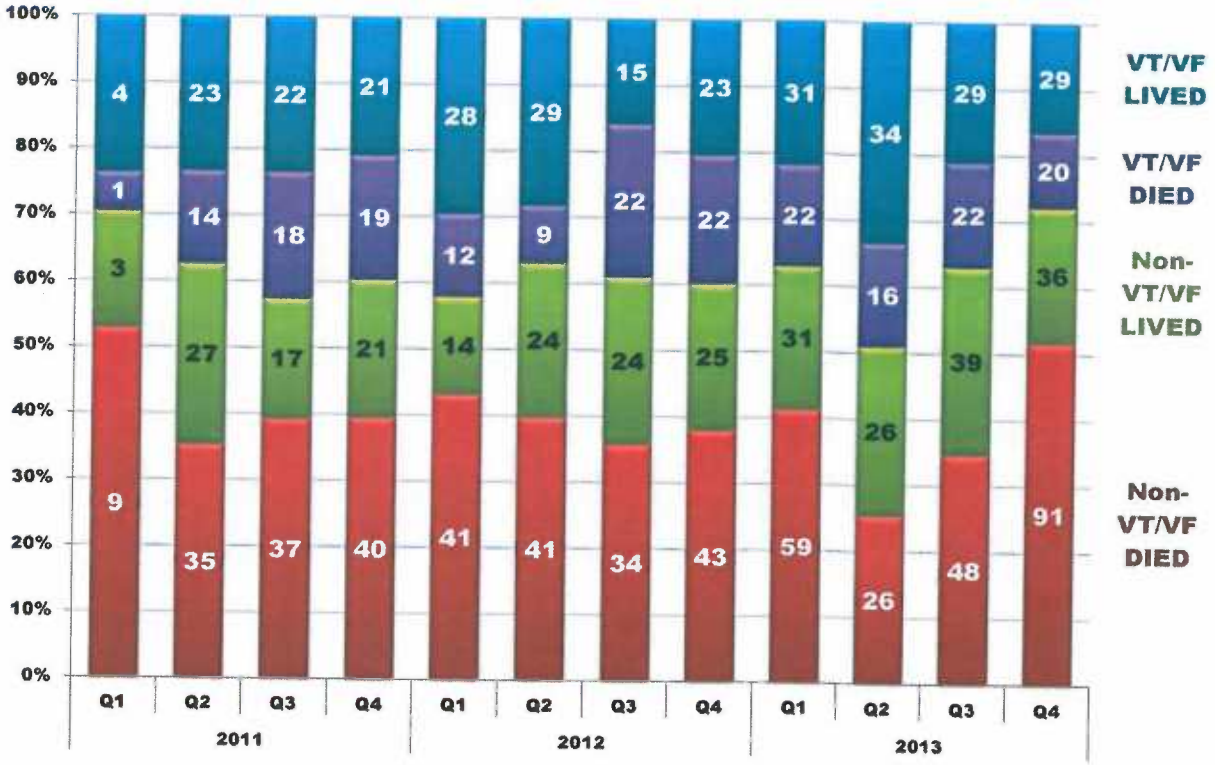


ROSC Volume

(Return of Spontaneous Circulation)

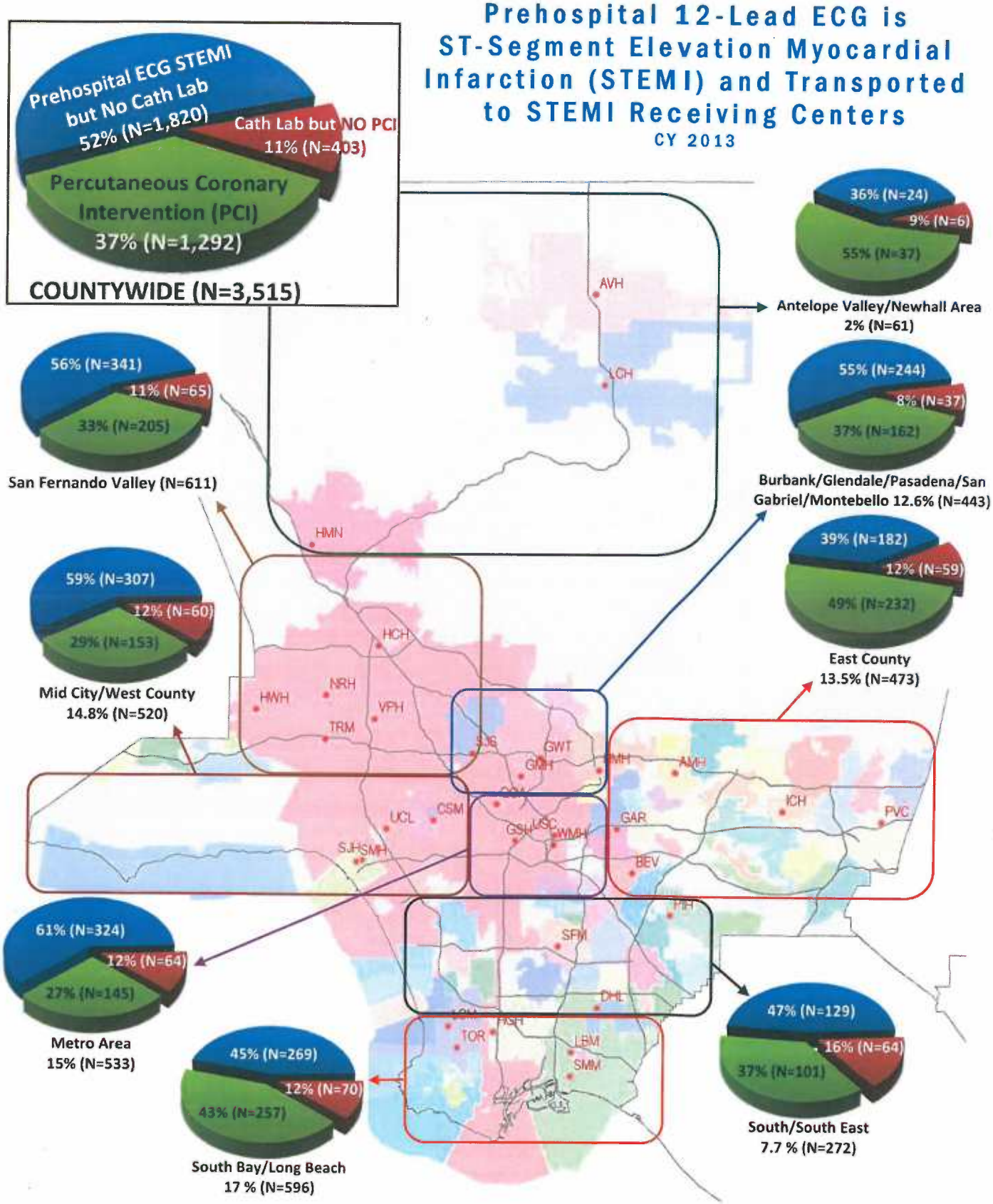


ROSC Patients: Received Therapeutic Hypothermia

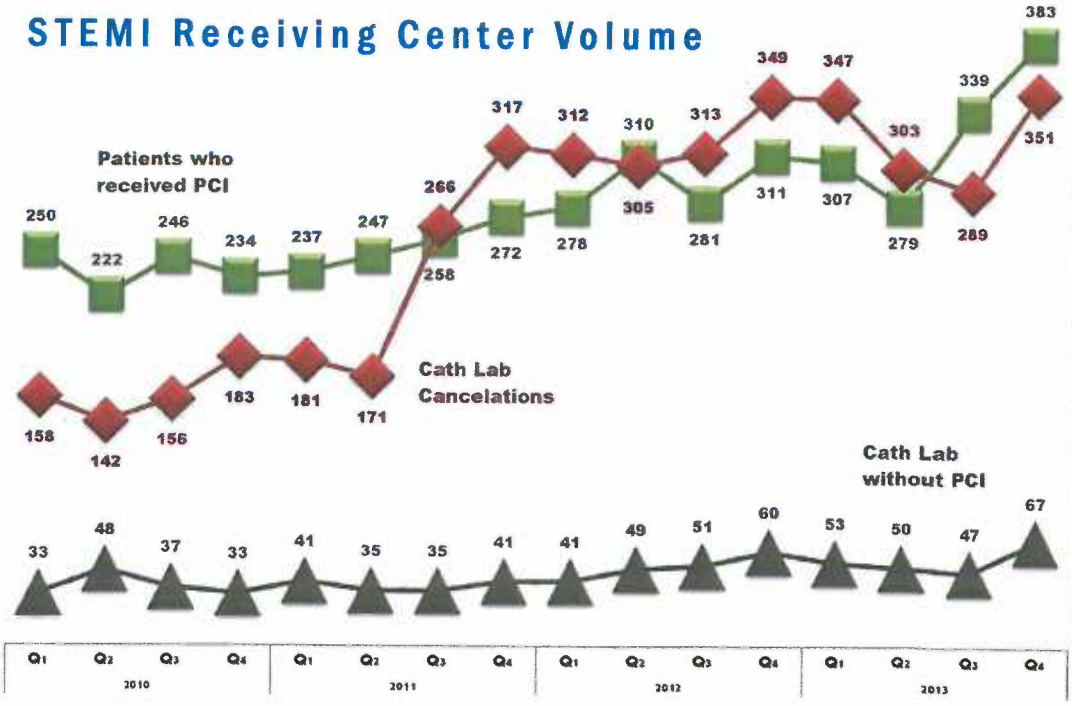


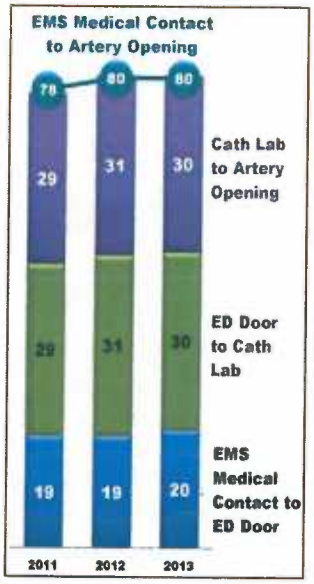
Prehospital 12-Lead ECG is ST-Segment Elevation Myocardial Infarction (STEMI) and Transported to STEMI Receiving Centers

CY 2013

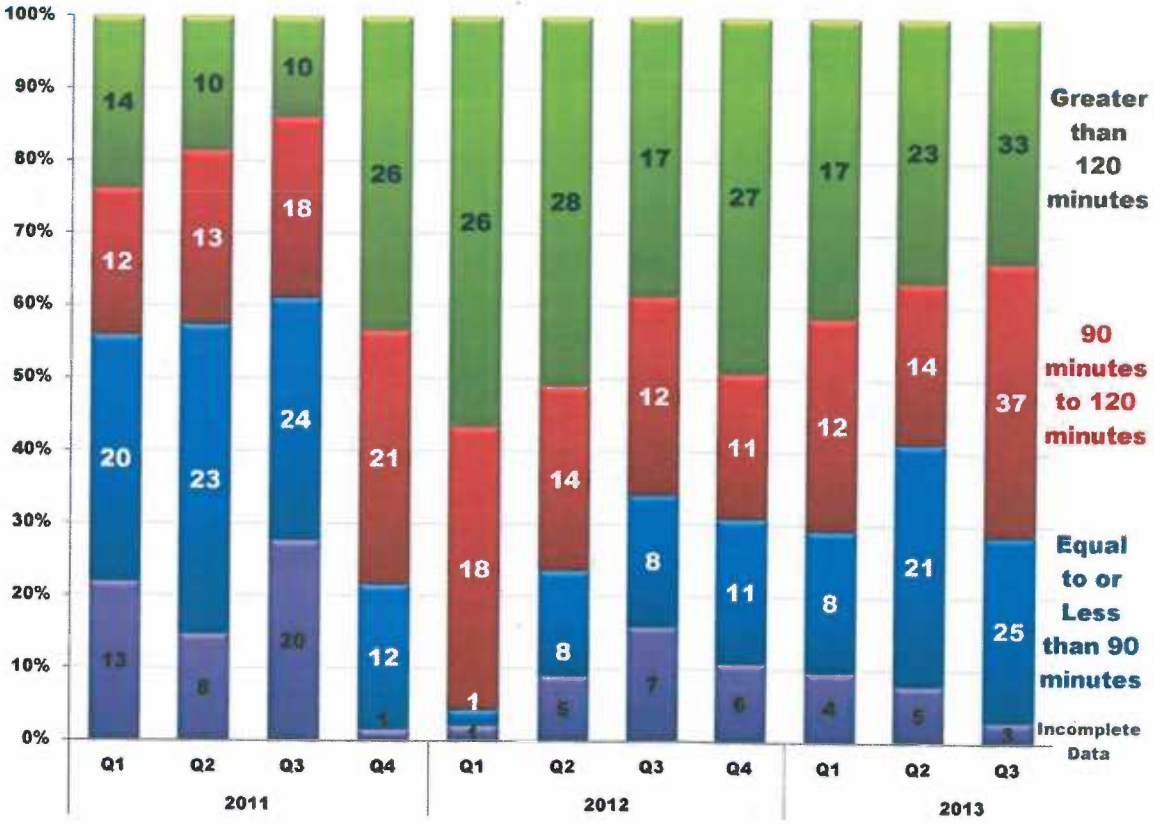


STEMI Receiving Center Volume



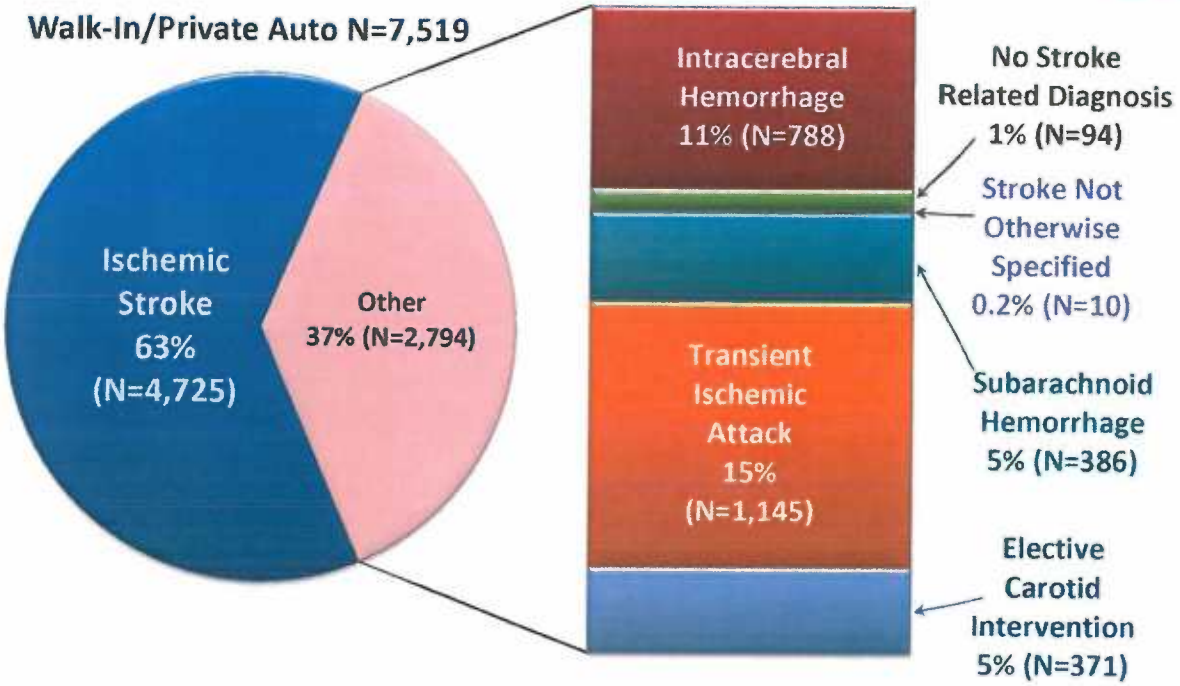


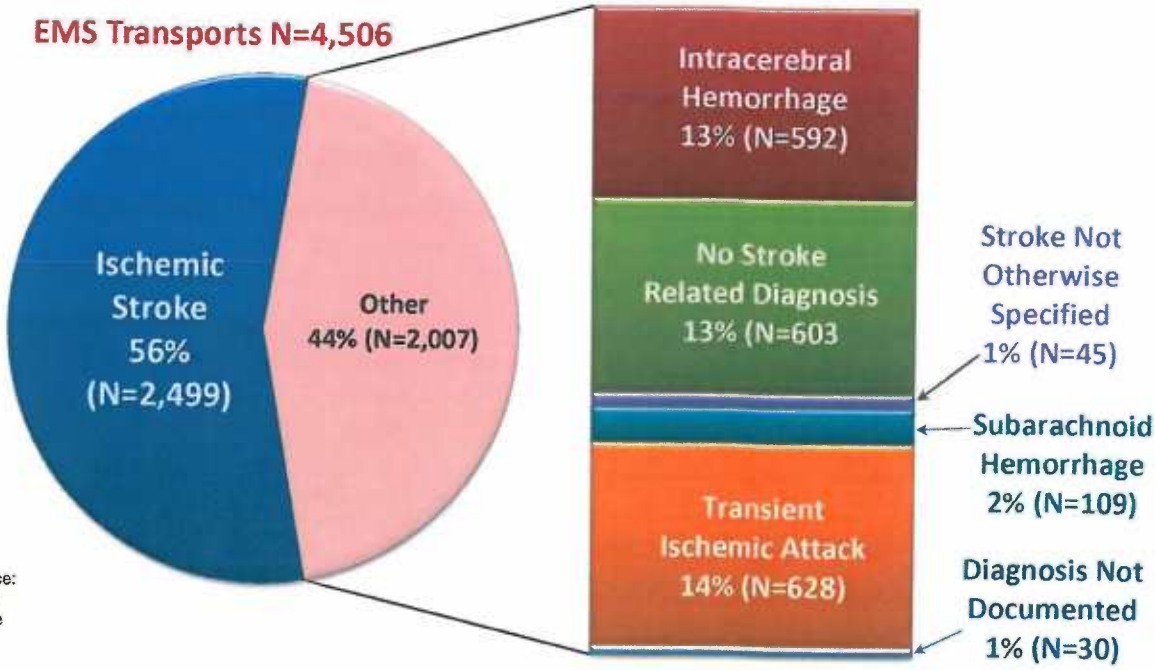
STEMI Transfers: Arrival at Referral Facility to Artery Opening at STEMI Receiving Center



Data Source:
LA SRC Database

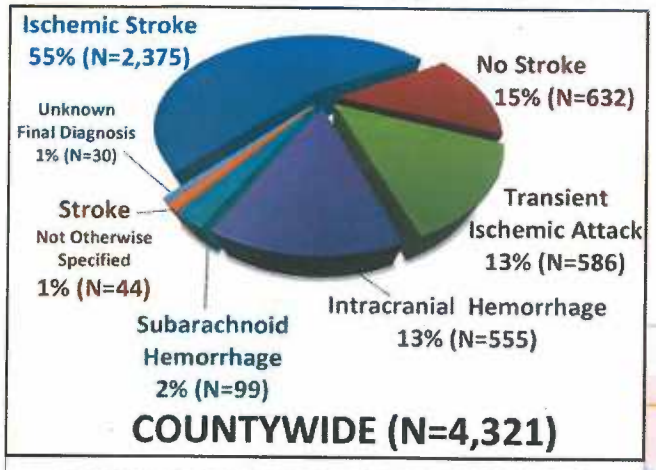
Approved Stroke Center Patients (CY 2013)



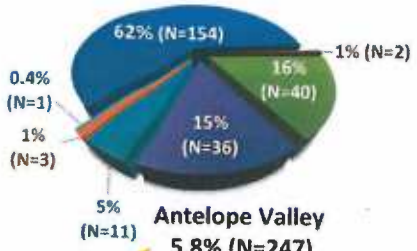


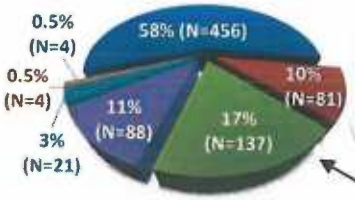
Data Source:
GWTG &
LA Stroke

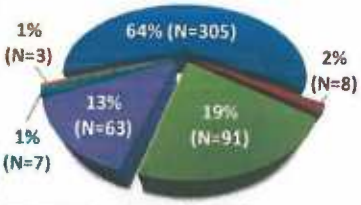
Final Diagnosis of EMS Transports to Approved Stroke Centers (CY 2013)

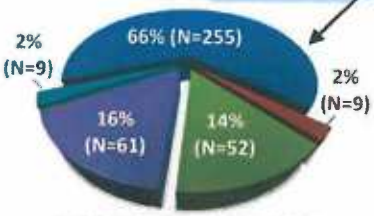


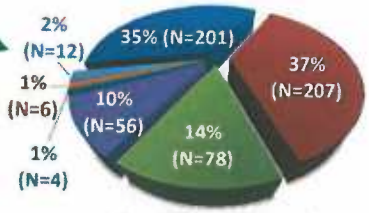
Note: 185 patients were transported to out of County hospitals

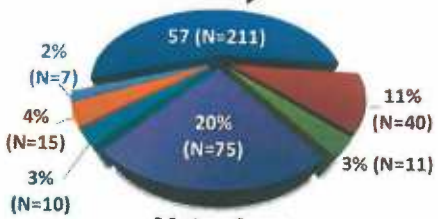


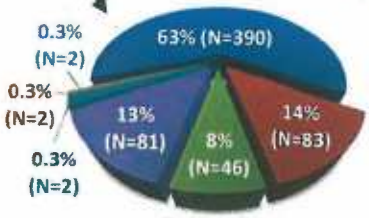




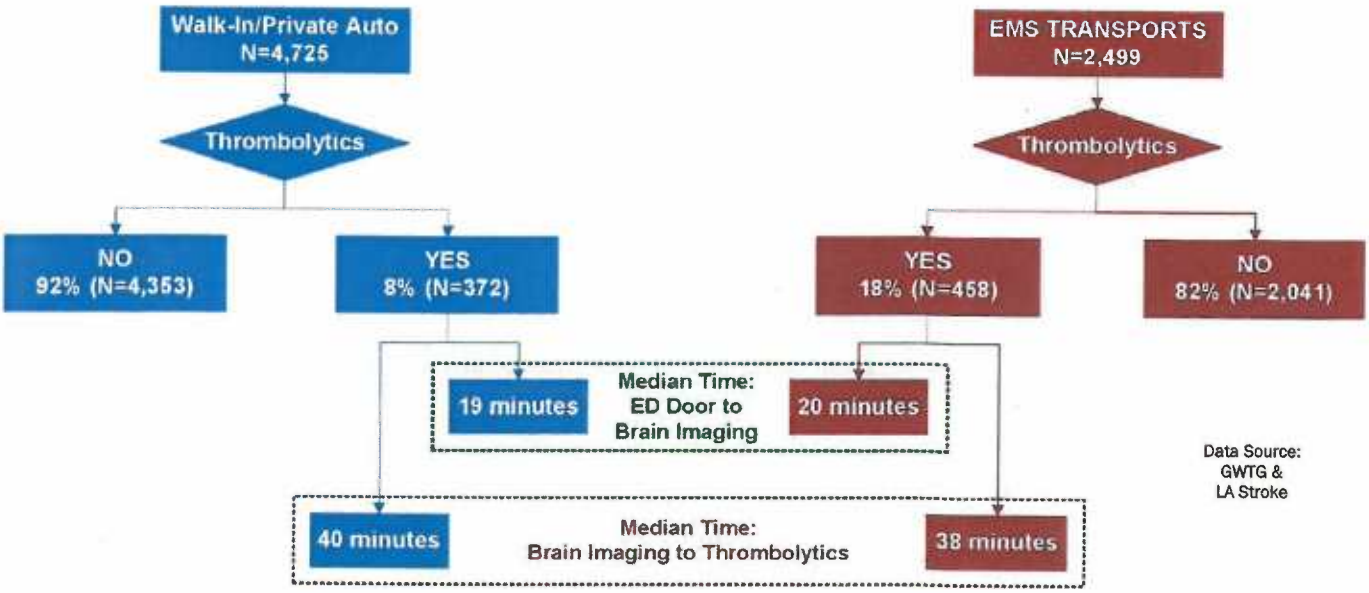




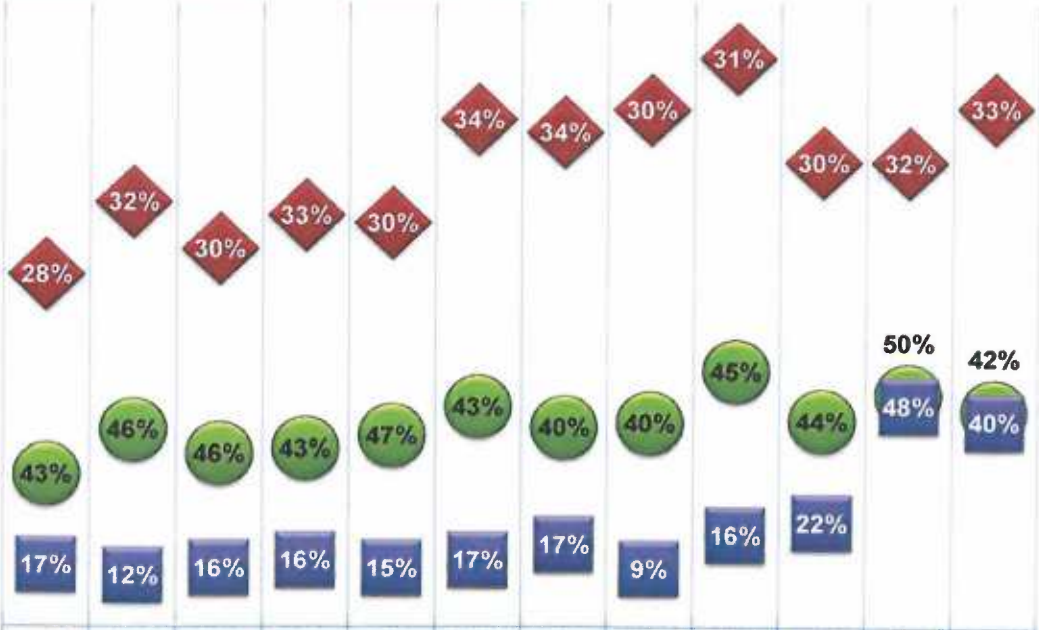




Ischemic Stroke: Median Times (CY 2013)



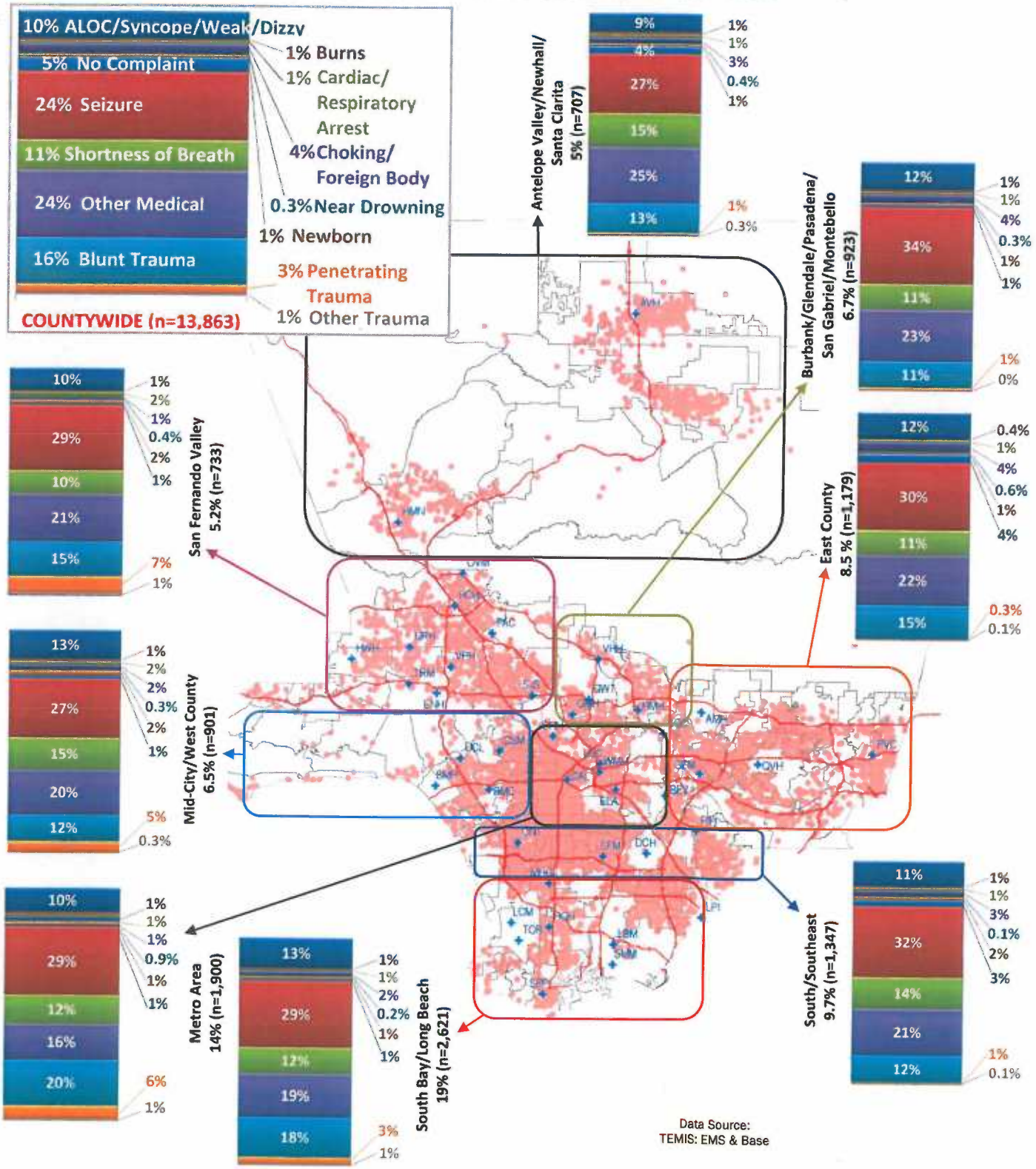
EMS Stroke Transport: Ischemic Strokes



Ischemic Stroke: N =	477	516	466	484	519	576	541	634	713	607	564	615
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2011				2012				2013			
LKWT to ED <2hrs	136	164	146	159	156	196	191	200	220	180	180	201
Received Thrombolytics	59	76	67	69	74	85	77	79	99	80	90	84
Treated by 3 hrs	24	20	23	26	23	26	32	23	36	41	86	80

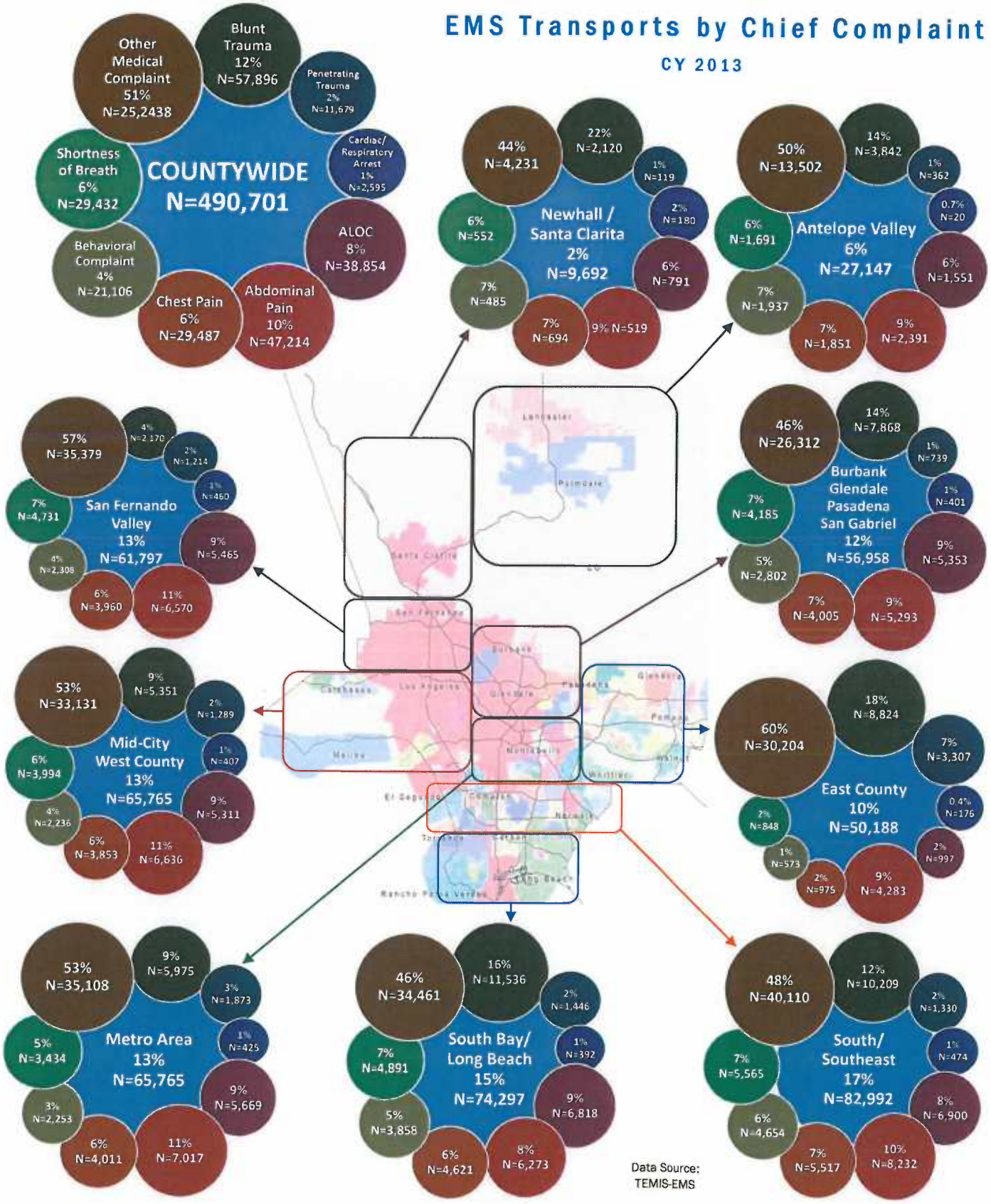
LKWT = Last Known Well Time

Chief Complaints of EMS Pediatric Transports: 14 years old and younger (CY 2013)



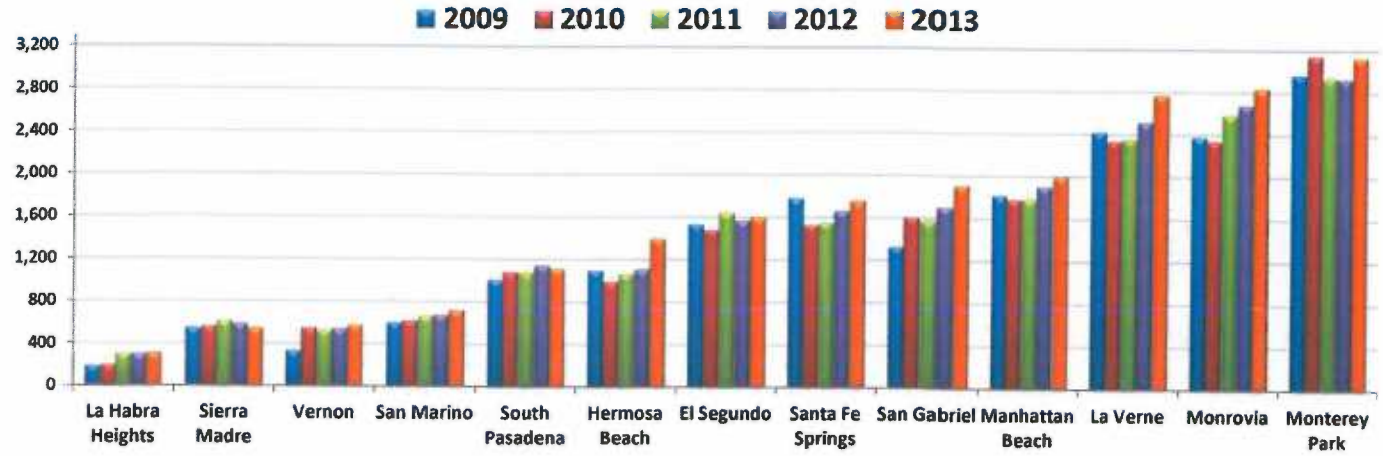
EMS Transports by Chief Complaint

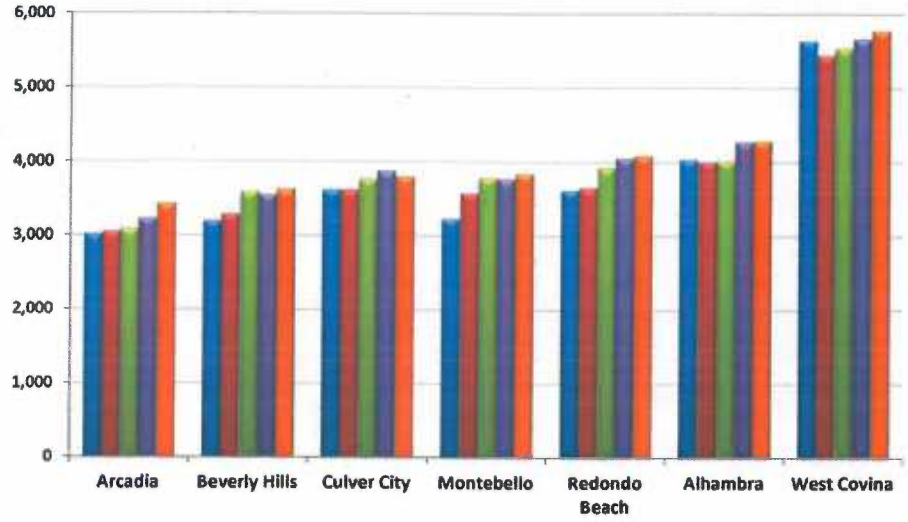
CY 2013

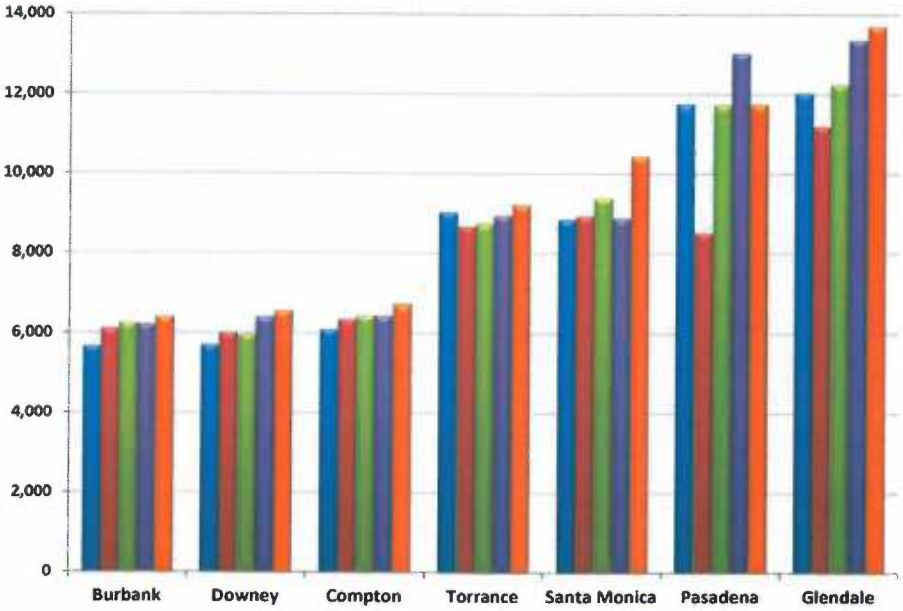


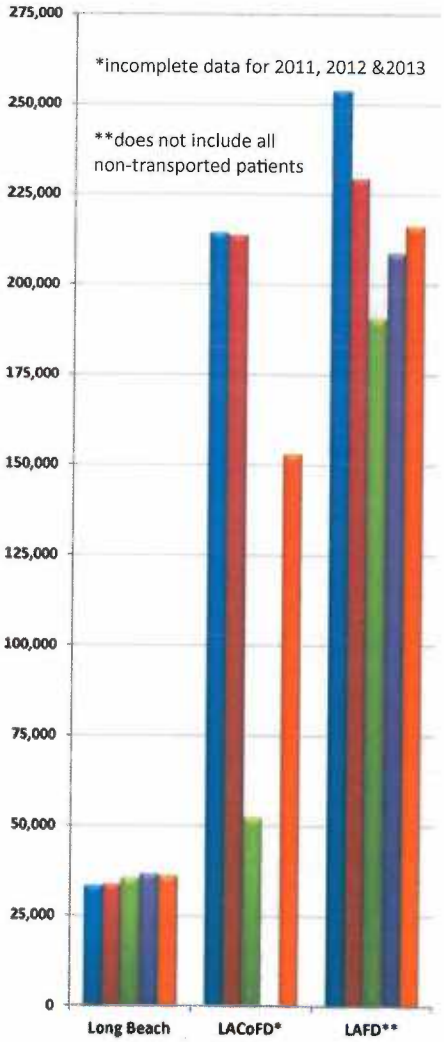
Data Source: TEMIS-EMS

EMS Responses by 9-1-1 Jurisdictional Provider Agency (CY 2013)



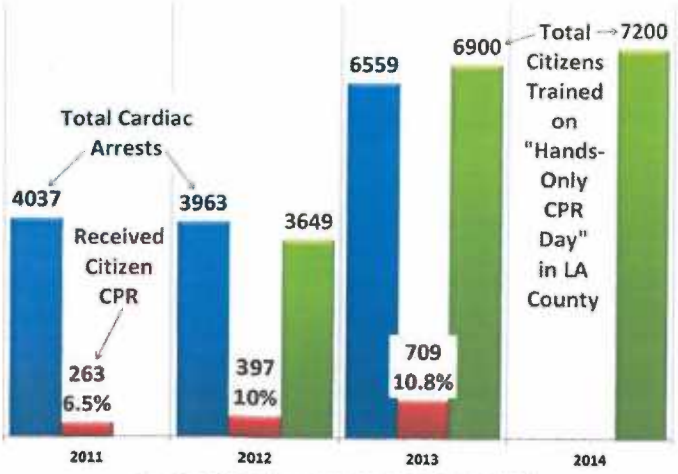




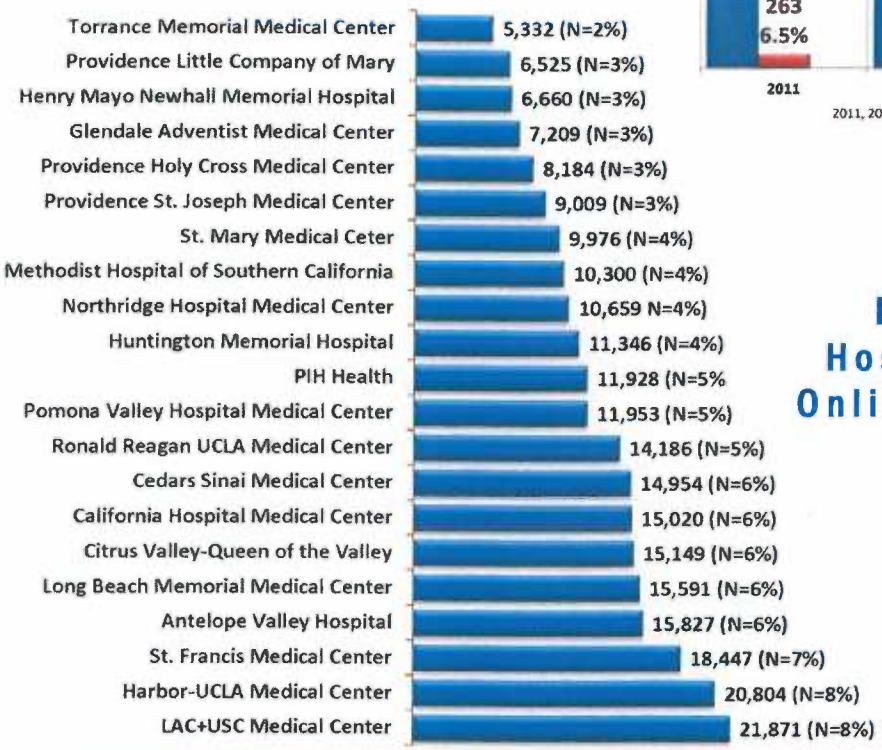


Data Source:
TEMIS-EMS

Citizen (Bystander) Cardiopulmonary Resuscitation (CPR)



2011, 2012 & 2013: incomplete data from LA County Fire Department.

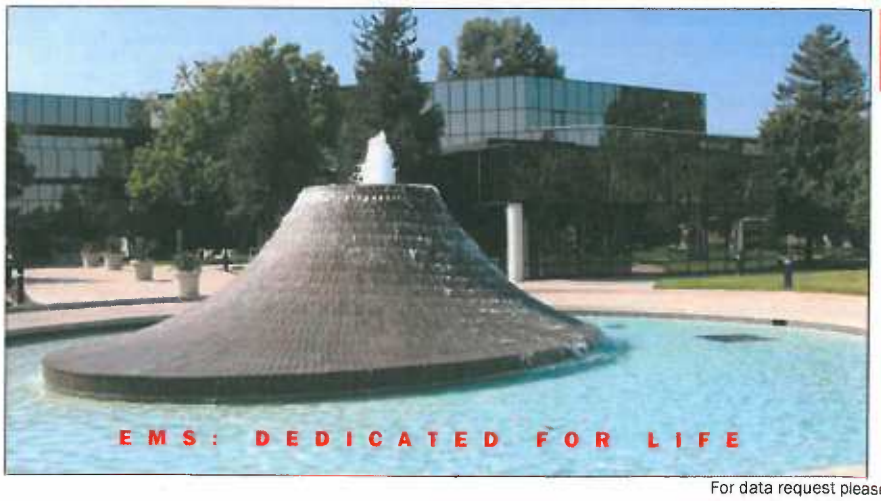


Paramedic Base Hospital Contact for Online Medical Control

N=206,930

CY 2013

Data Source: TEMIS-EMS & BASE



EMS AGENCY

To ensure timely, compassionate, and quality emergency and disaster medical services.

10100 Pioneer Boulevard, Ste. 200

Phone: 562-347-1500

Fax: 562-941-5835

Web: http//ems.dhs.lacounty.gov

For data request please complete and submit the Data Request Form at http://ems.dhs.lacounty.gov/dhs/cms1_207416.pdf

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
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
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			
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
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)

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X			
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
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
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training	X				
First Responders (non-transporting):					
2.05 First Responder Training		X			
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X			
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:					
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			
Public Access:					
3.07 9-1-1 Planning/ Coordination		X			
3.08 9-1-1 Public Education		X			
Resource Management:					
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
Universal Level:					
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			
Enhanced Level: Advanced Life Support:					
4.16 ALS Staffing		X			
4.17 ALS Equipment		X			
Enhanced Level: Ambulance Regulation:					
4.18 Compliance		X			
Enhanced Level: Exclusive Operating Permits:					
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
Universal Level:					
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			
Enhanced Level: Advanced Life Support:					
5.07 Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:					
5.08 Trauma System Design		X			
5.09 Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X			
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems:					
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
Universal Level:					
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			
Enhanced Level: Advanced Life Support:					
6.09 ALS Audit		X			
Enhanced Level: Trauma Care System:					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
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
Universal Level:					
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			
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

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 LEMSA continues to maintain an effective quality improvement program approved by EMSA. The QI/QA policies Reference No. 618, EMS Quality Improvement Program Committees and Reference No. 620, EMS Quality Improvement Program are applied internally and externally to monitor, evaluate, and identify changes or potential variations in the system to ensure ongoing compliance and safety. Additionally, the LEMSA has an established systemwide QI program in place, monitored by the System EMS QI Coordinator with an coordinated collaborative process utilizing state and local core performance measures to evaluate and improve the delivery of care.

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:

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 for exclusive operating areas. The LEMSA is currently developing the optimal role and responsibility for paramedic receiving hospitals.

Written agreements to ensure participants 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 provisions of ALS services have been implemented with all private paramedic providers, the cities of La Habra Heights and Los Angeles, Los Angeles County Fire Department and Los Angeles County Sheriff's Department. Private HEMS providers are licensed to operate in the County. In lieu of signed agreements with the standing field treatment protocol (SFTP) approved provider agencies, Los Angeles County has developed a policy addressing SFTPs in addition to conducting annual site visit/audits of these provider agencies. For those municipal fire departments without written agreements, annual site/Audits are conducted.

As per the December 16, 2014 Attorney General opinion on contracts between the local EMS Agency in cities falling within 1797.201, the EMS Agency does not have written agreements for the provisions of emergency ALS and BLS services with the majority of the city fire departments.

NEED(S):

OBJECTIVE:

The LEMSA will continue to decimate specialty care center, such as trauma, stroke, STEMI etc.

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:

Meets standards. All private Los Angeles County paramedic provider agencies currently have a written agreement with the LEMSA. Public provider agencies (municipal fire departments) providing ALS level service do not have written agreements with Los Angeles County. Compliance with local and state regulations is achieved through annual site visits and "system" policies developed in collaboration with all stakeholders.
The Health & Safety Code, Division 2.5, R 1797.201 (Contracts with Local Government for EMS Services) states, *"upon the request of a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services, a County shall enter into a written agreement with the city or fire district regarding the provisions of prehospital emergency medical services for the city or fire district. Until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level, and the administration of prehospital EMS by cities and fire district presently providing such services shall be retained by those cities and fire districts, except the level of prehospital EMS may be reduced or the city Council, or the governing body of a fire district, pursuant to a public hearing, the term is reductionist necessary.*

On December 16, 2014, Kamala D. Harris, Attorney General, rendered the following decisions referencing public provider agencies having written agreements with LEMSAs:

1. *Cities and fire districts that have been providing prehospital emergency medical services since June 1, 1980, as specified in Health & Safety Code Section 1797.201 (i.e. ".201 providers"), are not required by state regulation to have a written agreement with a Local Emergency Medical Services Agency in order "to participate in the EMS system" as specified in the regulation.*
2. *A contract between the County or Local Emergency Medical Services Agency and a.201, provider for County-supplied emergency medical equipment is not extinguished the.201 providers rights to continue providing prehospital emergency medical services.*
3. *A contract between a County, or Local Emergency Medical Services Agency and a.201 provider for medical control and oversight of the.201 provider does not extinguished the.201 providers rights to continue providing prehospital emergency medical services.*

Interpretation of 1797.201 and review of the Attorney General's opinion, the LEMSA believes that written agreements are not 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
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:

Currently does not meet the minimum standards. Approximately 95% of fire departments providing emergency medical services are dispatched by fire dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to fire dispatch.
The LEMSA does have policies in place for dispatching of Emergency Medical Services. Additionally, the LEMSA coordinated a meeting late 2015 with the medical directors of 9-1-1 dispatch centers. The LEMSA has also reviewed dispatch policies/procedures of the major dispatch centers and will continue to meet with constituents on a regular basis.

NEED(S):

Move "system" along with standardize pre-arrival instructions countywide.

OBJECTIVE:

The LEMSA will continue to routinely meet with medical directors and key personnel of dispatch centers in order to promulgate "systemwide" approved pre-arrival instructions. Will also move forward with revising current policies surrounding 9-1-1 dispatch centers

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. 21, base stations and 52 paramedic provider agencies, which account for nearly 600 paramedic units, have access to 9 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 backup 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 communications problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base stations on Catalina island.

V-MED 28 radio frequencies replaced our previously used hospital emergency administrative radio (HEAR). This frequency is installed in nearly 100% of all ALS vehicles (combination transported and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter. 100% of the healthcare facilities (hospitals) have V-MED 28.

The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in the hundred percent of the acute care hospitals (9-1-1, receiving hospitals), over 100 community clinics and 44, long-term care facilities. The 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 an Internet-based system which has greatly improved system access.

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

Currently, the LEMSA is an active participant in voting member of the governing body the Los Angeles Regional interoperable Communication System (LA-RICS) Board of Directors. LA Rick's mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health service professionals (1st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designated to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80 MHz) is 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)

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
2014 (Fiscal Year 2013-14)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **Los Angeles County Emergency Medical Services Agency**
Reporting Year: **Fiscal Year 2013-14**

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. <u>County Health Services Agency</u>
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: <u>Deputy Director, Health Services</u>

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

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

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

5. EXPENSES:

Salaries and benefits(All but contract personnel)	$19,957,474
Contract Services (e.g. medical director)	
Operations (e.g. copying, postage, facilities)	
Travel	
Fixed assets	$155,086
Indirect expenses (overhead)	
Ambulance subsidy	
EMS Fund payments to physicians/hospital	$15,972,665
Dispatch center operations (non-staff)	
Training program operations	
Other: S&S	$12,728,856
Other:	
TOTAL EXPENSES	$48,814,081

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	$12,447,732
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	$450,315
Training program approval fees	$966,777
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base hospital application fees (Data fees)	
Trauma center application fees (Data fees)	
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	$535,221
Contributions	
EMS Fund (SB 12/612/SB 1773)	$21,962,771
Other grants: EMS Allocation Fund	
Other fees: various other revenue/Intrafund Transfers	$4,940,868
Other (specify): HPP	$9,394,453
TOTAL REVENUE	$50,698,137

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 $1,884,055 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	$125
EMT-I recertification	$87
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	$125
EMT-P re-accreditation	$45
Mobile Intensive Care Nurse /Authorized Registered Nurse (MICN/ARN) certification	$155
MICN/ARN recertification	$65
EMT-I training program approval	
EMT-II training program approval	
EMT-P training program approval	$2,628
MICN/ARN training program approval	
Base hospital application	
Base hospital designation	
Trauma center application	
Trauma center designation	
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

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
2014 (Fiscal Year 2013-14)

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

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2013-2014**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (49.75 % of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	1	$75.27	$37.45	
Asst. Admin./Admin. Asst./Admin. Mgr.	Assistant Director	3	$66.21	$32.94	
ALS Coord./Field Coord./ Training Coordinator	Training Coordinator	1	$60.77	$30.23	
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	$62.60	$31.15	
Trauma Coordinator	Trauma System Program Manager	1	$61.56	$30.63	
Medical Director	Medical Director	1	$120.10	$59.75	
Other MD/Medical Consult/ Training Medical Director	Medical Director, PTI	1	$94.14	$46.84	
Disaster Medical Planner	Disaster Medical Officer	1	$98.99	$49.25	

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

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (49.75%of Salary)	COMMENTS
Dispatch Supervisor	Ambulance Program Coordinator	1	$46.37	$23.07	
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	$60.44	$30.07	
QA/QI Coordinator	Provider and Hospital Program Managers	4	$61.56	$30.63	
Public Info. & Education Coordinator	Pre-Hospital Certification, Risk Management and Investigators	2	$60.78	$30.24	
Executive Secretary	Executive Secretary	1	$31.26	$15.55	
Data Entry Clerk	Data Entry Clerk	5	Various	Various	
Ambulance Services	Ambulance Services	69	Various	Various	
Medical Alert Center & Communications (MACC)	Medical Alert Center & Communications (MACC)	27	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

Director of Health Services
Mitchell H. Katz, M.D.

Deputy Director
Christina Ghaly, M.D.

EMS Director
Cathy Chidester

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

EMS COMMISSION

Chief Information Officer *

Chief, Communication and Technical Support Systems
Josa Betance

Manager, Application Development
Jeffrey Morgan

Assistant Director
EMS Programs
Richard Tadeo

Chief, Hospital Programs and TEMIS
Deidre Gorospe

Chief, Office of Certification & Programs Approval
Lucy Adams

Chief, Office of Prehospital Care Operations
Christine Bender

Director, Paramedic Training Institute
Michele Hanley

Program Manager, Ambulance Programs
John Telmos

Assistant Director
Disaster Programs
Kay Fruhwirth

Chief, Disaster Response and Antiterrorism Service
James Eads

Chief, Medical Alert Center and Disaster Mgmt
John Quiroz

Chief, Disaster Services
Roel Amara

Assistant Director
Administrative and Fiscal Services
Andree Stecker

Manager, Fiscal Services
Manal Oudar

Manager, Contracts Development and Contract Monitoring
Angelica Maldonado

Personnel Management

Reimbursement Program Audit

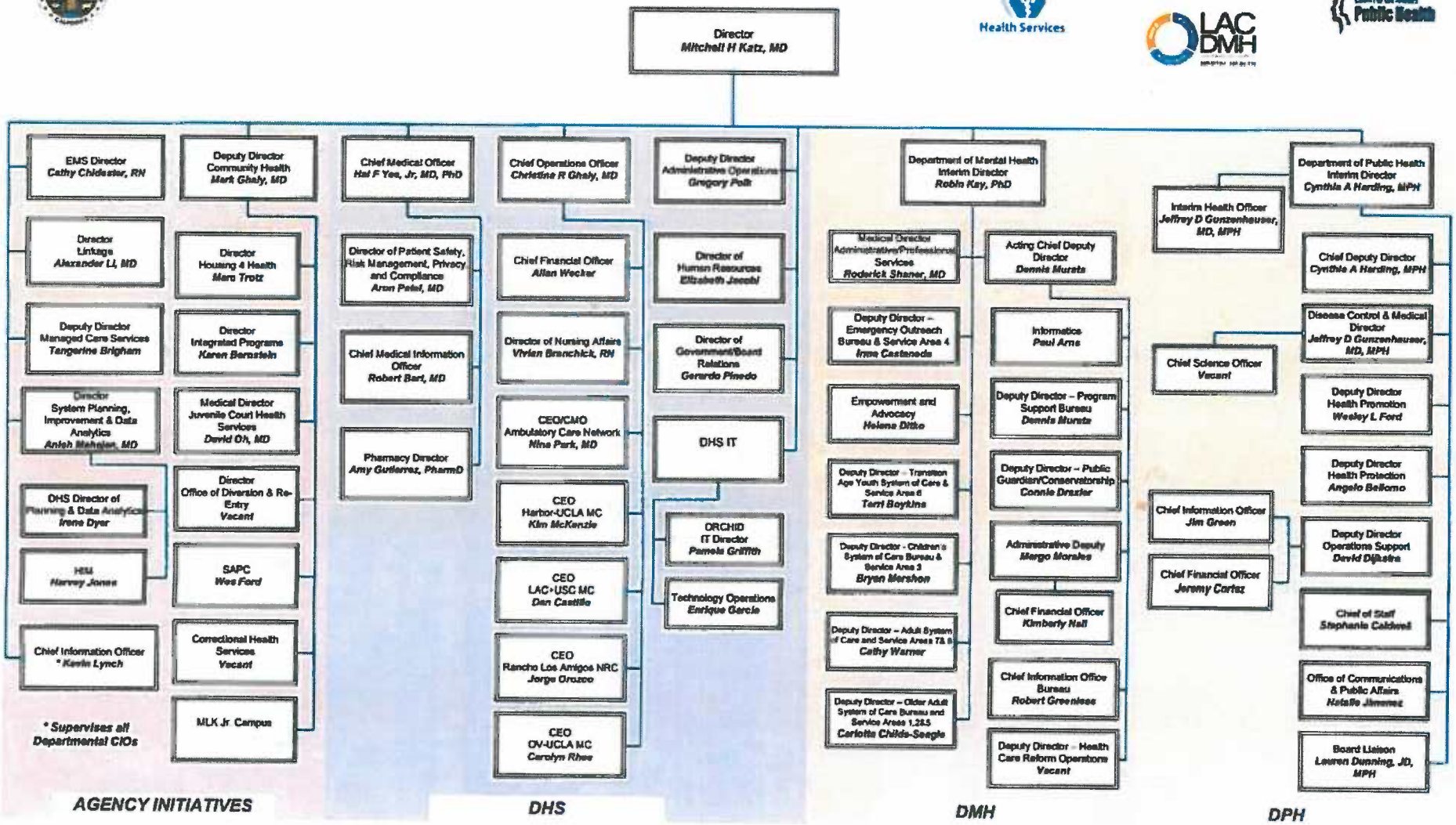
Approved by: Cathy Chidester
EMS Director

Approved by: Christina Ghaly, M.D.

6/8/13

* Item filled. Employee temporarily reassigned to HSA-IT

LOS ANGELES COUNTY – HEALTH AGENCY
Organizational Chart



Los Angeles County-Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
2014 (Fiscal Year 2013-14)

TABLE 3: STAFFING/TRAINING

Reporting Year: FY 2013/2014

NOTE: Table 3 is to be reported by agency.

	EMT	EMT - IIs	EMT - Ps	MICN
Total Certified	7803	Not Applicable		767
Number newly certified this year	1675	Not Applicable		68
Number recertified this year	2348	Not Applicable		350
Total number of accredited personnel on July 1 of the reporting year	N/A	Not Applicable	3802	
Number of certification reviews resulting in:				
a) formal investigations	210	Not Applicable		0
b) probation	47	Not Applicable		0
c) suspensions	8	Not Applicable		0
d) revocations	9	Not Applicable		0
e) denials	1	Not Applicable		0
f) denials of renewal	0	Not Applicable		0
g) no action taken	60	Not Applicable		0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs 10,500
   b) Number of public safety (defib) certified (non-EMT-I) 3,223

2. Do you have an EMR training program ☐ yes √ no

Los Angeles County-Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN 2014 (Fiscal Year 2013-14)

TABLE 4: COMMUNICATIONS

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

County: Los Angeles

Reporting Year: Fiscal Year 2013/14

1. Number of primary Public Service Answering Points (PSAP) — 85
2. Number of secondary PSAPs — 13
3. Number of dispatch centers directly dispatching ambulances — 40
4. Number of EMS dispatch agencies utilizing EMD guidelines — 21
5. Number of designated dispatch centers for EMS Aircraft — 3
6. Who is your primary dispatch agency for day-to-day emergencies?
   Dependent on origin of call

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 **155.340 MHz.**

   b. Other methods Yes
   Landline, cellphones, Internet ReddiNet, satellite phones and amateur radio (HAM). ◆Yes ☐ No

   c. Can all medical response units communicate on the same disaster communications system? ☐ Yes ◆ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? ◆ Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ◆ Yes ☐ No

1) Within the operational area? ◆ Yes ☐ No

2) Between operation area and the region and/or state?

_____

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: FY 2013/2014
Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 10,507

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	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*

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

EMS System: **County of Los Angeles**

Reporting Year: **2014 (Fiscal Year 2013-2014)**

NOTE: Table 6 is to be reported by agency.

1. **Trauma**	
a. Number of patients meeting trauma triage criteria **(Trauma Database – Total Volume)**	**26,251**
b. Number of major trauma victims transported directly to a trauma center by ambulance **(Trauma Database – Entry Mode = EMS Ground)**	**22,691**
c. Number of major trauma patients transferred to a trauma center **(Trauma Database – Entry Mode = Transfer)**	**1,476**
d. Number of patients meeting trauma triage criteria not treated at a trauma center	**948**
2. **Emergency Departments**	
a. Total number of emergency departments	**76**
b. Number of referral emergency services	**0**
c. Number of standby emergency services **(Catalina Island Medical Center)**	**1**
d. Number of basic emergency services	**73**
e. Number of comprehensive emergency services **(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)**	**2**
3. **Receiving Hospitals**	
a. Number of receiving hospitals with written agreements	**24**
b. Number of base hospitals with written agreements	**21**

Los Angeles County-Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
2014 (Fiscal Year 2013-14)

TABLE 7: DISASTER MEDICAL

Reporting Year: F/Y 2013/2014

County: Los Angeles

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Los Angeles
   b. How are they staffed? _____
   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

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

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ■ Yes ☐ No
   b. At what HazMat level are they trained? _____
   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?

3. Have you tested your MCI Plan this year in a:
   a. real event? ✹ Yes ☐ No
   b. exercise? ✹ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement: Orange, Santa Barbara, Ventura, San Luis Obispo. San Diego, Imperial, Riverside, San Bernardino, Inyo, Mono

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 a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ✹ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ✹ Yes ☐ No

8. Are you a separate department or agency? ☐ Yes ✹ No

9. If not, to whom do you report? _____

8. 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? ✹ Yes ☐ No

SUBJECT: **LICENSED AMBULANCE OPERATORS** REFERENCE NO. 401.1

PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Adult Medical Transportation, Inc. 7048 Darby Avenue Reseda, CA 91355 (818) 705-0100 http://www.site.amtamb.com	AM		X			(818) 705-0060	Also provides ambulette (van) transportation
Aegis Ambulance Service, Inc. 140 W. Chestnut Ave. Monrovia, CA 91016 (626) 685-9410	AE		X			(626) 685-9410	
AmbuServe Inc. 15105 S. Broadway Ave. Gardena, CA 90248 (310) 644-0500 http://www.ambuserveambulance.com	AU		X	X	X	(866) 249-1800	
American Medical Response of Southern California Administrative Offices 1055 W. Avenue J Lancaster, CA 93534 (661) 947-1234 www.amr.net	AR	EOA 1, 2, 5	X	X	X	(877) 808-2100	
AmeriCare Ambulance 1059 E. Bedmar St. Carson, CA 90746 (310) 835-9390 http://americare.org	AC	City of Santa Monica	X	X	X	(888) 923-9723	Also provides ambulette (van) transportation
AmeriPride Ambulance Service, Inc. 13509 Raymond Avenue Gardena, CA 90247 (310) 965-0905 http://ameriprideambulance.com	AD		X			(877) 965-0905	

EFFECTIVE: 9-28-09
REVISED: 12-16-13
SUPERSEDES: 10-11-13

PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Antelope Ambulance Service 42540 N. 6th Street East Lancaster, CA 93535 (661) 951-1998 www.antelopeamb.com	AN		X	X		(661) 951-1998	
Bowers Companies, Inc. 3355 Spring St., Suite 301 Long Beach, CA 90806 (562) 988-6460 www.bowersambulance.com	BO		X	X	X	(877) 378-1938	
Care Ambulance Service 1517 W. Braden Ct. Orange, CA 92868 (714) 288-3800 www.careambulance.net	CA	EOA 6	X		X	(562) 531-1700 (626) 449-2273 (323) 469-1234 (310) 777-0389	
Elite Ambulance, Inc. 2065 Venice Blvd. Los Angeles, CA 90006 (323) 874-4100 www.elite-ems.net	EL		X			(323) 874-4100	
Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821 (714) 990-1742 www.emergencyambulance.com	EA		X		X	(800) 400-0689	
Gentle Care Transport 3539 Casitas Avenue Los Angeles CA 90039 (323) 662-8777	GC		X	X	X	(323) 662-8777	
Gerber Ambulance Service 19801 Mariner Ave. Torrance, CA 90503 (310) 542-6464 www.gerberambulance.com	GE	City of Torrance	X	X	X	(888) 405-1133	
Guardian Ambulance Service 1854 East Corson, Suite 1 Pasadena, CA 91107 (626) 792-3688 www.guardianambulance.org	GU		X	X		(626) 405-8848	

PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Impulse Ambulance, Inc. 12531 Vanowen St. North Hollywood, CA 91605 (818) 982-3500 www.impulseambulance.com	IA		X	X	X	(877) 311-5555	
Liberty Ambulance Service 9441 Washburn Road Downey, CA 90242 562-741-6230 http://libertyambulance.com	LT		X	X	X	(562) 741-6230	
Mauran Ambulance Service 1211 First Street San Fernando, CA 91430 (818) 365-3182 www.mauranambulance.com	MA		X			(866) 926-9990	
MedCoast Ambulance Service 14325 Iseli Road Santa Fe Springs, CA 90670 (866) 926-9990 www.medcoastambulance.com	MT		X		X	(866) 926-9990	
Med-Life Ambulance Service, Inc. 4304 Alger Street Los Angeles, CA 90039 (818) 500-0044 www.medlifeambulance.com	ML		X			(877) 463-3543	Also provides ambulette (van) transportation
MedReach Ambulance 1303 Kona Drive Rancho Dominguez, CA 90220 (310) 781-9395 www.medreachambulance.com	MR		X		X	(800) 788-3440	
MedResponse, Inc 7040 Hayvenhurst Ave. #200 Van Nuys, CA 91406 (888) 633-3000 http://medresponseinc.com	MI		X	X	X	(888) 633-3333	
Mercy Air 1670 Miro Way Rialto, CA 92376 (909) 357-9006	MY					(800) 327-1966	Aircraft Service

PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Mercy Ambulance Service 7700 Imperial Highway, Suite D Downey, CA 90242 (888) 777-3851 www.associatedambulance.net	ME		X	X	X	(877) 486-3729	
Priority One Medical Transport, Inc. 9327 Fairway Place, Suite #300 Rancho Cucamonga, CA 91730 (800) 600-3370 www.priorityonemedical.com	PT		X	X	X	(800) 600-3350	
PRN Ambulance, Inc. 8928 Sepulveda Blvd. North Hills, CA 91343 (323) 888-7750 www.prnambulance.com	PM		X	X	X	(866) 776-4262	Also provides ambulette (van) transportation
Rescue Services International, Ltd. dba Medic-1 Ambulance 5462 Irwindale Ave., Suite B Irwindale, CA 91706 (626) 385-0440 www.rsiamb.com	RR		X	X	X	(800) 989-5027	
Royalty Ambulance Services, Inc. 3235 N. San Fernando Road, Bldg. 6 Los Angeles, CA 90065 (818) 550-5833 www.royaltyambulance.com	RY		X			(877) 703-6111	
Schaefer Ambulance Service 4627 W. Beverly Blvd. Los Angeles, CA 90004-3101 (323) 469-1473 www.schaeferamb.com	SC	EOA 3 City of Monrovia	X	X	X	(800) 582-2258 (800) 966-4727	
Symons Ambulance 18592 Cajon Boulevard San Bernardino, CA 92407 (909) 880-2979 www.symonsambulance.com	SY				X for special events only	(909) 880-2979	Special Event Operator Only
Trinity Ambulance and Medical Transportation, LLC 11745 Firestone Blvd., Suite 2k04 Norwalk, CA 90650 (562) 677-1000	TR		X			(888) 677-1003	

PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
West Coast Ambulance, Inc. 6739 Victoria Ave. Los Angeles, CA 90043 (800) 880-0556 www.westcoastambulance.org	WE		X	X		(800) 880-0556	Also provides ambulette (van) transportation
Westmed/McCormick Ambulance Company 13933 Crenshaw Blvd. Hawthorne, CA 90250-7815 (310) 798-3300 www.westmedambulance.com	WM	EOA 4, 7	X	X		(888) 349-8944	

TABLE 8: E[illegible]onse/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 **Response Zone:** _____

Address: 140 W. Chestnut Avenue
Monrovia, Ca 91016

Number of Ambulance Vehicles in Fleet: 21

Phone Number: (626) 685-9400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ● No	● Yes ☐ No	● Yes ☐ No	● Transport ☐ ALS ☐ 9-1-1 ● Ground ☐ Non-Transport ● BLS ●7-Digit ☐ Air ☐ CCT ☐ Water ● IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ● Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

22,354 Total number of responses
0 Number of emergency responses
22,354 Number of non-emergency responses

22,354 Total number of transports
0 Number of emergency transports
22,354 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

Los Angeles County-Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN

2014 (Fiscal Year 2013-14)

TABLE 8: Response/Transportation/Providers

July 1, 2013 – June 30, 2014

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

Address: 301 North First Street
Alhambra, CA 91801

Phone Number: 626/570-5190

Number of Ambulance Vehicles in Fleet: 3

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☐ BLS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4208 Total number of responses
3069 Number of emergency responses
1139 Number of non-emergency responses

3127 Total number of transports
419 Number of emergency transports
2708 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: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** AmbuServe Ambulance **Response Zone:** N/A

Address: 15105 S. Broadway Ave
Gardena, Ca 90248

Number of Ambulance Vehicles in Fleet: 20

Phone Number: (310) 644-0500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑Yes ☐No	☑Yes ☐ No	☑Yes ☐ No	☑ Transport ☑ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑7-Digit ☐ Air ☐ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_ 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: 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- Antelope Valley

Address: 1055 W Ave J
Lancaster, Ca. 93534

Phone Number: 661-945-9310

Number of Ambulance Vehicles in Fleet: 28

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 20

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

43100 Total number of responses
39077 Number of emergency responses
4023 Number of non-emergency responses

32424 Total number of transports
28773 Number of emergency transports
3651 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: 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:** 2- Santa Clarita

Address: 24907 Avenue Tibbitts # D/E
Santa Clarita, Ca. 91355

Number of Ambulance Vehicles in Fleet: 24

Phone Number: 661-964-6321

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

22860 Total number of responses
14238 Number of emergency responses
8622 Number of non-emergency responses

18477 Total number of transports
10503 Number of emergency transports
7974 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: 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:** 5- San Gabriel Valley

Address: 5257 N Vincent Ave.
Irwindale, Ca. 91706

Phone Number: 626-633-4630

Number of Ambulance Vehicles in Fleet: 40

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 24

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

46570 Total number of responses
34979 Number of emergency responses
11591 Number of non-emergency responses

37266 Total number of transports
26384 Number of emergency transports
10882 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: 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
Carson, CA 90746

Number of Ambulance Vehicles in Fleet: 56

Phone Number: (310) 835-9390

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 25

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑Yes ☐No	☑Yes ☐ No	☑Yes ☐ No	☑ Transport ☑ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑7-Digit ☐ Air ☑ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_ 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: F onse/Transportation/Providers

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

County: LOS ANGELES **Provider:** AmeriPride Ambulance **Response Zone:** N/A

Address: 360 W. Compton Blvd
Gardena, Ca 90248

Number of Ambulance Vehicles in Fleet: 12

Phone Number: (310) 965-0905

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ● No	● Yes ☐ No	● Yes ☐ No	☑ Transport ☐ Non-Transport ☐ ALS ☑ BLS ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ● Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

11,494 Total number of responses
0 Number of emergency responses
11,494 Number of non-emergency responses

7,689 Total number of transports
0 Number of emergency transports
7,689 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: [ ]ponse/Transportation/Providers

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

County: LOS ANGELES **Provider:** ANTELOPE AMBULANCE SVS **Response Zone:**

Address: 42540 N. 6TH STREET EAST
LANCASTER, CA. 93535

Phone Number: 661-951-1998

Number of Ambulance Vehicles in Fleet: 6

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport; ☑ ALS ☑ BLS; ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT; ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6,159	Total number of responses
2,045	Number of emergency responses
4,114	Number of non-emergency responses

5,965	Total number of transports
1,953	Number of emergency transports
4,012	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: 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:** _____

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

Number of Ambulance Vehicles in Fleet: 2

Phone Number: (626) 574-5112

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
■ Yes ❒ No	■ Yes ❒ No	■ Yes ❒ No	■ Transport ❒ Non-Transport	■ ALS ■ BLS ■ 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT ■ Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	■ City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3403 Total number of responses
3403 Number of emergency responses
_ Number of non-emergency responses

2628 Total number of transports
2628 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: 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/Catalina Island

Address: PO Box 707 (420 Avalon Canyon Rd)
Avalon, CA 90704

Phone Number: 310-510-0203

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

593 Total number of responses
583 Number of emergency responses
10 Number of non-emergency responses

502 Total number of transports
502 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: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** Bowers Ambulance Service **Response Zone:** Los Angeles County

Address: 12638 Saticoy St South
North Hollywood, Ca. 91605

Number of Ambulance Vehicles in Fleet: 48

Phone Number: 562-988-6470

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

92,135 Total number of responses
2,136 Number of emergency responses
89,999 Number of non-emergency responses

73,963 Total number of transports
1,416 Number of emergency transports
72,547 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: Response/Transportation/Providers

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

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

Address: 311 E. Orange Grove Burbank 91502

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 818-238-3473

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☑ ALS ☑ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☑ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

7818 Total number of responses
7818 Number of emergency responses
_____ Number of non-emergency responses

3928 Total number of transports
3928 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: Response/Transportation/Providers

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

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

Address: 445 North Rexford Drive
Beverly Hills CA 90210

Phone Number: 310.281.2700

Number of Ambulance Vehicles in Fleet: (3) ALS + (1) BLS frontline (2) ALS reserve units

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ■ No	■ Yes ☐ No	■ Yes ☐ No	■ Transport ☐ Non-Transport; ■ ALS ☐ BLS; ■ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ■ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ☐ Private	■ Fire ☐ Law ☐ Other Explain:	■ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

6072 Total number of responses
6072 Number of emergency responses
0 Number of non-emergency responses

2379 Total number of transports
2379 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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:** EOA 6

Address: 1517 W Braden Ct.
Orange, CA 92868

Number of Ambulance Vehicles in Fleet: 145

Phone Number: 714-288-3800

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 100

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒Yes ☐ No	☒Yes ☐ No	☒Transport ☐ Non-Transport ☒ALS ☒9-1-1 ☒Ground ☒BLS ☒7-Digit ☐ Air ☒CCT ☐ Water ☒IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

100,604 Total number of responses
75,054 Number of emergency responses
25,550 Number of non-emergency responses

78,064 Total number of transports
54,668 Number of emergency transports
23,396 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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 S. Acacia Avenue
Compton, CA 90220

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 310-605-5670

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

11,024 Total number of responses
10,749 Number of emergency responses
275 Number of non-emergency responses

6,122 Total number of transports
2,564 Number of emergency transports
3,558 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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 Blvd.
Culver City, CA 90232

Number of Ambulance Vehicles in Fleet: 3

Phone Number: (310) 253-5912

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
❒ Yes ✕ No	✕ Yes ❒ No	✕ Yes ❒ No	✕ Transport ✕ ALS ✕ 9-1-1 ✕ Ground ❒ Non-Transport ✕ BLS ❒ 7-Digit ❒ Air ❒ CCT ❒ Water ❒ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
✕ Public ❒ Private	✕ Fire ❒ Law ❒ Other Explain: _____	✕ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3816 Total number of responses
3816 Number of emergency responses
0 Number of non-emergency responses

2914 Total number of transports
474 Number of emergency transports
2440 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: 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:** Area E

Address: 12222 Paramount Blvd.
Downey, CA 90241

Phone Number: 562-622-8674

Number of Ambulance Vehicles in Fleet: 2 ALS, 2 BLS, 3 Reserve = 7 total

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2 ALS and 2 BLS = 4 total

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ■ No	■ Yes ☐ No	■ Yes ☐ No	■ Transport ☐ Non-Transport ■ ALS ■ BLS ■ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ■ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ☐ Private	■ Fire ☐ Law ☐ Other Explain: _____	■ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

7848 Total number of responses
7848 Number of emergency responses
0 Number of non-emergency responses

5877 Total number of transports
3078 Number of emergency transports
2799 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: Response/Transportation/Providers

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

County: Los Angeles County **Provider:** El Segundo Fire Department **Response Zone:** _____

Address: 314 Main Street
El Segundo, CA 90245

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 310-524-2228

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

3,985	Total number of responses	927	Total number of transports
N/A	Number of emergency responses	732	Number of emergency transports
N/A	Number of non-emergency responses	195	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8: 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 **Response Zone:** Whole County

Address: 3200 E. Birch Street, Suite A
Brea, CA 92821

Number of Ambulance Vehicles in Fleet: 12

Phone Number: (714) 986-3900

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 9

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☑Yes ❒No	☑Yes ❒ No	☑Yes ❒ No	☑ Transport ❒ALS ❒ Non-Transport ☑ BLS	❒ 9-1-1 ☑ Ground ☑7-Digit ❒ Air ☑ CCT ❒ Water ☑ IFT
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public ☑Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_ 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: 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:** _____

Address: 3539 Casitas Avenue
Los Angeles, CA 90039

Phone Number: (323) 662-8777

Number of Ambulance Vehicles in Fleet: 15

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Approximately 10 Vehicles

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8,438 Total number of responses
0 Number of emergency responses
8,438 Number of non-emergency responses

8,433 Total number of transports
0 Number of emergency transports
8,433 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: 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:** _____

Address: 421 Oak St
Glendale, CA 91204

Number of Ambulance Vehicles in Fleet: 12

Phone Number: 818 547-6471

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
■ Yes ☐ No	■ Yes ☐ No	■ Yes ☐ No	■ Transport ☐ Non-Transport	■ ALS ■ BLS	■ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT	■ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ☐ Private	■ Fire ☐ Law ☐ Other Explain: _____	■ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

12,654. Total number of responses
12,654 Number of emergency responses
_____ Number of non-emergency responses

9427 Total number of transports
3227 Number of emergency transports
6200 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: 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:** San Gabriel Valley

Address: 123 W. Bellevue Dr. Ste#4
Pasadena CA. 91105

Number of Ambulance Vehicles in Fleet: 5

Phone Number: 626-792-3688

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport ❒ Non-Transport X ALS X BLS ❒ 9-1-1 ❒ 7-Digit ❒ CCT X IFT X Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3,747 Total number of responses
7 Number of emergency responses
3,740 Number of non-emergency responses

3,747 Total number of transports
7 Number of emergency transports
3,740 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: 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:** G

Address: 540 Pier Ave.
Hermosa Beach, CA. 90254

Phone Number: (310) 376-2479

Number of Ambulance Vehicles in Fleet: 2

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ■ No	☐ Yes ■ No	■ Yes ☐ No	■ Transport ☐ Non-Transport ■ ALS ■ BLS ■ 9-1-1 ■ Ground ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ☐ Private	■ Fire ☐ Law ☐ Other Explain: _____	■ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

2321 Total number of responses
1428 Number of emergency responses
893 Number of non-emergency responses

882 Total number of transports
487 Number of emergency transports
395 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: ponse/Transportation/Providers

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

County: LOS ANGELES **Provider:** Impulse Ambulance Service **Response Zone:** _____

Address: 12531 Vanowen Street
North Hollywood, Ca 91605

Number of Ambulance Vehicles in Fleet: 9

Phone Number: (818) 982-3500

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
● Yes ☐ No	● Yes ☐ No	● Yes ☐ No	● Transport ☐ Non-Transport	●ALS ●BLS	☐ 9-1-1 ● 7-Digit ☐ CCT ● IFT	● Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ● Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

10,821 Total number of responses
0 Number of emergency responses
10,821 Number of non-emergency responses

10,610 Total number of transports
11 Number of emergency transports
10,599 Number of non-emergency transports

Air Ambulance Service

_____ 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: 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 DEPT **Response Zone:** _____

Address: 1245 N. HACIENDA RD
LA HABRA HEIGHTS, CA 90631

Number of Ambulance Vehicles in Fleet: 1 Squad

Phone Number: (562) 694-8283

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1 Squad

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❒ No	❒ Yes ■ No	■ Yes ❒ No	❒ Transport ■ Non-Transport ■ ALS ❒ BLS ■ 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT ■ Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	■ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: 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 **Response Zone:** _____

Address: 9441 Washburn Rd
Downey, CA 90242

Number of Ambulance Vehicles in Fleet: 26

Phone Number: (562) 741-6230

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
■ Yes ❒ No	■ Yes ❒ No	■ Yes ❒ No	■ Transport ❒ Non-Transport ■ ALS ❒ 9-1-1 ■ Ground ■ BLS ❒ 7-Digit ❒ Air ■ CCT ❒ Water ■ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ■ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

219 Total number of responses
213 Number of emergency responses
6 Number of non-emergency responses

207 Total number of transports
6 Number of emergency transports
201 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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 Blvd.
Long Beach, CA. 90808-1733

Number of Ambulance Vehicles in Fleet: 8 ALS, 5 BLS= 13

Phone Number: (562) 570-2500

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport	☒ ALS ☒ BLS ☒ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT ☒ Ground ☐ Air ☒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

*45396	Total number of responses	26097	Total number of transports
41232	Number of emergency responses	15407	Number of emergency transports
4164	Number of non-emergency responses	10690	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

***Only EMS responses were included in this table. Total responses for time period: 53,324**

TABLE 8: 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 Depatment **Response Zone:** Los Angeles City

Address: 200 N. Main Street
Los Angeles CA 90012

Phone Number: (213) 978-3885

Number of Ambulance Vehicles in Fleet: 140

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 137

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☒ 9-1-1 ☒ 7-Digit ☐ CCT ☒ IFT ☒ Ground ☒ Air ☒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☒ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☒ Air Ambulance ☒ ALS Rescue ☐ BLS Rescue

Transporting Agencies

347,234 Total number of responses
306,785 Number of emergency responses
40,449 Number of non-emergency responses

211,591 Total number of transports
15,904 Number of emergency transports
195,687 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: ;ponse/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 DEPARTMENT **Response Zone:** Los Angeles County

Address: 1320 N. EASTERN AVENUE
LOS ANGELES, CA 90063-3294

Number of Ambulance Vehicles in Fleet: 8 Air Ambulance

Phone Number: 323-881-2411

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4 Air Ambualnce

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Transport ☑ Non-Transport; ☑ ALS ☑ BLS; ☑ 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT; ☑ Ground ☑ Air ☑ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑ Fire ☐ Law ☐ Other Explain: _____	☐ City ☑ County ☐ State ☐ Fire District ☐ Federal	☑ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☑ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies (Air Transports Only)

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

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

Air Ambulance Services

1,592 Total number of responses
1,592 Number of emergency responses
0 Number of non-emergency responses

790 Total number of transports
734 Number of emergency transports
56 Number of non-emergency transports

TABLE 8: R onse/Transportation/Providers

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

County: Los Angeles **Provider:** Los Angeles County Sheriff **Response Zone:** Los Angeles county

Address: 1060 N. Eastern Ave.
East Los Angeles Ca 90063

Number of Ambulance Vehicles in Fleet: 3 Helicopters, 3 ambulances, 3 Als Boats

Phone Number: 323-881-7800

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
❒ Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport	x ALS.	❑ 9-1-1	XGround
			❑ Non-Transport	❑ BLS	❑ 7-Digit	X Air
				❑ IFT	x CCT	X Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public	❒ Fire. X Law	City x County	X Rotary	❒ Auxiliary Rescue
❒ Private	❒ Other	State Fire District	❒ Fixed Wing	❒ Air Ambulance
	Explain: _____	Federal		X ALS Rescue
				❒ BLS Rescue

Transporting Agencies

100	Total number of responses	4	Total number of transports
88	Number of emergency responses	4	Number of emergency transports
12	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

277	Total number of responses	172	Total number of transports
271	Number of emergency responses	133	Number of emergency transports
6	Number of non-emergency responses	39	Number of non-emergency transports

TABLE 8: 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 **Response Zone:** _____

Address: 1211 1st Street
San Fernando, CA 91340

Number of Ambulance Vehicles in Fleet: 14

Phone Number: (818) 365-3182

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 10

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ ALS ☐ 9-1-1 X Ground ☐ Non-Transport X BLS X 7-Digit ☐ Air ☐ CCT ☐ Water X IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1100 Total number of responses
_____ Number of emergency responses
1100 Number of non-emergency responses

11,000 Total number of transports
0 Number of emergency transports
11,000 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: ponse/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:** _____

Address: 14325 Iseli Rd.
Santa Fe Springs

Number of Ambulance Vehicles in Fleet: 25

Phone Number: 562 926 9990

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 22

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
✓ Yes ☐ No	✓ Yes ☐ No	✓ Yes ☐ No	✓ Transport ☐ Non-Transport ☐ ALS ✓BLS ☐ 9-1-1 ✓ 7-Digit ✓ Ground ☐ Air ☐ CCT ☐ Water ✓ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

23,276 Total number of responses
20 Number of emergency responses
23,256 Number of non-emergency responses

20,009 Total number of transports
12 Number of emergency transports
19,997 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: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** MedLife Ambulance Service **Response Zone:** NA

Address: 4304 Alger Street
Los Angeles, CA 90039

Number of Ambulance Vehicles in Fleet: 29

Phone Number: 818-500-0044

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 22

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☐ ALS ☒ BLS ☐ 9-1-1 ☒ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☐ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

23,301 Total number of responses
0 Number of emergency responses
23,301 Number of non-emergency responses

22,432 Total number of transports
0 Number of emergency transports
22,432 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: ponse/Transportation/Providers

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

County: LOS ANGELES **Provider:** MedReach Ambulance **Response Zone:** _____

Address: 1303 Kona Dr.
Rancho Dominguez, CA 90220

Number of Ambulance Vehicles in Fleet: 30

Phone Number: 310-868-5103

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17 M-S / 8 Su

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes X No	X Yes ☐ No	X Yes ☐ No	X Transport ☐ Non-Transport ☐ ALS X BLS ☐ 9-1-1 X 7-Digit ☐ CCT X IFT X Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public X Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

31,926 Total number of responses
38 Number of emergency responses
31,888 Number of non-emergency responses

24,583 Total number of transports
10 Number of emergency transports
24,573 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: 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:** _____

Address: 7040 Hayvenhurst Ave, Suite #200
Van Nuys, CA 91406

Phone Number: 818-442-9222

Number of Ambulance Vehicles in Fleet: 22

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 17

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☐ 9-1-1 ☒ Ground ☐ Non-Transport ☒ BLS ☒ 7-Digit ☐ Air ☒ CCT ☐ Water ☒ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

30,475 Total number of responses
0 Number of emergency responses
30,475 Number of non-emergency responses

30,001 Total number of transports
5 Number of emergency transports
29,996 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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:** _____

Address: 141 E. Lemon Avenue
Monrovia, CA 91016

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (626) 256-8181

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

2751 Total number of responses
2751 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

_____ 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: 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 Dept **Response Zone:** Area C

Address: 350 W. Newmark Av.
Monterey Park, CA 92648

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 626 307-1469

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes x No	x Yes ❒ No	x Yes ❒ No	x Transport ❒ Non-Transport; x ALS x 9-1-1 ❒ BLS ❒ 7-Digit ❒ CCT ❒ IFT; x Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
x Public ❒ Private	x Fire ❒ Law ❒ Other Explain: _____	x City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

3289 Total number of responses
2953 Number of emergency responses
336 Number of non-emergency responses

2153 Total number of transports
1449 Number of emergency transports
704 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: Response/Transportation/Providers

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

County: Los Angeles **Provider:** (MO) Montebello Fire Department **Response Zone:** Area C

Address: 600 N. Montebello Blvd
Montebello, CA 90638

Number of Ambulance Vehicles in Fleet: 0

Phone Number: (323) 887-4517

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4637 Total number of responses
4417 Number of emergency responses
220 ✓ Number of non-emergency responses

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

Air Ambulance Services

_____ 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: 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: 215 N Marengo Suite 195, Pasadena, Ca 91101

Number of Ambulance Vehicles in Fleet: 10

Phone Number: 626-744-4636

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
❒ Yes X No	X Yes ❒ No	X Yes ❒ No	X Transport ❒ Non-Transport	X ALS ❒ BLS
			X 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT	X Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

17,866 Total number of responses
15,350 Number of emergency responses
2,516 Number of non-emergency responses

9,950 Total number of transports
714 Number of emergency transports
9,236 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: 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 **Response Zone:** Whole County

Address: 8928 Sepulveda Blvd.
North Hills, CA 91343

Number of Ambulance Vehicles in Fleet: 55

Phone Number: (818) 810-3616

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 30

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑Yes ☐No	☑Yes ☐ No	☑Yes ☐ No	☑ Transport ☑ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑7-Digit ☐ Air ☑ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_ 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: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** REACH Air Medical Service **Response Zone:** _____

Address: 451 Aviation Blvd Ste 101
Santa Rose, CA 95403

Number of Ambulance Vehicles in Fleet: (see below)

Phone Number: (530) 510-1179, (707) 324-2400

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5 – Helicopters available in So. Cal
1 – Fixed wing

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport ❒ Non-Transport	X ALS X 9-1-1 ❒ Ground ❒ BLS X 7-Digit X Air X CCT ❒ Water X IFT
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public X Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	X Rotary X Fixed Wing	❒ Auxiliary Rescue X Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

157 Total number of responses
7 Number of emergency responses
150 Number of non-emergency responses

127 Total number of transports
4 Number of emergency transports
123 Number of non-emergency transports

TABLE 8: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** Redondo Beach Fire Department **Response Zone:** _____

Address: 401 South Broadway
Redondo Beach, CA 90277

Number of Ambulance Vehicles in Fleet: (2) front line / (1) reserve

Phone Number: (661) 951-1998

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☒ Non-Transport ☒ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

4118 Total number of responses
4118 Number of emergency responses
_____ Number of non-emergency responses

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

Air Ambulance Services

_____ 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: 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 (RR) **Response Zone:** San Gabriel Valley

Address: 5462 Irwindale Ave., Suite B
Irwindale, CA 91706

Phone Number: (626) 385-0440

Number of Ambulance Vehicles in Fleet: 28

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☒ BLS ☐ 9-1-1 ☐ 7-Digit ☒ CCT ☒ IFT ☒ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

21,380 Total number of responses
51 Number of emergency responses
21,329 Number of non-emergency responses

21,368 Total number of transports
51 Number of emergency transports
21,317 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: Response/Transportation/Providers

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

County: LOS ANGELES **Provider:** Royalty Ambulance **Response Zone:** Whole County

Address: 3235 San Fernando Rd., Unit 6
Los Angeles, CA 90065

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (818) 550-5833

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ ALS ☐ 9-1-1 ☑ Ground ☐ Non-Transport ☑ BLS ☑ 7-Digit ☐ Air ☑ CCT ☐ Water ☑ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

_ 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: 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:** _____

Address: 1303 S. Del Mar Avenue
San Gabriel, Ca 91776

Number of Ambulance Vehicles in Fleet: 1 – Frontline, 1-Reserve

Phone Number: (626) 308-2880

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ☐ No	☐ Yes X No	X Yes ☐ No	X Transport ☐ Non-Transport	X ALS ☐ BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1861 Total number of responses
1861 Number of emergency responses
0 Number of non-emergency responses

1425 Total number of transports
1425 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: Response/Transportation/Providers

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

County: Los Angeles County **Provider:** San Marino Fire Department **Response Zone:** Area C

Address: 2200 Huntington Drive
San Marino, CA 91108

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 626-300-0735

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
■ Yes ❒ No	■ Yes ❒ No	■ Yes ❒ No	■ Transport ❒ Non-Transport ■ ALS ❒ BLS ■ 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT ■ Ground ❒ Air ❒ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
■ Public ❒ Private	■ Fire ❒ Law ❒ Other Explain: _____	■ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

754 Total number of transports
754 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: 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:** _____

Address: 11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Number of Ambulance Vehicles in Fleet: N/A

Phone Number: (562) 944-9713

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: N/A

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport	☒ ALS ☒ 9-1-1 ☒ Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1837 Total number of responses
1818 Number of emergency responses
19 Number of non-emergency responses

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

Air Ambulance Services

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

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

TABLE 8: 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
Santa Monica, CA 90401

Number of Ambulance Vehicles in Fleet: 4 (not currently staffed)

Phone Number: 714-288-3800

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☐ Yes ☒ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Transport ☒ Non-Transport ☒ ALS ☐ BLS ☐ CCT ☒ 9-1-1 ☐ 7-Digit ☐ Water ☒ Ground ☐ Air ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

TABLE 8: 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, Inc. **Response Zone:** Zone 3

Address: 4627 Beverly Blvd.
Los Angeles, CA 90004

Phone Number: 800-582-2258

Number of Ambulance Vehicles in Fleet: 46

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 42

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport	☒ ALS ☒ 9-1-1 ☒ Ground ☒ BLS ☐ 7-Digit ☐ Air ☒ CCT ☐ Water ☒ IFT
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☐ Public ☒ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

57,092 Total number of responses
44,028 Number of emergency responses
13,064 Number of non-emergency responses

52,591 Total number of transports
17,532 Number of emergency transports
35,159 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: Response/Transportation/Providers

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

County: Los Angeles County **Provider:** South Pasadena Fire **Response Zone:** _____

Address: 817 Mound Ave
South Pasadena, CA 91030

Number of Ambulance Vehicles in Fleet: 1

Phone Number: (626)403-7300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☐ Yes ☑ No	☑Yes ☐ No	☑Yes ☐ No	☑Transport ☐ Non-Transport ☑ALS ☑9-1-1 ☑Ground ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☑ Public ☐ Private	☑Fire ☐ Law ☐ Other Explain: _____	☑City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

1256 Total number of responses
1256 Number of emergency responses
_____ Number of non-emergency responses

720 Total number of transports
576 Number of emergency transports
144 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: 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:** _____

Address: 242 W. Sierra Madre Blvd.
Sierra Madre, CA 91024

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 626-836-0246

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Transport ☐ Non-Transport ☒ ALS ☐ BLS ☐ CCT ☒ 9-1-1 ☐ 7-Digit ☐ Water ☒ Ground ☐ Air ☐ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain: _____	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

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

529 Total number of transports
320 Number of emergency transports
209 Number of non-emergency transports

Air Ambulance Services

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

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

TABLE 8: 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:** Events Only

Address: 18592 Cajon Blvd.
San Bernardino, CA 92407

Number of Ambulance Vehicles in Fleet: _____

Phone Number: (909) 880-2979

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
★ Yes ❒ No	★ Yes ❒ No	★ Yes ❒ No	★ Transport ★ Non-Transport ★ ALS ★ BLS ❒ 9-1-1 ❒ 7-Digit ★ CCT ❒ IFT ★ Ground ❒ Air ❒ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public ★ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ State ❒ Federal ❒ County ❒ Fire District	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

n/a 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: 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 Blvd.
Torrance, CA 90501

Number of Ambulance Vehicles in Fleet: 8

Phone Number: (310) 781-7000

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:	
X Yes ☐ No	X Yes ☐ No	X Yes ☐ No	☐ Transport X Non-Transport	X ALS ☐ BLS X 9-1-1 ☐ 7-Digit ☐ CCT ☐ IFT X Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ☐ Private	X Fire ☐ Law ☐ Other Explain: _____	X City ☐ State ☐ Federal ☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

9177 Total number of responses
9177 Number of emergency responses
0 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: 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 Ave.
Vernon, Ca. 90058

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 323.583.8811 ext. 530

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
❒ Yes X No	X Yes ❒ No	X Yes ❒ No	X Transport ❒ Non-Transport; X ALS X BLS; X 9-1-1 ❒ 7-Digit ❒ CCT ❒ IFT; X Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain:	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

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

240 Total number of transports
240 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: ponse/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 **Response Zone:** _____

Address: 6739 S. Victoria Ave
Los Angeles, CA 90043

Number of Ambulance Vehicles in Fleet: 24

Phone Number: (800) 880-0556

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 30

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Transport ☐ Non-Transport ☑ ALS ☑ BLS ☐ 9-1-1 ☑ 7-Digit ☐ CCT ☑ IFT ☑ Ground ☐ Air ☐ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☐ Public ☑ Private	☐ Fire ☐ Law ☐ Other Explain: _____	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

33,179 Total number of responses
0 Number of emergency responses
33,179 Number of non-emergency responses

32,275 Total number of transports
95 Number of emergency transports
32,180 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: 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
West Covina CA 91790

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 626-939-8824

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

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
☒ Yes ☐ No	☐ Yes ☒ No	☒ Yes ☐ No	☒ Transport ☒ ALS ☒ 9-1-1 ☒ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT

Ownership:	If Public:	If Public:	If Air:	Air Classification:
☒ Public ☐ Private	☒ Fire ☐ Law ☐ Other Explain:	☒ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue

Transporting Agencies

8001	Total number of responses	3602	Total number of transports
7376	Number of emergency responses	3602	Number of emergency transports
625	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

TABLE 8: Response/Transportation/Providers

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

County: Los Angeles **Provider:** Westmed/McCORMICK Ambulance **Response Zone:** EOA 4 and EOA 7 Los Angeles County

Address: 20101 Hamilton Ave Suite 230
Torrance, CA 90502

Phone Number: 310-349-8900

Number of Ambulance Vehicles in Fleet: 67

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 47

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:
◆ Yes ❒ No	◆ Yes ❒ No	◆ Yes ❒ No	◆ Transport ❒ Non-Transport ◆ ALS ◆ BLS ◆ 9-1-1 ❒ 7-Digit ❒ CCT ◆ IFT ◆ Ground ❒ Air ❒ Water

Ownership:	If Public:	If Public:	If Air:	Air Classification:
❒ Public ◆ Private	❒ Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

82,643 Total number of responses
79,388 Number of emergency responses
3,255 Number of non-emergency responses

65,215 Total number of transports
62,124 Number of emergency transports
3,091 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

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2014
(Fiscal Years 2013-2014)

Table 9 – RESOURCE DIRECTORY – Facilities

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2013-2014**

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

Facility: Alhambra Hospital

Telephone Number: (626) 570-1606

Address: 100 South Raymond Avenue
Alhambra, CA 91801

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Antelope Valley Medical Center

Telephone Number: (661) 949-5000

Address: 1600 West Avenue J
Lancaster, CA 93534

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ **Yes** ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Bellflower Medical Center
Address: 9542 East Artesia Boulevard
Bellflower, CA 90706
Telephone Number: (562) 925-8355

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
Montebello, CA 90640
Telephone Number: (323) 726-1222

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: California Hospital Medical Center
Address: 1401 South Grand Avenue
Los Angeles, CA 90015
Telephone Number: (213) 7482411

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Catalina Medical Center
Address: 100 Falls Canyon Road
Avalon, CA 90704
Telephone Number: (310) 510-0700

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Standby Emergency ☐ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:** ☐ Yes ☐ No	**If Trauma Center what level:** ☐ Level I ☐ Level II ☐ Level III ☐ Level IV
PICU:	☐ Yes ☑ No		
EDAP:	☐ Yes ☑ No		

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Boulevard
Los Angeles, CA 90048
Telephone Number: (310) 855-5000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:** ☑ Yes ☐ No	**If Trauma Center what level:** ☑ Level I ☐ Level II ☐ Level III ☐ Level IV
PICU:	☑ Yes ☐ No		
EDAP:	☑ Yes ☐ No		

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
Inglewood, CA 90301
Telephone Number: (310) 673-4660

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:** ☐ Yes ☑ No	**If Trauma Center what level:** ☐ Level I ☐ Level II ☐ Level III ☐ Level IV
PICU:	☐ Yes ☑ No		
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Children's Hospital Los Angeles
Address: 4650 Sunset Boulevard
Los Angeles, CA 90027
Telephone Number: (323) 660-2450

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Citrus Valley Medical Center-Inter-Community Campus
Address: 210 West San Bernardino Road
Covina, CA 91723
Telephone Number: (626) 331-7331

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Citrus Valley Medical Center-Queen of the Valley Campus
Address: 1115 South Sunset Avenue
West Covina, CA 91790
Telephone Number: (626) 962-4011

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
Norwalk, CA 90650
Telephone Number: (562) 868-3751

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: College Medical Center
Address: 2776 Pacific Avenue
Long Beach, CA 90806
Telephone Number: (562) 595-1911

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Community Hospital of Huntington Park
Address: 2623 East Slauson Avenue
Huntington Park, CA 90255
Telephone Number: (323) 583-1931

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Community Hospital of Long Beach
Address: 1720 Termino Avenue
Long Beach, CA 90804
Telephone Number: (562) 498-1000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
Los Angeles, CA 90023
Telephone Number: (323) 268-5514

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
Encino, CA 91436
Telephone Number: (818) 995-5000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
Glendora, CA 91741
Telephone Number: (626) 963-8411

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
Monterey Park, CA 91754
Telephone Number: (626) 573-2222

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Gardens Regional Hospital & Medical Center
Address: 21530 South Pioneer Boulevard
Hawaiian Gardens, CA 90716
Telephone Number: (562) 860-0401

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Glendale Adventist Medical Center
Address: 1509 East Wilson Terrace
Glendale, CA 91206
Telephone Number: (818) 409-8000

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
Glendale, CA 91204
Telephone Number: (818) 502-1900

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Glendora Community Hospital
Address: 150 W. Route 66
Glendora, CA 91740
Telephone Number: (626) 335-0231

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Boulevard
Los Angeles, CA 90017
Telephone Number: (213) 977-2121

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Greater El Monte Community Hospital
Address: 1701 Santa Anita Avenue
South El Monte, CA 91733
Telephone Number: (626) 579-7777

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Henry Mayo Newhall Memorial Hospital
Address: 23845 West McBean Parkway
Valencia, CA 91355
Telephone Number: (661) 253-8000

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
Los Angeles, CA 90027
Telephone Number: (213) 413-3000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Huntington Memorial Hospital
Address: 100 West California Boulevard
Pasadena, CA 91105
Telephone Number: (626) 397-5000

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Kaiser Foundation Hospital - Baldwin Park
Address: 1011 Baldwin Boulevard
Baldwin Park, CA 91706
Telephone Number: (626) 851-1011

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ 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

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Kaiser Foundation Hospital - Los Angeles **Telephone Number:** (323) 783-4011
Address: 4867 Sunset Boulevard
Los Angeles, CA 90027

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Kaiser Foundation Hospital - Panorama City **Telephone Number:** (818) 375-2000
Address: 13652 Cantara Street
Panorama City, CA 91402

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Kaiser Foundation Hospital – South Bay Medical Center **Telephone Number:** (310) 325-5111
Address: 25825 South Vermont Avenue
Harbor City, CA 90710

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Kaiser Foundation Hospital - West Los Angeles **Telephone Number:** (323) 857-2000
Address: 6041 Cadillac Avenue
Los Angeles, CA 90034

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Kaiser Foundation Hospital - Woodland Hills **Telephone Number:** (818) 719-2000
Address: 5601 De Soto Avenue
Woodland Hills, CA 91367

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
Torrance, CA 90502
Telephone Number: (310) 222-2345

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
Sylmar, CA 91342
Telephone Number: (818) 364-1555

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: LAC + USC Medical Center
Address: 1200 North State Street
Los Angeles, CA 90033
Telephone Number: (323) 226-2622

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☑ Comprehensive Emergency	☑ Yes ☐ No	☑ Yes ☐ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Lakewood Regional Medical Center
Address: 3700 East South Street
Lakewood, CA 90712
Telephone Number: (562) 602-6751

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Long Beach Memorial Medical Center
Address: 2801 Atlantic Avenue
Long Beach, CA 90806
Telephone Number: (562) 933-2000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Los Angeles Metropolitan Medical Center
Address: 2231 S. Western Ave.
Los Angeles, CA 90018
Telephone Number: 000.00.0000

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ 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

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Martin Luther King Jr. Community Hospital
Address: 1680 East 120th Street
Los Angeles, CA 90059
Telephone Number: (424) 338-8000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
Gardena, CA 90247
Telephone Number: (310) 532-4200

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ 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

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
Panorama City, CA 91402
Telephone Number: (818) 608-4624

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
Monterey Park, CA 91754
Telephone Number: (626) 570-9000

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Northridge Hospital Medical Center
Address: 18300 Roscoe Boulevard
Northridge, CA 91328
Telephone Number: (818) 885-8500

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Norwalk Community Hospital
Address: 13222 Bloomfield Avenue
Norwalk, CA 90650
Telephone Number: (562) 863-4763

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: Olympia Medical Center
Address: 5900 West Olympic Boulevard
Los Angeles, CA 90036
Telephone Number: (310) 657-5900

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Table 9 – Resource Directory – Facilities

Facility: Pacifica Hospital of the Valley
Address: 9449 San Fernando Road
Sun Valley, CA 91352
Telephone Number: (818) 767-3310

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
Palmdale, CA 93551
Telephone Number: (661) 948-4781

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: PIH Health Hospital - Downey
Address: 11500 Brookshire Avenue
Downey, CA 90241
Telephone Number: (562) 904-5000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: PIH Health Hospital - Whittier
Address: 12401 East Washington Boulevard
Whittier, CA 90602
Telephone Number: (562) 698-0811

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Pomona Valley Hospital Medical Center
Address: 1798 North Garey Avenue
Pomona, CA 91767
Telephone Number: (909) 623-8715

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
Mission Hills, CA 91345
Telephone Number: (818) 365-8051

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ 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

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Providence Little Company of Mary Medical Center – Torrance **Telephone Number:** (310) 540-7676
Address: 4101 Torrance Boulevard
Torrance, CA 90503

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Providence Saint Joseph Medical Center **Telephone Number:** (818) 843-5111
Address: 501 South Buena Vista Street
Burbank, CA 91505

Written Contract:	Service:		Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Providence Tarzana Medical Center
Address: 18321 Clark Street
Tarzana, CA 91356
Telephone Number: (818) 881-0800

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Ronald Reagan UCLA Medical Center
Address: 757 Westwood Plaza
Los Angeles, CA 90095
Telephone Number: (310) 825-9111

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☑ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☑ Yes ☐ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
Lynwood, CA 90262
Telephone Number: (310) 900-8900

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ 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

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: St. Mary Medical Center
Address: 1050 Linden Avenue
Long Beach, CA 90813
Telephone Number: (562) 491-9000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☑ Yes ☐ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: St. Vincent Medical Center
Address: 2131 West 3rd Street
Los Angeles, CA 90057
Telephone Number: (562) 491-9000

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☑ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ 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

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
San Gabriel, CA 91776
Telephone Number: (626) 289-5454

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Santa Monica – UCLA Medical Center & Orthopaedic Hospital
Address: 1250 16th Street
Santa Monica, CA 90404
Telephone Number: (424) 259-6000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: Sherman Oaks Community Hospital
Address: 4929 Van Nuys Boulevard
Sherman Oaks, CA 91403
Telephone Number: (818) 981-7111

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Southern California Hospital at Culver City
Address: 3828 Delmas Terrace
Culver City, CA 90231
Telephone Number: (310) 836-7000

Written Contract:	Service:	Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
Torrance, CA 90505
Telephone Number: (310) 325-9110

Written Contract:	Service:	Base Hospital:	Burn Center:
☑ Yes ☐ No	☐ Referral Emergency ☐ Standby Emergency ☑ Basic Emergency ☐ Comprehensive Emergency	☑ Yes ☐ No	☑ Yes ☐ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: USC Verdugo Hills Hospital
Address: 1812 Verdugo Boulevard
Glendale, CA 91208
Telephone Number: (818) 790-7100

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Valley Presbyterian Hospital
Address: 15107 Van Owen Street
Van Nuys, CA 91405
Telephone Number: (818) 782-6600

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
West Hills, CA 91307
Telephone Number: (818) 676-4000

Written Contract:	Service:		Base Hospital:	Burn Center:
☐ Yes ☑ No	☐ Referral Emergency ☑ Basic Emergency	☐ Standby Emergency ☐ Comprehensive Emergency	☐ Yes ☑ No	☑ Yes ☐ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Table 9 – Resource Directory – Facilities

Facility: White Memorial Medical Center
Address: 1720 Caesar Chavez Avenue
Los Angeles, CA 90033
Telephone Number: (323) 268-5000

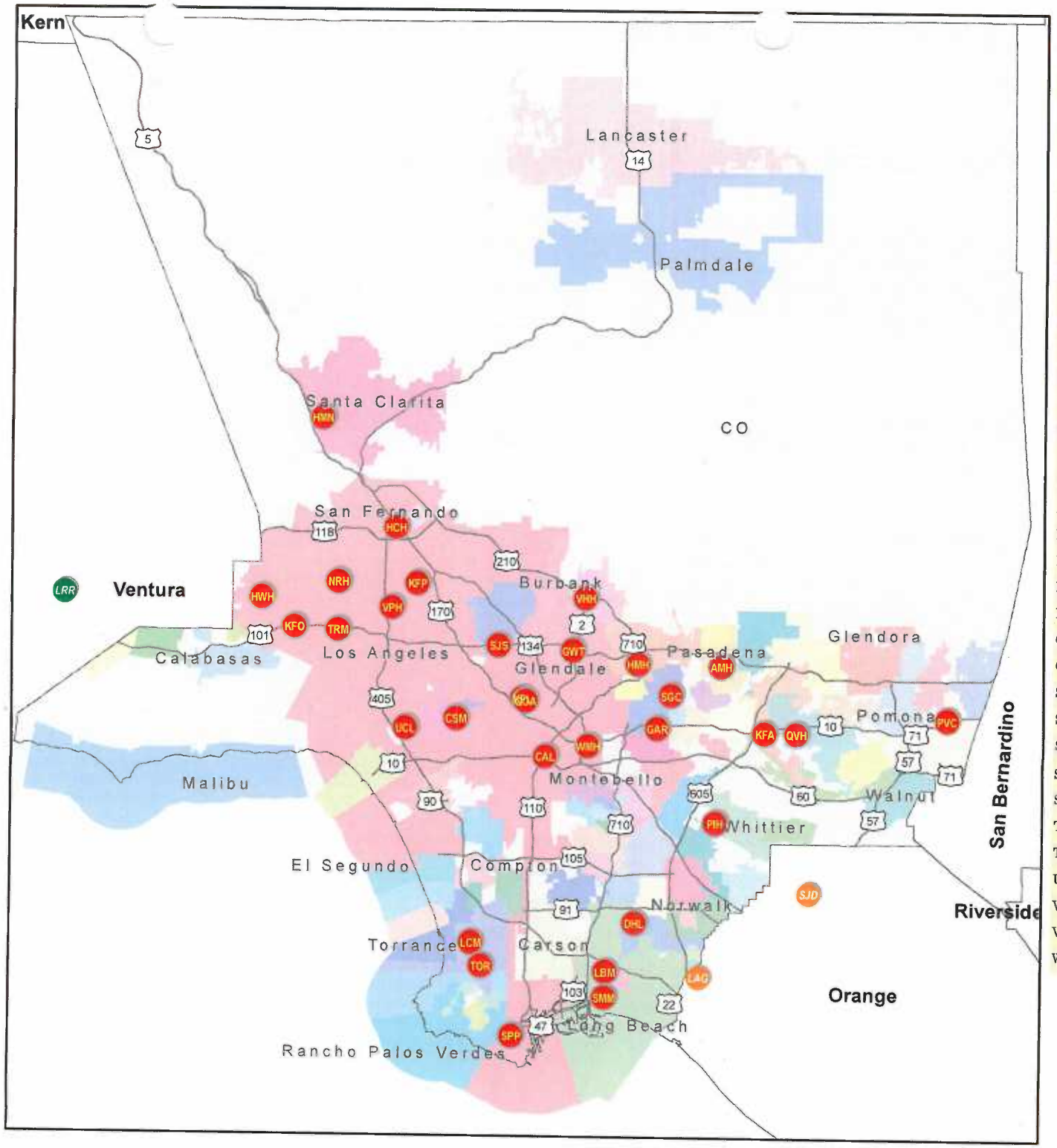
Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☑ Yes ☐ No		

Facility: Whittier Hospital Medical Center
Address: 9080 Colima Road
Whittier, CA 90605
Telephone Number: (562) 945-3561

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
☐ Yes ☑ No	☐ Referral Emergency ☐ Standby Emergency ☐ Basic Emergency ☐ Comprehensive Emergency	☐ Yes ☐ No	☐ Yes ☑ No

Pediatric Medical Center:	☐ Yes ☑ No	**Trauma Center:**	**If Trauma Center what level:**
PICU:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Level I ☐ Level II ☐ Level III ☐ Level IV
EDAP:	☐ Yes ☑ No		



Stroke Centers Effective as of March 10 2(

Code	Hospital Name
AMH	Methodist Hospital of Southern California
CAL	California Hospital Medical Center
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
GAR	Garfield Medical Center
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HMH	Huntington Memorial Hospital
HMN	Henry Mayo Newhall Memorial Hospital
HWH	West Hills Hospital and Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
LAG	Los Alamitos Medical Center
LBM	Long Beach Memorial Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LRR	Los Robles Hospital & Medical Center
NRH	Northridge Hospital Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SGC	San Gabriel Valley Medical Center
SJD	St. Jude Medical Center
SJS	Providence Saint Joseph Medical Center
SMM	St. Mary Medical Center
SPP	Providence Little Company of Mary Medical Center-San Pedro
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WMH	White Memorial Medical Center

Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
2014 (Fiscal Year 2013-14)

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2013-14**

Training Institution Name/Address		Program Director/Telephone Number
Alhambra Unified School District 1515 W Mission Road Alhambra, CA 91803		Name: Judy Huffaker Office: 626.943.6990 Fax: 626.308.2585 e-mail: huffaker_judy@ausd.us
Student Eligibility: Open to the general public	Cost of Program: Basic: $250 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley College Health Sciences Division 3041 West Avenue K Lancaster, CA 93536		Name: Jeff Stephens Office: 661.722.6300 Ext. 6139 Fax: e-mail: jstephens@avc.edu
Student Eligibility: Physical examination Immunization status proof TB clearance Drug screen Background check	Cost of Program: Basic: $253 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 75 Refresher: Expiration date: 12/31/2016 Number of courses: Initial training: 8 Refresher:

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley ROP 1156 E. Avenue S Palmdale, CA 93550		Name: Christy Chacon Office: 661.575.1017 Fax: 661.575.1037 e-mail: cchacon@avhsd.org
Student Eligibility: Open to the public	Cost of Program: Basic: $500 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 45 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 85 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 1

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: shayward@burbankca.gov
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 128 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

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: 562.989.9020 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: $895 Refresher: $180	Program Level: EMT Number of students completing training per year: Initial training: 700 Refresher: 175 Expiration date: 12/31/2016 Number of courses: Initial training: 28 Refresher: 6

Training Institution Name/Address		Program Director/Telephone Number
California State University – Long Beach 6300 State University Drive, Foundation Suite 104 Long Beach, CA 90815		Name: Peter Kreysa Office: 562.985.8111 Fax: 562.985.4414 e-mail: peter.kreysa@csulb.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: $995 Refresher:	Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: Expiration date: 12/31/2016 Number of courses: Initial training: 6 Refresher:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Citrus College 1000 West Foothill Blvd Glendora, CA 91741	Name: Cliff Hadsell, PhD Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu

Student Eligibility:	Cost of Program:	Program Level: EMT
Must be 18 years old Must have High School diploma or GED equivalent. Must pass comprehensive background check Must pass DMV/PMD or hospital equivalent of physical examination clearance based on EMT standard including TB/Tdap/seasonal flu immunizations, others as required. by clinical partners.	Basic: $322 plus about $400 for text/supplies/background Refresher: $200	Number of students completing training per year: Initial training: 60 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address	Program Director/Telephone Number
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899 www.canyons.edu/EMT	Name: Patti Haley Office: 661.362.5804 Fax: 661.365.5438 e-mail: patti.haley@canyons.edu

Student Eligibility:	Cost of Program:	Program Level: EMT
Open to the general public Must be 18 years of age the first day class meets	Basic: $ 368 Refresher: $92 Additional costs for background check, physical, immunizations, titers, uniforms, text, and skill book. See COC website	Number of students completing training per year: Initial training: 129 Refresher: 43 Expiration date: 3/31/2018 Number of courses: Initial training: 9 Refresher: 2

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Culver City Fire Department 9770 Culver Blvd Culver City, CA 90230		Name: Robert Kohlhepp Office: 310.253.5900 Fax: 310.253.5901 e-mail: robert.kohlhepp@culvercity.org
Student Eligibility: Restricted to Culver City Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2015 Number of courses: unk Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Downey Adult School 12340 Woodruff Avenue Downey, CA 90241		Name: Mariana Pacheco Office: 562.940.6277 Fax: 562.940.6250 e-mail: mpacheco@das.edu
Student Eligibility: Open to the general public 18 years of age or older Background check High School Diploma	Cost of Program: Basic: $1,099 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 13 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: pittmacl@elac.edu
Student Eligibility: Open to the general public BLS for the Healthcare Provider Immunization record Background check	Cost of Program: Basic: $368 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 45 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790		Name: Ethel Fimbres Office: 626.472.5195 Fax: 626.472.5148 e-mail: efimbres@esgvrop.org
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	Cost of Program: Basic: $4,200 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 83 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 8 Refresher: 0

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: Ryan Carey Office: 310-660-3616 Fax: e-mail: rcarey@elcamino.edu
Student Eligibility: Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program: Basic: unk Refresher: unk	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2016 Number of courses: unk Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Name: Richard Hayne Office: 818.521.9739 Fax: 818.847.3865 e-mail: hayne.richard@gmail.com
Student Eligibility: Open to Glendale Community College enrolled students	Cost of Program: Basic: $740 Refresher: $150	Program Level: EMT Number of students completing training per year: Initial training: 80 Refresher: 20 Expiration date: 12/31/2016 Number of courses: Initial training: 2 Refresher: 4

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number	
Glendale Fire Department 420 Oak Street Glendale, CA 91204	Name: Jeff Ragusa Office: 818.550.5632 Fax: 818.409.7111 e-mail: jragusa@glendaleca.gov	
Student Eligibility: Restricted to City of Glendale Fire Department	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 95 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 2

Training Institution Name/Address	Program Director/Telephone Number	
Long Beach City College 4901 East Carson St. Long Beach, CA 90808	Name: Sean Parker Office: 562.938.4111 Fax: e-mail: sparker@lbcc.edu	
Student Eligibility: Open to the general public	Cost of Program: Basic: $892 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 70 Refresher: Expiration date: 12/31/2016 Number of courses: Initial training: 2 Refresher:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Long Beach Fire Department 3205 Lakewood Blvd Long Beach, CA 90808-1733		Name: Joanne Dolan Office: 562.570.2547 Fax: 562.570.2564 e-mail: joanne.dolan@longbeach.gov
Student Eligibility: Restricted to Long Beach Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 322 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 3

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Fire Department 1700 Stadium Way, Room 100 Los Angeles, CA 90012		Name: Linda Ullum Office: 213.893.9869 Fax: 213.473.4203 e-mail: linda.ullman@lacity.org
Student Eligibility: Restricted to Los Angeles Fire Department personnel and certain City of Los Angeles employees that maintain EMT certification.	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 1,900 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 72

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department – EMS Section 3325 Temple Ave Pomona, CA 91766		Name: Mario Gonzales Office: 909.620.2029 Fax: e-mail: mario.gonzales@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 100 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 2 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department - Lifeguard Division 2600 The Strand Manhattan Beach, CA 90266		Name: Matthew Rhodes Office: 310.939.7209 Fax: 310.545.4280 e-mail: mrhodes@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguards, Fire Suppression Aid, Call Firefighter, U.S. Coast Guard, Los Angeles County Sheriff, or Lake Lifeguard	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2016 Number of courses: unk Initial training: unk Refresher: unk

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 234 Monterey Park, CA 91754		Name: Sue Burakowski Office: 323.526.5691 Fax: e-mail: smburako@lasd.org
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: 10 Refresher: 120 Expiration date: 12/31/2016 Number of courses: Initial training: 2 Refresher: 5

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Lynn Yamakawa Office: 310.233.4361 Fax: 310.233.4683 e-mail: yamakawalm@lahc.edu
Student Eligibility: Open to the general public Must be enrolled at Los Angeles Harbor College	Cost of Program: Basic: $432 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 48 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320		Name: Alan R. Cowen Office: 818.947.2982 Fax: 818.947.2620 e-mail: cowenar@lavc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: $368 Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 130 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789		Name: Tina Ziolkowski Office: 909.274.6911 Fax: 909.468.4175 e-mail: tziolkowski@mtsac.edu
Student Eligibility: Open to the general public Clean background, drug screen, physical Vaccinations as appropriate and mandated by clinical facilities Age 18	Cost of Program: Basic: $1000 includes physical, drug screen and background check Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 50 Refresher: 0 Expiration date: 12/31/2016 Number of courses: Initial training: 3 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789	Name: Tina Ziolkowski Office: 909.274.6911 Fax: 909.468.4175 e-mail: tziolkowski@mtsac.edu

Student Eligibility:	Cost of Program:	Program Level: Paramedic Number of students completing training per year: Initial training: 50 Refresher: 0 Expiration date: 12/31/2018 Number of courses: Initial training: 2 Refresher: 0
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 Vaccinations as appropriate and mandated by clinical facilities Must be proficient in basic math skills	Basic: $2900.00 Refresher: N/A	

Training Institution Name/Address	Program Director/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345	Name: Elizabeth Penuela Office: 818.759.5843 Fax: 818.759.5856 e-mail: epenuela@lausd.net

Student Eligibility:	Cost of Program:	Program Level: EMT Number of students completing training per year: Initial training: 87 Refresher: 0 Expiration date: 04/30/2015 Number of courses: Initial training: 3 Refresher: 0
Open to the general public 18 years of age TB clearance Score 8.0 in reading and Math 2 on the D9 TABE test	Basic: $110 Refresher: N/A	

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670		Name: Michele Hanley Office: 562.347.1571 Fax: 562.941.5835 e-mail: mhanley@dhs.lacounty.gov
Student Eligibility: Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements	Cost of Program: Basic: $3069.50 Refresher: N/A	Program Level: Paramedic Number of students completing training per year: Initial training: 93 Refresher: 0 Expiration date: 12/31/2018 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Pasadena City College 1570 East Colorado Blvd Pasadena, CA 91106		Name: Steven Jensen Office: 626.585.3022 Fax: 626.585.7977 e-mail: sbjensen@pasadena.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: unk	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2016 Number of courses: unk Initial training: unk Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address	Program Director/Telephone Number	
Pasadena Fire Department 515 N Lake Pasadena, CA 91101	Name: Mike Barilla Office: 626.744.4636 Fax: 626.585.9164 e-mail: mbarilla@cityofpasadena.net	
Student Eligibility: Restricted to City of Pasadena Fire and Police Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 150 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address	Program Director/Telephone Number	
Rio Hondo Community College 11400 Greenstone Avenue Santa Fe Springs, CA 90670	Name: Tracy Rickman Office: 562.941.4082 ext 21 Fax: 562.941.7382 e-mail: trickman@riohondo.edu	
Student Eligibility: Completion of FT 121 (EMR) with a grade of "B" or better Reading 23 is advised	Cost of Program: Basic: $1108 Refresher: $75	Program Level: EMT Number of students completing training per year: Initial training: 114 Refresher: 26 Expiration date: 12/31/2015 Number of courses: Initial training: 6 Refresher: 2

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 52 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 1

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: bhudson@torranceca.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: N/A Refresher: N/A	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 140 Expiration date: 12/31/2016 Number of courses: Initial training: 0 Refresher: 1

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

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: kreynoso@tricitiesrop.org
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: unk Refresher: unk	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 12/31/2015 Number of courses: unk Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Aaron Aumann Office: 661.726.1911 Fax: 661.726.5158 e-mail: mjavmc@aol.com
Student Eligibility: Open to the general public	Cost of Program: Basic: $1875 Refresher: $165	Program Level: EMT Number of students completing training per year: Initial training: 84 Refresher: 100 Expiration date: 12/31/2016 Number of courses: Initial training: 8 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
UCLA Center for Prehospital Care 10990 Wilshire Blvd, Suite 1450 Los Angeles, CA 90024		Name: Barry Jensen Office: 310.312.9316 Fax: 310.312.9322 e-mail: bjensen@mednet.ucla.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: $1495 Refresher: $195	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 3/31/2017 Number of courses: unk Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
UCLA Paramedic Education Box 957367 405 Hilgard Ave Los Angeles, CA 90095		Name: Heather Davis Office: 310.680.1100 Fax: 310.672.0221 e-mail: hdavis@mednet.ucla.edu
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 FISDAP entrance exam Submit online application and all supporting documents Achieve qualifying score on application Meet with program faculty	Cost of Program: Basic: $10,000 Refresher: $350	Program Level: Paramedic Number of students completing training per year: Initial training: 108 Refresher: 0 Expiration date: 12/31/2013 Number of courses: Initial training: 3 Refresher: 0

Training Institutions noted by yellow highlight failed to provide the requested information after repeated requests.

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2014
(Fiscal Year 2013-2014)

Table 11 – RESOURCE DIRECTORY – Dispatch Agencies

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2013-2014**

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

Name & Address: Adult Medical Transportation, Inc. 7048 Darby Avenue Reseda, CA 91335-4401			**Primary Contact & Phone Number:** Eugene Brusilovsky Vice President 818.705.0100 Ext. 11 eugene.b@amtamb.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ____ EMD ____ EMT-D ____ ALS 5 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Aegis Ambulance Service, Inc. 140 West Chestnut Avenue Monrovia, CA 91016-3412			**Primary Contact & Phone Number:** Paul Richart President 626.685.9410 richart@aegisambulance.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 1 EMD ____ EMT-D ____ ALS 3 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: All Town Ambulance, LLC 13812 Saticoy Street Panorama City, CA 91401-6520			**Primary Contact & Phone Number:** Giovanni Chiarella Operations Manager 877.599.4282 gchiarella@republic-ems.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ___ EMD ___ EMT-D ___ ALS 1 BLS ___ LALS 4 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Ambuserve, Inc. 15105 South Broadway Avenue Gardena, CA 90248-1821			**Primary Contact & Phone Number:** Anthony Sanchez Dispatch Supervisor 310.644.0500 anthonys@ambuserve.net
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 1 EMD ___ EMT-D ___ ALS 11 BLS ___ LALS ___ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: American Medical Response, Inc. Los Angeles County Division 1055 West Avenue J Lancaster, CA 93534			**Primary Contact & Phone Number:** Greg Moore Director of Communications 661.945.9366 greg.moore@amr.net
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 26 EMD ____ EMT-D ____ ALS 4 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: AmeriCare Medservices, Inc. dba: AmeriCare Ambulance 1059 East Bedmar Street Carson, CA 90746-3160			**Primary Contact & Phone Number:** Jim Karras Vice President 310.835.9390 jkarras@americare.org
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 11 EMD ____ EMT-D ____ ALS 2 BLS ____ LALS 2 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: AmeriPride Ambulance Service, Inc. 360 Compton Boulevard Gardena, CA 90248-1702			**Primary Contact & Phone Number:** Edward Greenberg President 310.965.0905 edward@ameriprideambulance.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 5 EMD _____ EMT-D _____ ALS ___ BLS _____ LALS _____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Amwest, Inc. dba: Amwest Ambulance 7650 Lankershim Boulevard North Hollywood, CA 91605-2813			**Primary Contact & Phone Number:** Richard Morrison, Operations Director (818) 859-7999 rj@amwestsecure.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 5 EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Antelope Ambulance Service 42540 North 6th Street East Lancaster, CA 93534			**Primary Contact & Phone Number:** Andrew Nieto Dispatch Manager 661.951.1998 emd.nieto@yahoo.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 7 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ Fire District If Public: ☐ City ☐ Fire District If Public: ☐ City ☐ Fire District

Name & Address: Bowers Companies, Inc. dba Bowers Ambulance Service 12638 Saticoy Street South North Hollywood, CA 91605-4313			**Primary Contact & Phone Number:** Aaron Sundstrom Communications Manager 562.988.6479 aaron.sundstrom@bowersambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 12 EMD ____ EMT-D ____ ALS 2 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ Fire District ☐ County ☐ Federal ☐ State

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Care Ambulance Service, Inc. 1517 West Braden Court Orange, CA 92686-3534			**Primary Contact & Phone Number:** Ben Baker Communications Manager 714.288.3800 benb@careambulance.net
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ____ EMD ____ EMT-D ____ ALS ____ BLS ____ LALS 27 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821-6287			**Primary Contact & Phone Number:** Chad Druten General Manager 714.990.1742 chaddruten@emergencyambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 10 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Explorer-1 Ambulance & Medical Services, LLC 1040 East Compton Boulevard Compton, CA 90221-3306			**Primary Contact & Phone Number:** Sultan Mohammed EMS Operations Chief 310.537.3971 mohamed.scpt@yahoo.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ____ EMD ____ EMT-D ____ ALS 2 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Gentle Care Transport, Inc. dba: GCTI Ambulance 3539 Casitas Avenue Los Angeles, CA 90039-1903			**Primary Contact & Phone Number:** Robert Camarena General Manager 323.662.1777 robc@gctiambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 1 EMD ____ EMT-D ____ ALS 6 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Gentle Ride, Inc. 715 Ruberta Avenue Glendale, CA 91201-2336			**Primary Contact & Phone Number:** Chad Brewster Operations Manager 888.688.8030 cbrewster@gentlerideambulance.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 2 EMD ____ EMT-D ____ ALS 2 BLS ____ LALS 1 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Guardian Ambulance Service, Inc. 123 Bellevue Drive, Suite 4 Pasadena, CA 91107			**Primary Contact & Phone Number:** Robert Ower General Manager 626.792.3688 rower@guardianamublance.org
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 4 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Accutrans, LLC dba: Impulse Ambulance, Inc. 12527 Vanowen Street North Hollywood, CA 91605-5321			**Primary Contact & Phone Number:** Vince Pinsky Vice President 818.982.3500 vp@impulseambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 5 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Liberty Ambulance, LLC 9441 Washburn Road Downey, CA 90242-4536			**Primary Contact & Phone Number:** Luis Arreola Dispatch Manager (562) 741-6230 larreola@libertyambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 12 EMD ____ EMT-D ____ ALS 2 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Mauran Ambulance Service, Inc. 1211 First Street San Fernando, CA 91340-2802			**Primary Contact & Phone Number:** Davit Meliksetyan General Manager 818.365.3182 mauran_ambulance@yahoo.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 5 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Medcoast Mediservice, Inc. dba Medcoast Ambulance Service 8134 Iseli Road Santa Fe Springs, CA 90670-5203			**Primary Contact & Phone Number:** Kira Ramirez Communications Supervisor 562.926.9990 kira@medcoastambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ____ EMD ____ EMT-D ____ ALS 2 BLS ____ LALS 5 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Med-Life Ambulance Service, Inc. 4304 Alger Street Los Angeles, CA 90039-1206			**Primary Contact & Phone Number:** Vahagn Mike Zakharyan Operations Manager 818.500.0044 mike@medlifeambulance.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 2 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS 5 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: MedReach, Inc. 1303 Kona Drive Rancho Dominguez, CA 90220-5408			**Primary Contact & Phone Number:** Robert Aragon General Manager 310.781.9395 robertaragon@medreachambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 3 EMD ____ EMT-D ____ ALS 3 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: MedResponse, Inc. 7040 Hayvenhurst Avenue, Suite 200 Van Nuys, CA 91406-3801			**Primary Contact & Phone Number:** Paul Pearson General Manager 818.442.9222 ppearson@medresponseinc.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 4 EMD ____ EMT-D ____ ALS 4 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: PRN Ambulance, Inc. 8928 Sepulveda Boulevard North Hills, CA 91343-4306			**Primary Contact & Phone Number:** Christine Miyahara Communications Manager 818.810.3600 Ext. 3626 christine@prnambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 8 EMD ____ EMT-D 2 ALS 6 BLS ____ LALS 1 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Rescue One Ambulance Corporation 15335 Illinois Avenue Paramount, CA 97023-4108			**Primary Contact & Phone Number:** Andrew Boulos President 877.421.1801 drew.roa@gmail.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 5 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Rescue Services International, Ltd. 5462 Irwindale Avenue, Suite B Irwindale, CA 91706-2074			**Primary Contact & Phone Number:** Robert Ower General Manager 800.989.5027 rower@rsiamb.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: ____ EMD ____ EMT-D ____ ALS 10 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Royalty Ambulance Services, Inc. 3235 North San Fernando Road Building 6 Los Angeles, CA 90065-1434			**Primary Contact & Phone Number:** Sean Grimes Operations Manager 818.550.5833 royaltyambu@yahoo.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 3 EMD ____ EMT-D ____ ALS 1 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Schaefer Ambulance Service 4627 West Beverly Boulevard Los Angeles, CA 90004-3101			**Primary Contact & Phone Number:** Jimmy McNeal Vice President 323.469.1473 j@sas-amb.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 18 EMD ____ EMT-D ____ ALS 2 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Translife Inc. dba: Translife Ambulance 7742 Gloria Avenue, Suite C Van Nuys, CA 91406-1815			**Primary Contact & Phone Number:** David Molyneaux General Manager 888.994.7711 david@translifeambulance.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 4 EMD ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Trinity Ambulance and Medical Transportation, LLC 8205 Somerset Boulevard Paramount, CA 90723-3518			**Primary Contact & Phone Number:** Eduardo Garcia General Manager 562.677.1000 eduardo@trinitymedicaltransport.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 3 EMD ____ EMT-D ____ ALS 1 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Coast Ambulance, Inc. 647 West Avenue L 14 Lancaster, CA 93534-7144			**Primary Contact & Phone Number:** Olga Binman President 661.940.6629 olga.wca@gmail.com
Written Contract: ☐ yes ☒ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 4 EMD ____ EMT-D ____ ALS 1 BLS ____ LALS ____ Other
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name & Address: Westmed Ambulance, Inc. dba: McCormick Ambulance 20101 Hamilton Avenue, Suite 230 Torrance, CA 90502-1351			**Primary Contact & Phone Number:** Mike Henderson Director of Communications (310) 798-3300 mike@mccormickambulance.com
Written Contract: ☒ yes ☐ no	Medical Director: ☒ yes ☐ no	☒ Day-to-day ☒ Disaster	Number of Personnel Providing Services: 10 EMD ____ EMT-D ____ ALS 5 BLS ____ LALS 2 Other(ETC)
Ownership: ☐ Public ☒ Private		If Public: ☐ Fire ☐ Law ☐ Other explain:___	If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11. DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County **Reporting Year: Fiscal Year 2013-214**

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

Name: Avalon Fire Department
Address: PO Box 707 Avalon, CA 90704
Telephone Number: (310) 510-0203 Ext 205
Primary Contact: Michael Krug, Fire Chief

Written Contract: √ Yes ☐ No
Medical Director: √ Yes ☐ No
☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:
_____ EMD Training ___15___ EMT-D _____ ALS
___15___ BLS _____ LALS _____ Other

Ownership: √ Public ☐ Private

If Public:
☐ √Fire
☐ Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: City of Beverly Hills Police Department
Address: 464 North Rexford Drive
Beverly Hills, CA 90210
Telephone Number: (310) 288-2634
Primary Contact: Donna Norris

Written Contract: ☐ Yes √ No
Medical Director: ☐ Yes ** ☐ No
☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:
____19__ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: √Public ☐ Private

If Public:
☐ √Fire
☐ √Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal
** BHPD Dispatch utilizes PowerPhone as EMD product Medical Director through auspice of "Power"phone"

TABLE 11: DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County **Reporting Year: Fiscal Year 2013-214**

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

Name: Culver City Fire Department
Address: 9770 Culver Boulevard
Culver City, CA 90232
Telephone Number: (310) 253-5900

Primary Contact: Roger Braum
Administrative Captain/EMS Coordinator
(310) 253-5912
Roger.braum@culvercity.org

Written Contract: ☐ Yes √ No

Medical Director: √ Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

_____ EMD Training _____ EMT-D __49____ ALS
___13___ BLS _____ LALS _____ Other

Ownership: √ Public ☐ Private

If Public: ☐ √Fire ☐ Law ☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: El Segundo Fire Department
Address: 314 Main Street
El Segundo, CA 90245
Telephone Number: (310) 524-2228

Primary Contact: Nathan Cooke
EMS Battalion Chief

Written Contract: √Yes ☐ No

Medical Director: ☐ Yes √ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

____38__ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: √Public ☐ Private

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11. DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County

Reporting Year: Fiscal Year 2013-214

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

Name: Joint Powers Communications Center
Address: 12222 Paramount Boulevard
Downey CA, 90242
Telephone Number: (562) 904-7313

Primary Contact: Tracy Gonzales
Fire Communications Center Supervisor
(562) 299-5413
Tracy.Gonzales@areafire.org

Written Contract: ☐ Yes √ No

Medical Director: √ Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

____10__ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: √ Public ☐ Private

If Public:
☐ √Fire
☐ Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Long Beach Fire Department
Address: 3205 Lakewood Blvd.
Long Beach, CA 90808
Telephone Number: (562) 570-2547

Primary Contact: Joanne Dolan
RN, EMS Educator/Coordinator
Joanne.dolan@longbeach.gov

Written Contract: √Yes ☐ No

Medical Director: √Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

____21__ EMD Training _____ EMT-D ___1___ ALS
___2___ BLS _____ LALS _____ Other

Ownership: √Public ☐ Private

If Public:
☐ √Fire
☐ √Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11. DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County

Reporting Year: Fiscal Year 2013-214

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

Name: Los Angeles County Fire Department
Address: 1320 N. Eastern Avenue
Los Angeles CA, 90063
Telephone Number: (323) 881-2370

Primary Contact: Chris Bundesen
Assistant Chief
(323) 881-2370
Chris.bundesen@fire.lacounty.gov

Written Contract: ☐ Yes √ No

Medical Director: √ Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

___80___ EMD Training _____ EMT-D _____ ALS
___14___ BLS _____ LALS _____ Other

Ownership: √ Public ☐ Private

If Public:
☐ √Fire
☐ Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Los Angeles Fire Department-Operations Control
Address: 200 North Main St.
Los Angeles, CA 90012
Telephone Number:

Primary Contact: Trevor Richman
Assistant Chief
Trevor.richmond@lacity.org

Written Contract: √Yes ☐ No

Medical Director: √Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:

___109___ EMD Training _____ EMT-D ___30___ ALS
___79___ BLS _____ LALS _____ Other

Ownership: √Public ☐ Private

If Public:
☐ √Fire
☐ √Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County **Reporting Year: Fiscal Year 2013-214**

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

Name: South Bay Regional Public Communications Authority
Address: 4440 W. Broadway
Hawthorne, CA 90250
Telephone Number: (310) 973-1802 extension 101

Primary Contact: Ralph Mailloux
Executive Director
rmailloux@rcc911.org

Written Contract: ☐ Yes √ No

Medical Director: ☐ Yes √No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:
___46___ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: √ Public ☐ Private

If Public:
☐ √Fire
☐ √Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: Verdugo fire Communications Center
Address: 421 Oak St.
Glendale, CA 91204
Telephone Number: (818) 548-3330

Primary Contact: Jason Pfau
Systems Analyst
jpfau@glendaleCA.gov
(818) 448-6408

Written Contract: ☐ Yes √ No

Medical Director: √Yes ☐ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services:
___14___ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership: √Public ☐ Private

If Public:
☐ √Fire
☐ Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

TABLE 11: DISPATCH AGENCY PUBLIC PROVIDERS

County: Los Angeles County **Reporting Year: Fiscal Year 2013-214**

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

Name: West Covina Dispatch Ctr. Primary Contact: Kim West

Address: 1444 West Garvey Ave.
West Covina, CA 91790

Telephone Number: (626) 939-8584

Written Contract:
☐ Yes √ No

Medical Director:
☐Yes √ No

☐ √Day-to-Day
☐ √Disaster

Number of Personnel Providing Services: 3 per shift (15 total)

_____ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
√Public ☐ Private

If Public:
☐ √Fire
☐ √Law
☐ Other
Explain: _____

If Public: √ City ☐ County ☐ State ☐ Fire District ☐ Federal

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2014
(Fiscal Year 2013-2014)
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 1

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 1.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2014
(Fiscal Year 2013-2014)
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 2

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 2.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2014
(Fiscal Year 2013-2014)
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 3

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Schaefer Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 4

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Westmed/McCormick Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 5

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 5.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 6

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Care Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains Urban area only. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 6.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 7

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Westmed/McCormick Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains urban area only. See Attached Map.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Westmed/McCormick Ambulance Service on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 7.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Alhambra

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Alhambra Fire Department
Length of operation prior to1981

Area or subarea (Zone) Geographic Description:

Alhambra has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Arcadia

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Arcadia Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Arcadia has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Beverly Hills

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Beverly Hills Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Beverly Hills has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Burbank

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Burbank Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Burbank has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Culver City

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Culver City Fire Department

Area or subarea (Zone) Geographic Description:

Culver City has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Downey

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Downey Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Downey has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of El Segundo

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

El Segundo Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

El Segundo has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Hermosa Beach

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Hermosa Beach Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Hermosa Beach has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of La Verne

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

La Verne Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

La Verne has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Long Beach

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Long Beach Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Long Beach has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Los Angeles

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Los Angeles City Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Los Angeles has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Manhattan Beach

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Manhattan Beach Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Manhattan Beach has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Monterey Park

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Monterey Park Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Monterey Park has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Pasadena

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Pasadena Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Pasadena has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Heath and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of San Gabriel

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of San Gabriel Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

San Gabriel has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of San Marino

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of San Marino Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

San Marino has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Santa Monica

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Santa Monica Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Santa Monica has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Sierra Madre

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Sierra Madre Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of South Pasadena

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of South Pasadena Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

South Pasadena has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Torrance

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Torrance Fire Department
Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Torrance has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Avalon

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Avalon Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Avalon has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an *Evergreen Agreement* with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of West Covina

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of West Covina Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

West Covina has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of San Fernando

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Los Angeles Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

San Fernando has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an *Evergreen Agreement* with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Vernon

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Vernon Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Vernon has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Heath and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.

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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.

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Glendale

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Glendale Fire Department
Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Glendale has urban area only.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an *Evergreen Agreement* with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-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.

Los Angeles County – Department of Health Services

EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2014
(Fiscal Year 2013-2014)
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:

Los Angeles County

Area or subarea (Zone) Name or Title:

City of Compton

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Compton Fire Department

Area or subarea (Zone) Geographic Description:

City of Compton

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Non-Exclusive

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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