EMERGENCY MEDICAL SERVICES PLAN

FOR

LOS ANGELES COUNTY

1995 ANNUAL PLAN

Emergency Medical Services Agency
5555 Ferguson Drive, Suite 220
Commerce, California 90022

August, 1995

EMERGENCY MEDICAL SERVICES PLAN
FOR
LOS ANGELES COUNTY

1995 Annual Plan

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES AGENCY

5555 Ferguson Drive, Suite 220
Commerce, CA 90022

(213) 890-7545

October 25, 1995

Joseph E. Morales, M.D.
Director
State EMS Authority
1930 9th Street, Suite 100
Sacramento, CO 95814-7043

Dear Dr. Morales:

I am pleased to forward the **Los Angeles County 1995 Annual Plan for Emergency Medical Services** as required. As I informed you in a letter dated July 19, 1995, the plan was completed in mid July for approval by the Board of Supervisors. However, due to the Board's heavy agenda and the County's budgetary crisis, submission of the plan was delayed. As indicated on the attached copy of the accompanying Board letter, the plan was formally approved on October 17, 1995.

Any questions regarding the plan, please contact Carol Gunter, Assistant Director, at (213) 890-7539.

Very truly yours,

Virginia Price Hastings
Director

VPH:cg

Enclosures

EMSPLA. LAC. 01.

ROBERT C. GATES, Director

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

18 OCT 17 1995

Joanne Sturges
JOANNE STURGES
EXECUTIVE OFFICER

August 29, 1995

Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

REQUEST FOR APPROVAL OF LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES (EMS) PLAN

State law requires the County's Emergency Medical Services Agency to develop an Emergency Medical Services Plan every five years and to update the plan annually.

The attached EMS Plan for Los Angeles County is submitted to your Board for approval. Although plans have been submitted in prior years, this is a new initial EMS Plan which spans a five year planning cycle and constitutes the base EMS Plan through 1999. The Plan is intended to be both a workplan and a long-range plan. This Department will coordinate implementation of the Plan with the EMS community and within existing resources.

BACKGROUND ON EMS PLAN DEVELOPMENT

The Department's EMS Agency has developed the EMS Plan in conformity with State guidelines and local needs. The Plan was developed over a one year period and represents EMS communitywide input.

Since this is the County's base Plan, it includes a combination of narrative descriptions of the systems' compliance with the State's *EMS Systems Standards and Guidelines*; specific numbers describing the system's resources and operations; and directories, identifying specific resources available within the system. In each year following the development of the base EMS Plan, a briefer annual workplan will be submitted, providing updated information on the status of the system and the EMS Agency's progress in meeting its long-range plans.

EMS PLAN SUPPORT

The Emergency Medical Services Commission and its subcommittees spent several meetings (two months) reviewing the draft EMS Plan and endorsed it on June 21, 1995. There were no recommendations for substantive changes.

THEREFORE, IT IS RECOMMENDED THAT THE BOARD:

1. Approve the EMS Plan.

2. Instruct the Director of Health Services to implement the objectives and short- and long-range plans contained in the EMS Plan, and forward it to the State EMS Authority.

Very truly yours,

Robert C. Gates
Director of Health Services

RCG:cg

Attachment

cc: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Emergency Medical Services Commission

Executive Summary

Health and Safety Code, Division 2.5, Section 1797.254, requires the EMS Agency to annually submit an emergency medical services plan to the State EMS Authority. The Plan shall be used as both a workplan and a long-range plan. This document is the Base Plan which meets the requirements of the initial five-year plan. Annual workplans shall be submitted each of the subsequent four years providing updated information on the status of the system and the EMS Agency's progress in meeting its long-range plans. The plan meets all requirements set forth in the *EMS System Guidelines*, Part III, EMS System Planning Guidelines, EMSA #103.

The information provided in this Base Plan spans varying timeframes based on input from available sources and State requirements. In most cases, data are reported for the calendar year 1994. In some instances, based on reporting availability, data are reported for fiscal year 1993-94.

In general, several important internal and external issues are impacting the EMS System in Los Angeles County. As the largest local EMS system in the United States and one that accounts for a third of the EMS activity in the most populated state in the Country, our task is to plan for a future that is rapidly changing. There can be no doubt that our future EMS system will be much different from what we have today.

There are a number of global issues that are affecting EMS today. Among these issues are the movement of medical delivery to a managed care format, severe public funding restrictions, EMS system component interdependency, centralization of control at the state EMS Authority level , development of quality improvement as a standard in all fields of medicine and dependence on systemwide data for management and funding.

The major needs identified in the Los Angeles County EMS system center around the following areas:

Quailty Improvement Programs -- Policies defining the basis and structure of the County's QA/QI program have been established and systemwide implementation is currently necessary and underway.

Written Agreements -- Although written agreements are in place for base and trauma hospitals and EOAs, further agreements are needed with ALS provider agencies, EMS aircraft/rescue provider agencies and dispatchers, recieving hospitals and RDHMC operational areas, as well as specific disaster agreements with health facilities.

Medical Control Policies -- Various issues related to medical control/direction need to be addressed in the areas of non-transporting EMS first responders and base hospital configuration.

Communications -- The system needs to further evaluate and address methods of implementing broader communication capabilities for ambulance-to-ambulance and ambulance-to-hospital communications.

Disaster Medical Response -- The LEMSA needs to further implement the CCP designation plan, further evaluate disaster communication capabilities and options, implement SEMS, provide HEICS training, further develop DMAT CA-9, and assess hospital readiness for hazardous materials and radiation emergencies.

Medical Dispatch -- The LEMSA needs to review all aspects of medical dispatching.

Specialty System Design -- Expansion of the systems ability to meet the needs of special populations should include neurosurgical center designation. In addition, the long-established pediatric subsystem plan is undergoing revision to ensure compliance with newly released State guidelines.

Data Collection/System Evaluation -- Several areas of the current data collection system (TEMIS) require expansion and refinement to better standardize data and enable use for the systemwide QA/QI program implementation.

Public Education -- In general, an expansion of public education efforts are sorely needed. It is unlikely that finances and staffing will allow for meeting this need in the near future.

A collation of unmet standards and specific objectives necessary to meet the standards follow this summary.

Despite some unresolved issues and problems, the EMS system in Los Angeles works, perhaps due to the fact that when human lives are at stake, involved personnel and agencies work out informal patterns of cooperation. With continuous education, commitment and mutual cooperation of the entire EMS community, the EMS Agency will be able to successfully fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in Los Angeles County.

OBJECTIVES NECESSARY TO MEET MINIMUM STANDARDS

Standard		Timeframe		Objective
		Short	Long	
1.02	LEMSA Mission		x	The LEMSA, in conjunction with all system participants, shall expand the implementation of recently developed QI policies and tools to identify needed system changes.
1.11	System Participants		x	The LEMSA shall successfully negotiate advanced life support provider and receiving hospital agreements to ensure participant's conformance with assigned EMS system roles and responsibilities.
1.16	Funding Mechanism		x	The LEMSA shall evaluate services provided, determine if the establishment of additional fees for services are appropriate and politically feasible, and seek grant funding sources on an ongoing basis.
1.18	QA/QI	x		1. The LEMSA shall approve and ensure implementation of QI programs by all paramedic base hospitals and provider agencies.
			x	2. The LEMSA shall implement the EMS Quality Improvement Program as defined in policy.
1.19	Policies, Procedures, Protocols		x	In conjunction with system participants, the LEMSA shall develop medical dispatch protocols and standards for on-scene treatment times.
1.21	Determination of Death	x		The LEMSA shall develop a prehospital care policy on "deaths at the scene of apparent crimes".
1.24	ALS System		x	The LEMSA shall successfully negotiate and implement ALS provider agreements.
1.25	On-Line Medical Direction		x	The LEMSA shall develop a medical control plan which determines the base hospital configuration for the system and a written policy that describes the process for selecting base hospitals, including a process for all eligible facilities to apply.
2.04	Dispatch Training		x	The LEMSA shall ensure medical orientation and training of PSAP personnel in accordance with the EMSA's Emergency Medical Dispatch Guidelines.
2.07	Medical Control		x	The LEMSA shall continue developing medical direction policies designed for non-transporting EMS first responders.
3.01	Communication Plan		x	1. The LEMSA shall require system participants to install the following: Installation of ReddiNet at all health care facilities Installation of HEAR radio on all EMS vehicles Installation of a ReddiNet terminal at each dispatch center 2. The LEMSA shall determine methods of interfacing with Orange County's ReddiNet System.

Standard		Timeframe		Objective
		Short	Long	
3.02	Radios		x	The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. This will most likely be met by the installation of a HEAR in each emergency medical transport vehicle and non-transporting ALS responder vehicles. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.
3.03	Interfacility Transfer		x	The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. Achievement of this objective will most likely be through installation of a HEAR in each emergency medical transport vehicle and non-transporting ALS responder vehicles. The LEMSA in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.
3.05	Hospitals		x	The LEMSA shall install the HEAR at all health care facilities and shall form a volunteer HAM radio organization targeted for back-up hospital communications.
3.06	MCI/Disasters		x	The LEMSA shall install the HEAR at all health care facilities, form a volunteer HAM radio organization targeted for back-up hospital communications, and schedule radio checks with neighboring counties.
3.08	9-1-1 Public Education		x	The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 9-1-1 services and alternate non-emergency transportation (e.g., Metro Access, Dial-A-Ride, Medi-Trans, etc.).
3.09	Dispatch Triage		x	In conjunction with system participants, the LEMSA shall develop guidelines for dispatch triage.
4.02	Monitoring	x		The LEMSA shall monitor response time standards of ambulance providers serving independent cities.
4.05	Response Time Standards	x		The LEMSA shall evaluate the response time performance of primary provider agencies to determine whether the State standards are met.
4.09	Air Dispatch Center	x		The LEMSA shall designate dispatch centers (primary and back-up) for the coordination of air ambulances or rescue aircraft.
4.10	Aircraft Availability	x		The LEMSA shall complete the application process, negotiate and establish written agreements, and formally designate EMS aircraft/rescue provider agencies.
4.12	Disaster Response	x		The LEMSA shall develop agreements with the other operational areas in Region I for medical transportation services in a disaster.
4.18	Compliance		x	The LEMSA shall successfully negotiate ambulance provider agreements which shall include a transportation component incorporating applicable policies and procedures regarding system operations and clinical care.
5.01	Assessment of Capabilities	x		1. Within the next year, the LEMSA shall develop agreements with paramedic receiving hospitals which have been given defined service areas.
			x	2. Within the next three years, the LEMSA shall develop agreements with all paramedic receiving hospitals.

Standard		Timeframe		Objective
		Short	Long	
5.03	Transfer Guidelines		x	1. The LEMSA shall establish guidelines to identify specific patients who should be considered for transfer to facilities of higher capabilities. 2. The LEMSA shall establish facility transfer agreements.
5.05	Mass Casualty Management		x	The LEMSA shall implement SEMS with all medical facilities by December, 1996.
5.11	Emergency Departments	x		The LEMSA shall implement the revised and approved EDAP and PCCC standards.
5.13	Speciality System Design		x	The LEMSA shall establish neurosurgical receiving centers based on the criteria which has been developed and was subsequently approved by the EMSC.
6.01	QA/QI Programs		x	With system wide participation, the LEMSA shall implement the EMS System Quality Improvement Program, to include at a minimum, compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality utilizing State standards and guidelines.
6.03	Prehospital Care Audits		x	The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS.
6.04	Medical Dispatch		x	With system wide participation, the LEMSA shall establish a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of prearrival/post arrival dispatch directions.
6.05	Data Management System		x	The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS and enter into Agreements with all paramedic receiving hospitals to participate in the TEMIS data system.
6.07	Provider Participation	x		The LEMSA shall ensure that all paramedic provider agencies and base hospitals have implemented an approved Quality Improvement Program.
6.08	Reporting	x		The LEMSA shall provide a formal comprehensive annual report on system design and operations to the Board of Supervisors, EMSC and EMS constituents beginning with calendar year 1994.
6.09	ALS Audit		x	The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS.
6.11	Trauma Center Data		x	The LEMSA shall create a data program to capture and integrate non-trauma hospital and Coroner data into the trauma hospital data collection system.
8.01	Disaster Medical Planning	x		The LEMSA shall apply for appointment as the RDMHC by the EMS Authority provided that additional staff is funded.
8.02	Response Plans		x	The EMS Agency shall be in compliance with SEMS regulations by December, 1996 and determine if SEMS, in fact, replaces or augments the Multi-Hazard Functional Plan.
8.04	Incident Command System		x	The LEMSA shall implement SEMS with all medical facilities by December, 1996.

Standard		Timeframe		Objective
		Short	Long	
8.05	Distribution of Casualties			On an on-going basis, the LEMSA shall:
			x	1. Identify hospital-based CCP sites appropriate for disaster response
		x		2. Complete contracts with privately operated hospitals and clinics to formalize disaster response activities, and
		x		3. Survey hospitals to ascertain current capability of handling radiation and chemically contaminated patients.
8.06	Needs Assessment	x		The LEMSA shall implement SEMS and coordinate activities between the Operational Areas in Region I and the RDMHC and the State EMSA.
8.07	Disaster Communications		x	The LEMSA shall investigate communication system options between the operational areas within Region I and implement a system if feasible.
8.08	Inventory of Resources	x		1. The LEMSA shall complete the disaster agreement with health facilities.
			x	2. The LEMSA shall participate in the process and completion of standardized procedures for resource procurement and allocation with Region I counties.
8.09	DMAT Teams	x		The LEMSA shall obtain supplies and equipment from the Federal government and any local sources available and shall continue to recruit, train and provision team members on an on-going basis.
8.10	Mutual Aid Agreements		x	The LEMSA, in concert with the RDMHC, shall develop mutual aid agreements between operational areas in Region I and, if feasible, between Region I and other surrounding regions.
8.11	CCP Designation	x	x	The LEMSA shall continue to survey hospitals as potential Casualty Collection Points.
		x	x	The LEMSA shall, within its capability, assist hospitals in obtaining disaster related supplies and equipment.
8.12	Establishment of CCPs	x	x	The LEMSA shall explore ways and means of providing equipment for CCP sites.
8.16	Prehospital Agency Plans	x		1. The LEMSA shall assess hospitals readiness for handling hazardous materials and radiation emergencies.
		x		2. The LEMSA shall provide opportunities for hospitals to be trained in HEICS.

TABLE 1: SUMMARY OF SYSTEM STATUS

Include the items from Table 1 that are followed by an asterisk on the System Assessment form. Describe on the form how resources and/or services are coordinated with other EMS agencies in meeting the standards. Table 1 is to be reported by agency.

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			X
1.03 Public Input		X			
1.04 Medical Director		X	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	(partial)		X

Regulatory Activities	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-ra Plan
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/ Policies		X			

System Finance

1.16 Funding Mechanism		X			(ongoing)

Medical Direction

1.17 Medical Direction*		X			
1.18 QA / QI		X	(partial)	X	X
1.19 Policies, Procedures, Protocols	X	(majority)			X
1.20 DNR Policy		X			
1.21 Determination of Death	X	(majority)		X	
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			

Enhanced Level: Advanced Life Support

1.24 ALS Systems	X				X
1.25 On-Line Medical Direction		X			X

Enhanced Level: Trauma Care System	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		X			

Enhanced Level: Pediatric Emergency & Critical Care System

1.27 Pediatric System Plan		X			

Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X			

B. STAFFING / TRAINING

Local EMS Agency	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers					
2.04 Dispatch Training	X				X
First Responders (non-transporting)					
2.05 First Responder Training		X	(partial)		
2.06 Response		X			
2.07 Medical Control	X				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	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

Communications Equipment	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
3.01 Communication Plan*	X	(majority)			X
3.02 Radios	X	(partial)	(partial)		X
3.03 Interfacility Transfer*	X	(partial)			X
3.04 Dispatch Center		X			
3.05 Hospitals	X	(partial)	(partial)		X
3.06 MCI/Disasters	X	(partial)			X
Public Access					
3.07 9-1-1 Planning/ Coordination		X			
3.08 9-1-1 Public Education	X	(partial)			X
Resource Management					
3.09 Dispatch Triage	X				X
3.10 Integrated Dispatch		X	X		

D. RESPONSE / TRANSPORTATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries*		X	X		
4.02 Monitoring	X	(partial)	X	X	
4.03 Classifying Medical Requests		X			
4.04 Prescheduled Responses		X			
4.05 Response Time Standards*	X	(partial)	(partial)	X	
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft*		X			
4.09 Air Dispatch Center	X			X	
4.10 Aircraft Availability*	X	(partial)		X	
4.11 Specialty Vehicles*		X			
4.12 Disaster Response	X	(partial)		X	
4.13 Intercounty Response*		X	(partial)		
4.14 Incident Command System		X			
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
4.18 Compliance	X				X

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X			
4.20 Grandfathering		X			
4.21 Compliance		X			
4.22 Evaluation		X			

E. FACILITIES / CRITICAL CARE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	partial	X	X
5.02 Triage & Transfer Protocols*		X			
5.03 Transfer Guidelines*	X	(partial)			X
5.04 Specialty Care Facilities*		X			
5.05 Mass Casualty Management		X	(partial)		X
5.06 Hospital Evaluation*		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 & Critical Care System					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X	(partial)	X	
5.12 Public Input		X			
Enhanced Level: Other Speciality Care System					
5.13 Speciality System Design	X	(partial)			X
5.14 Public Input		X			

F. DATA COLLECTION / SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
7.01 Public Information Materials		X			
7.02 Injury Control		X			
7.03 Disaster Preparedness		X			
7.04 First Aid & CPR Training		X			

H. DISASTER MEDICAL RESPONSE

Universal Level	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning*		X		X	
8.02 Response Plans		X			X
8.03 HazMat Training		X			
8.04 Incident Command System		X	(partial)		X
8.05 Distribution of Casualties*	X	(partial)	(partial)	X	X
8.06 Needs Assessment		X		X	
8.07 Disaster Communications*		X			X
8.08 Inventory of Resources		X		X	X
8.09 DMAT Teams		X		X	
8.10 Mutual Aid Agreements*	X				X
8.11 CCP Designation*	X	(partial)		X	X
8.12 Establishment of CCPs	X	(partial)		X	X
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X	(partial)	X	

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			

Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meet minimum standard	Meet recommended guideline	Short-range Plan	Long-range Plan
8.18 Specialty Center Roles		X			
8.19 Waiving Exclusivity		X			

Agency Administration

1.01 LEMSA Structure

STANDARD:

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

CURRENT STATUS:

The Los Angeles County Department of Health Services (DHS) is the designated EMS Agency. Within DHS, the Emergency Medical Services Agency carries out the LEMSA's responsibilities to plan, monitor and evaluate EMS activities throughout the County. Exhibits 1.01-A and 1.01-B shows the DHS organizational chart and the EMS Agency organizational chart, respectively. The organization employs a multiplicity of clinical and technical experts including administrative managers, physicians, registered nurses, data systems analysts and a variety of administrative and technical assistants. Exhibit 1.01-C is an organizational chart depicting non-agency resources, primarily committees, which provide medical and operational advice and recommendations on all aspects of system planning and implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

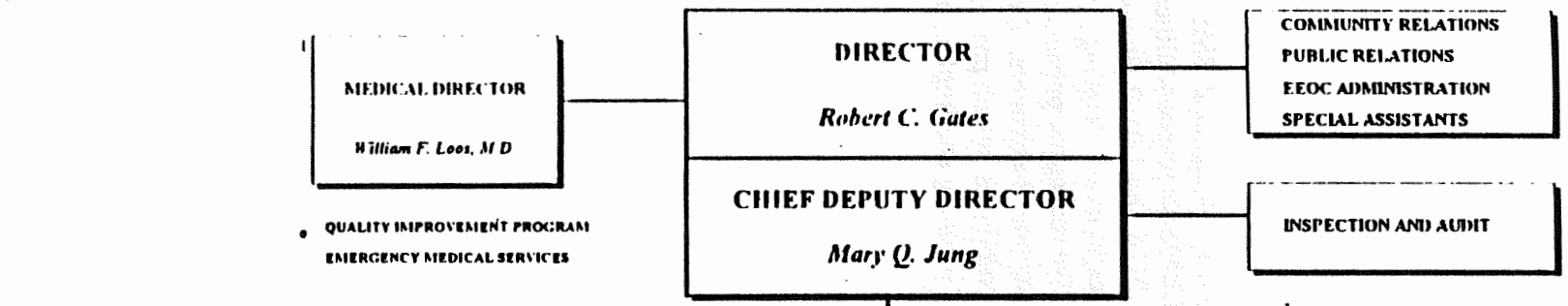
TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES



ASSISTANT DIRECTOR PERSONAL HEALTH SERVICES

Walter L. Gray

NORTH/EAST NETWORK
- LAC+USC MEDICAL CENTER
- NORTHEAST CLUSTER
  - *Alternative Delivery Option*
  - *Cluster Comprehensive Health Centers*
  - *Cluster Health Centers*
- ANTELOPE VALLEY CLUSTER
  - *High Desert Hospital*
  - *Antelope Valley Rehabilitation Centers*
  - *Cluster Health Center*
- SAN FERNANDO VALLEY CLUSTER
  - *Olive View - UCLA Medical Center*
  - *Cluster Comprehensive Health Center*
  - *Cluster Health Centers*

SOUTH/WEST NETWORK
- RANCHO LOS AMIGOS MEDICAL CENTER
- SOUTHWEST CLUSTER
  - *King/Drew Medical Center*
  - *Cluster Comprehensive Health Center*
  - *Cluster Health Centers*
- COASTAL CLUSTER
  - *Harbor - UCLA Medical Center*
  - *Cluster Comprehensive Health Center*
  - *Cluster Health Centers*

ASSISTANT DIRECTOR PUBLIC HEALTH PROGRAMS & SERVICES

Caswell A. Evans, Jr., D.D.S., M.P.H.

- AIDS PROGRAM
- ALCOHOL/DRUG PROGRAM ADMINISTRATION
- PROGRAM MANAGEMENT
- PUBLIC HEALTH PROGRAMS
- ENVIRONMENTAL HEALTH
- ADMINISTRATIVE AND FINANCIAL SERVICES
- COMMUNITY HEALTH SERVICES

ASSISTANT DIRECTOR ADMINISTRATIVE & FINANCIAL SERVICES

Gary W. Wells

- CONTRACTS AND GRANTS
- FINANCIAL MANAGEMENT AND FACILITY SUPPORT
- GOVERNMENTAL RELATIONS
- HUMAN RESOURCES MANAGEMENT
- FINANCIAL SYSTEMS, REVENUE MANAGEMENT AND CONSOLIDATED BUSINESS OFFICE

ASSISTANT DIRECTOR PLANNING & DEVELOPMENT SERVICES

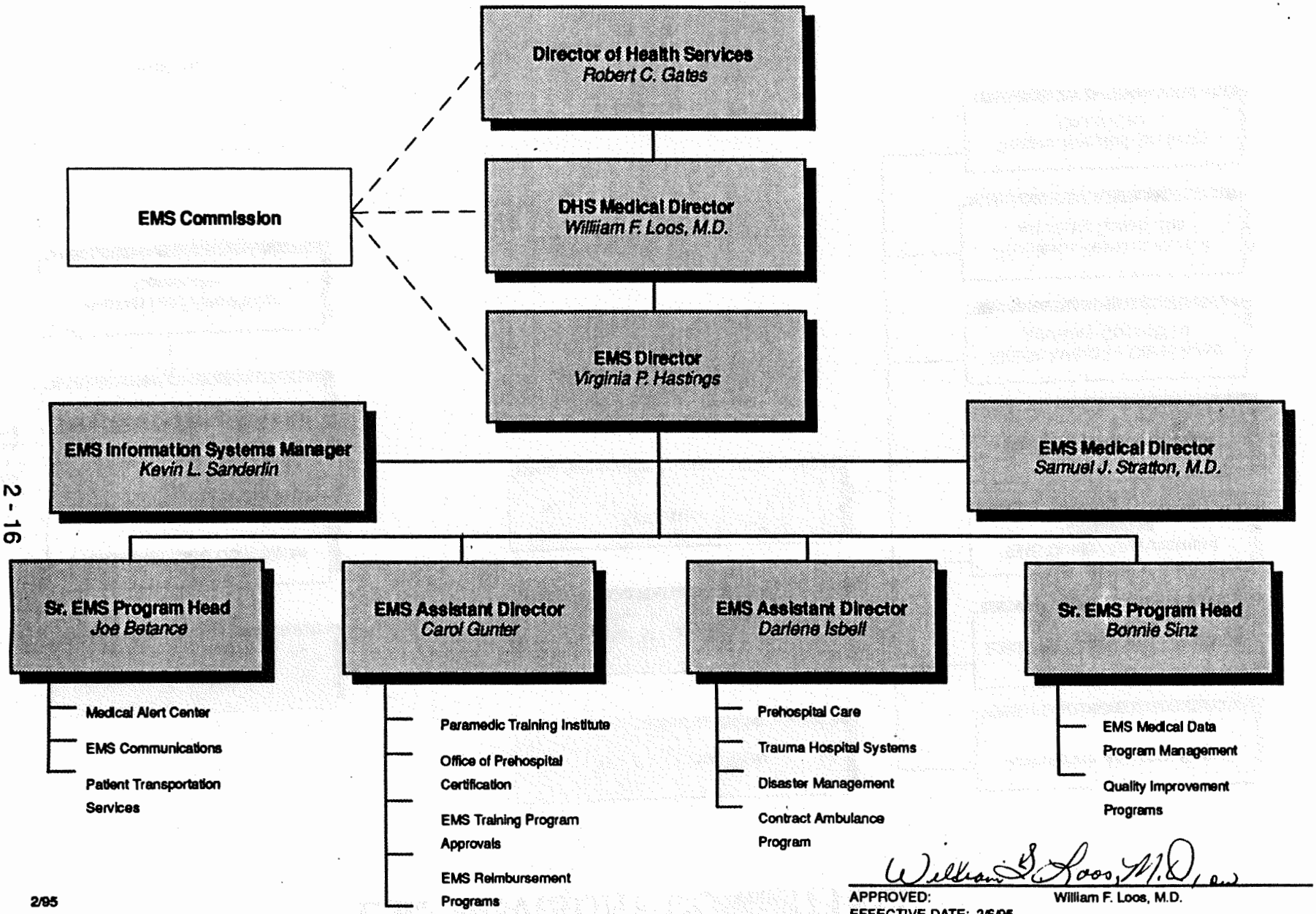
Toni Saenz Yaffe

- HEALTH PLANNING
- HEALTH PLAN ADMINISTRATION
  - *Community Health Plan*
- INFORMATION SYSTEMS
- MANAGEMENT INFORMATION CENTER
- FACILITIES IMPLEMENTATION TEAM

APPROVED: F . Gates
EFECTIVE DATE: N r 18, 1994

Exhibit 1.01-A

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



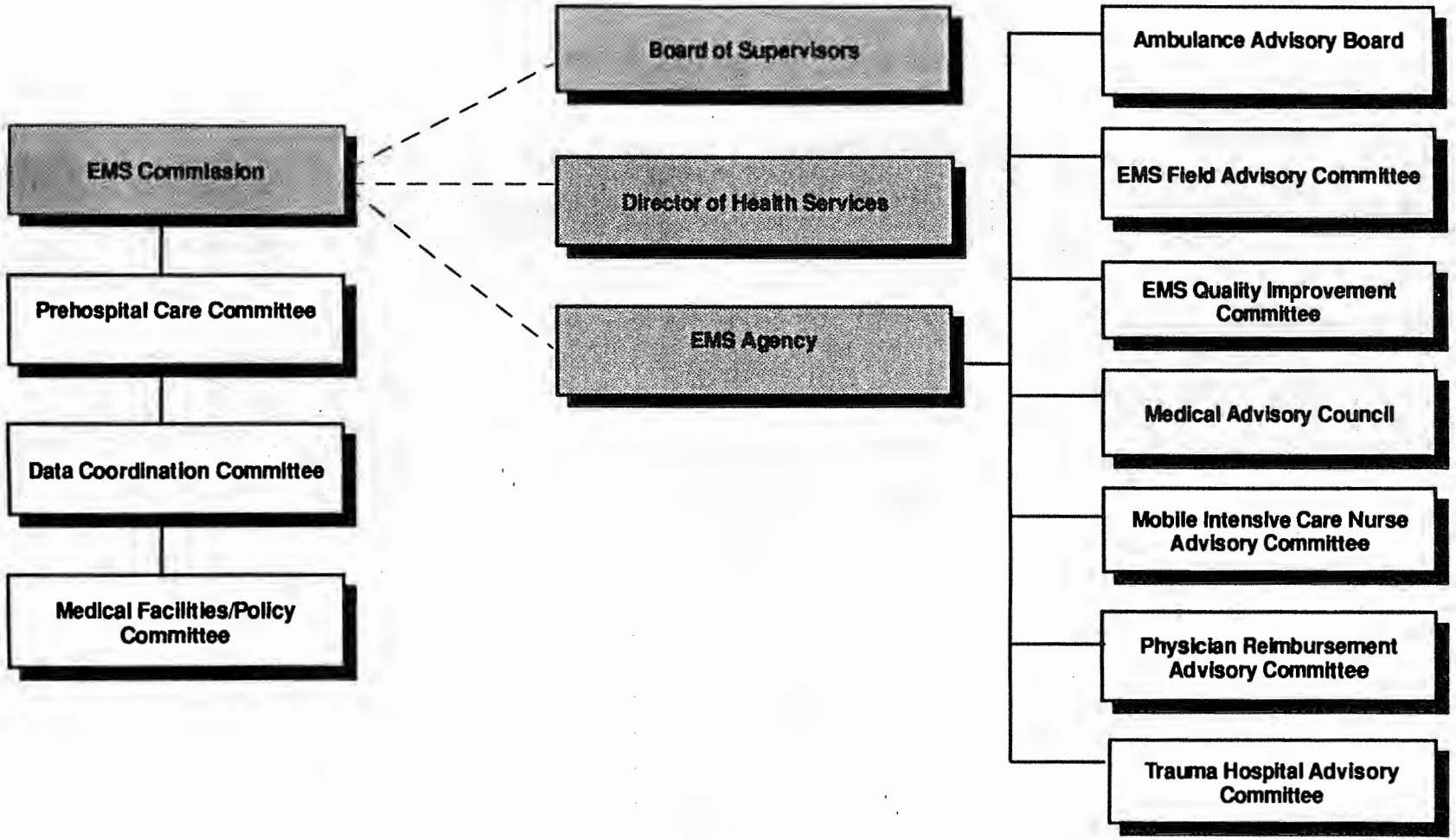
William F. Loos, M.D.

APPROVED: William F. Loos, M.D.
EFFECTIVE DATE: 2/6/95

2/95

Exhibit 1.01-B

EMS ADVISORY COMMITTEES



EMS: 5/95

Exhibit 1.01-C

Agency Administration
1.02 LEMSA Mission

STANDARD:

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

CURRENT STATUS:

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

Beginning in mid 1993, the LEMSA began working to establish a systemwide QA/QI program. A special task force made up of representatives from base hospitals, provider agencies, and the LEMSA spearheaded the development of two EMS policies to guide the implementation of quality improvement systemwide, Reference No. 620, EMS Quality Improvement Program, and Reference No. 620.1, EMS Quality Improvement Program Guidelines. In addition, an EMS Quality Improvement Coordinator was designated in December 1993. All aspects of the LEMSA's QI policies are being applied internally and externally to evaluate the system in a variety of ways.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met. Additional advanced methods of applying the new QI standards are needed to evaluate the system countywide.

OBJECTIVE:

The LEMSA, in conjunction with all system participants, shall expand the implementation of recently developed QI policies and tools to identify needed system changes.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Agency Administration
1.03 Public Input

STANDARD:

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

CURRENT STATUS:

At the systemwide level, a variety of advisory groups and committees provide input on EMS issues and polices. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel levels (i.e., MICNs, EMT-Ps, EMT-Is, physicians and administrators). The input provided establishes a framework in which the EMS community and the LEMSA can develop common goals and objectives in order to achieve greater system effectiveness. Forums are conducted at the MICN, EMT-P and EMT-I levels to encourage a mutual sharing of information between field, hospital and management personnel. The Medical Advisory Council provides a forum for a similar interchange between the Medical Director, base hospital physicians and other prehospital personnel.

The Emergency Medical Services Commission (EMSC) is the primary advisory group to the LEMSA and the Board of Supervisors on all EMS matters. There are 16 members appointed by the Board of Supervisors, five of which are public members, one nominated by each member of the Board of Supervisors. Composition is attached on Exhibit 1.03-A. There are three standing EMSC committees that review, evaluate and make recommendations on issues referred to them by the EMSC. The three standing committees are identified on Exhibit 1.03-B.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Exhibit 1.03-A

Emergency Medical Services Commission

The Emergency Medical Services Commission (EMSC) is the primary advisory group to the LEMSA, the Director and Medical Director of DHS, and the Board of Supervisors on all EMS matters. Sixteen members are appointed by the Board of Supervisors, each serving two-year terms. Composition of the EMSC, as required by the County Administrative Code is as follows:

- An emergency medical care physician in a paramedic base hospital, nominated by the California Chapter of the American College of Emergency Physicians.
- A cardiologist, nominated by the American Heart Association, Greater Los Angeles Affiliate.
- A mobile intensive care nurse nominated by the California Chapter of the Emergency Nurses Association.
- A hospital administrator nominated by the Healthcare Association of Southern California.
- A representative of a public provider agency nominated by the Los Angeles Chapter of the California Fire Chiefs Association.
- A representative of a private provider agency nominated by the Los Angeles County Ambulance Association.
- An orthopedic, general, or neurological surgeon nominated by the Los Angeles Surgical Society.
- A psychiatrist nominated by the Southern California Psychiatric Society.
- A physician nominated by the Los Angeles County Medical Association.
- A certified paramedic nominated by the California Rescue Paramedic Association.
- Five public members, one nominated by each member of the Board of Supervisors. No public member may be a medical professional or affiliated with any of the other nominating agencies.
- A law enforcement representative nominated by the Los Angeles County Peace Officers Association.

Exhibit 1.03-B

EMSC Standing Committees

There are three EMSC standing committees that review, evaluate, and make recommendations on issues relating to the emergency medical system as referred to them by the Commission, or on their own initiative. No action undertaken by these committees is official until it has been approved by the Commission. The three standing committees and their responsibilities are:

- Prehospital Care Committee - This committee is responsible for all matters falling within the Commission's purview which involve the operation and function of both public and private prehospital care provider agencies. Included in this, is the responsibility to review all matters relating to the training and certification or accreditation of all individuals whose job functions are in the area of prehospital care.

- Medical Facilities/Policy Committee - This committee is responsible for all matters falling within the Commission's purview which involve medical matters and the operation and function of emergency departments as well as all other medical facilities involved in the treatment and care of emergency patients.

- Data Coordination Committee - This committee is responsible to initiate, organize and coordinate requirements for data collection.

Agency Administration
1.04 Medical Director

STANDARD:

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

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

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

CURRENT STATUS:

Samuel J. Stratton, M.D., has been the L.A. County EMS Agency Medical Director since April 15, 1993. He is board certified in Emergency Medicine and Internal Medicine. He has had substantial experience in emergency medicine, practicing for over 15 years. His administrative experience in EMS systems is extensive, including but is not limited to, functioning as base hospital medical director, EMT-P training program medical director, and L.A. County EMS Commission chairperson. As demonstrated in Exhibit 1.01-C, the medical director has a variety of committees composed of physicians, nurses, prehospital providers and other specialists to provide medical and operational input.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities

1.05/1.06 System Plan/Annual Plan Update

STANDARD:

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

a) assess how the current system meets these guidelines

b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and

c) provide a methodology and timeline for meeting these needs.

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

CURRENT STATUS:

The LEMSA developed its first 5-Year Base Plan for FY 1986-87 identifying all system needs and methodologies to meet the needs. Annual updates were submitted for FY 1987-88, FY 1988-89, FY 1989-90, FY 1990-91 and FY 1991-92. Subsequent updates were held at the recommendation of the EMS Authority pending final publication of the EMS System Guidelines. This FY 1994-95 Plan (Calendar Year 1994) is a new 5-Year Base Plan identifying all needs as required and methodologies to meet the needs. Annual updates shall be provided as required.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities

1.07 Trauma Planning*

STANDARD:

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

The LEMSA has the largest organized trauma system in the country, including six Level I and six Level II trauma hospitals. The County has Trauma Hospital Services Agreements with all private hospitals in the systems and Memorandums of Understanding with the three County trauma hospitals. The Trauma Plan for Los Angeles County was approved by the EMS Authority in March 1994.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

Standard.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities

1.08 ALS Planning*

STANDARD:

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

CURRENT STATUS:

Forty-one paramedic provider agencies provide ALS services for the majority of Los Angeles County. Only three city jurisdictions, Sierra Madre, San Gabriel and La Habra Heights, do not have ALS provisions; however, the first two cities are approved to provide EMT-D. The BLS ambulance subcontractor for La Habra Heights frequently provides an ALS level ambulance depending on availability. These three cities account for less than 1% of the population; therefore, ALS services are provided to nearly 100% of the Los Angeles County population.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

This standard is met. Although we will continue to support any activities of Sierra Made and San Gabriel to provide ALS services, it is doubtful that such services will be considered in the near future. Both cities have very short transport times to emergency departments and trauma centers.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities
1.09 Inventory of Resources

STANDARD:

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

CURRENT STATUS:

Personnel

The LEMSA maintains an ongoing inventory of EMT-Paramedics, MICNs, EMT-Ds and EMT-Is (those certified by the LEMSA only) via the Prehospital Emergency Personnel System Inventory (PEPSI), a customized computer tracking application. Through the process of developing the EMS Plan, an inventory of all EMT-Is certified by public agencies approved to certify BLS personnel is conducted annually.

Vehicles and Facilities

The LEMSA maintains an ongoing inventory of all BLS and ALS provider agencies and vehicles. This inventory is verified on a annual basis through the development of the EMS Plan. An accurate up to the minute inventory of all receiving, base and specialty hospitals is maintained to ensure appropriate transport destinations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities

1.10 Special Populations

STANDARD:

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

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

CURRENT STATUS:

The pediatric care program which was implemented April 1, 1985, includes hospitals confirmed to meet pediatric criteria at two levels: Emergency Department Approved for Pediatrics (EDAP) or Pediatric Critical Care Center (PCCC). Transport and destination policies for EDAPs, PCCCs and perinatal centers are in place.

Most dispatch centers employ multi-lingual (commonly Spanish-speaking) operators to deal with non-English speaking patients. Also, many dispatch centers access telephone language lines to enhance communication with non-English speaking callers. Receiving hospitals maintain rosters of bilingual personnel who can be called to the emergency departments as interpreters.

Specialized training in the areas of geriatric and handicapped patients is incorporated into basic and continuing education programs for EMT-Is, EMT-Ps and MICNs.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Planning Activities

1.11 System Participants

STANDARD:

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

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:

The LEMSA has identified the optimal roles and responsibilities of most system participants, including paramedic providers, base hospitals, trauma hospitals, pediatric hospitals, and basic life support companies providing coverage in exclusive operating areas. The LEMSA is currently developing the optimal role and responsibility for paramedic receiving hospitals.

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

Draft agreements for paramedic providers and receiving hospitals are currently being negotiated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

1. To complete negotiations and implement advanced life support provider agreements.

2. To complete negotiations and implement receiving hospital agreements.

OBJECTIVE:

The LEMSA shall successfully negotiate advanced life support provider and receiving hospital agreements to ensure participant's conformance with assigned EMS system roles and responsibilities.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Regulatory Activities
1.12 Review & Monitoring

STANDARD:

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

CURRENT STATUS:

Within the LEMSA, the Prehospital Care & Trauma Programs section plans, manages and evaluates BLS and ALS care provided by prehospital personnel, provider agencies and hospitals. This section is also responsible for managing trauma, pediatric and other specialized programs to ensure appropriate system operations. The section consists of a program manager and registered nurses assigned to specific prehospital care areas for overall review and monitoring.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Regulatory Activities
1.13 Coordination

STANDARD:
1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:
The coordination of EMS for over 9 million residents and 50 million annual visitors is performed in almost all activities on a daily basis. Coordination requires input and cooperation from a vast array of organizations, agencies and facilities. At the systemwide level, a variety of advisory groups and committees provide input to DHS on EMS matters. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel levels (refer to com ittees in Exhibit 1.01-C). The input provided establishes a framework in which the EMS community and DHS can develop a common set of goals and objectives in order to achieve greater system effectiveness.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
Standard met.

OBJECTIVE:
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Regulatory Activities

1.14 Policy & Procedures Manual

STANDARD:

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

CURRENT STATUS:

The LEMSA maintains the Los Angeles County Prehospital Care Policy Manual which addresses all aspects of the EMS system countywide. Content is broken down into the following main subject areas: State Law and Regulation, Local EMS Agency, Base Hospitals, Provider Agencies, Transportation/ Patient Destination, Record Keeping/Audit, Equipment/Supplies/Vehicles, Field Protocols/Procedures, Training Programs, and Certification/Recertification Requirements. Each policy is assigned a Reference No. Any newly approved provider agency or hospital or any newly approved vehicle is provided with copies of the manual. Manuals are available to the public at County cost.

Policies and procedures are reviewed and revised at least every three (3) years or as needed.

COORDINATION WITH OTHER EMS AGENCIES:

Policies affecting other LEMSAs are coordinated with those agencies. Surrounding LEMSAs are provided with all updates and visa versa.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

System Finances

1.16 Funding Mechanism

STANDARD:

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

CURRENT STATUS:

The portion of the EMS Fund (SB612) which is not allocated to hospitals and physicians for indigent care (approximately 17% of the revenues) is utilized to cover a portion of the daily operations of the LEMSA. In addition, fees are implemented for certification/accreditation functions, EMT-P training, and base and trauma hospital designation. Grant funds, both state and federal, offset specialized projects or evaluation and implementation of new system enhancements. The remaining costs of the LEMSA are covered by the county general fund.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met. To explore other revenue generating sources, including state/federal grants and fee-for-service options.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Medical Direction

1.17 Medical Direction*

STANDARD:

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

CURRENT STATUS:

The LEMSA has medical direction provided by the LEMSA Medical Director. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Medical Director seeks input from the Los Angeles County EMS Commission, Medical Advisory Council, Field Advisory Committee, MICN Advisory Committee, and local health organizations (i.e., Los Angeles County Medical Association, Healthcare Association of Southern California, American Heart Association, etc.). Currently, 27 base hospitals are active within the EMS system and there is no current need for alternate base stations. A "Base Hospital Reconfiguration Task Force" has been formed to identify the optimal number and configuration of base hospitals. The roles and responsibilities of the base stations are delineated in base hospital contracts which are contractual agreements between base stations and the LEMSA. The roles, responsibilities, and relationships of prehospital and hospital providers are delineated in the Los Angeles County Prehospital Care Policy Manual.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

Continued LEMSA medical direction and identification of optimal base hospital configuration. No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Medical Direction
1.18 QA / QI

STANDARD:

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants. Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

CURRENT STATUS:

All paramedic base hospitals and provider agencies are to submit Quality Improvement Programs to the LEMSA for approval by October 1995 and March 1996, respectively. Reference No. 620, EMS Quality Improvement Program, and Reference No. 620.1, EMS Quality Improvement Program Guidelines, establish the LEMSA's Quality Improvement Program and provide guidelines to system participants for program development.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

To establish an EMS System Quality Improvement Program in conjunction with all EMS participants.

OBJECTIVE:

1. The LEMSA shall approve and ensure implementation of QI programs by all paramedic base hospitals and provider agencies.

2. The LEMSA shall implement the EMS Quality Improvement Program as defined in policy.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less) - Objective 1

[X] Long-range Plan (more than one year) - Objective 2

Medical Direction
1.19 Policies, Procedures, Protocols

STANDARD:

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel.

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

CURRENT STATUS:

The LEMSA has developed and implemented policies, procedures, and/or protocols as follows:

a) triage:	Reference No. 506, Trauma Triage
	Reference No. 510, Pediatric Patient Destination
	Reference No. 511, Perinatal Patient Destination
	Reference No. 519, Management of Multiple Victim Incidents
b) treatment:	Base Hospital Treatment Guidelines
	Reference No. 806, Procedures Prior to Base Contact
	Reference No. 810, Communication Failure Protocols
	Reference No. 814, Withholding or Discontinuing Resuscitative Intervention
	Reference No. 815, Honoring Prehospital DNR Orders
c) medical dispatch protocols:	Not developed
d) transport:	Reference No. 502, Patient Destination
	Reference No. 512, Burn Patient Destination
	Reference No. 514, Prehospital EMS Aircraft Operations Protocol
	Reference No. 515, Air Ambulance Trauma Transport Program
	Reference No. 517, Interfacility Transfer by Ambulance
	Reference No. 518, Decompression Emergencies/Patient Destination
	Reference No. 520, Transport of Patients from Catalina Island
e) on-scene treatment times:	Not developed
f) transfer of emergency patients:	Reference No. 507, Guidelines for Secondary Transfer of Trauma Patients to Trauma Centers
	1992 DHS Patient Transfer Guidelines

Medical Direction
1.19 Policies, Procedures, Protocols
(continued)

g) standing orders:	Reference No. 806, Procedures Prior to Base Contact Reference No. 810, Communication Failure Protocols Standing Field Treatment Protocols--limited pilot project 1992-present
h) base hospital contact:	Reference No. 808, Base Hospital Contact Reference No. 809, Altered Level of Consciousness
i) on-scene physician/other medical personnel:	Reference No. 816, Physician at Scene Reference No. 817, Hospital Emergency Response Team
j) local scope of practice for prehospital personnel:	Reference No. 517.5 Interfacility Transfer EMT Scope of Practice Reference No. 802, EMT-I Scope of Practice Reference No. 804, EMT-P Scope of Practice

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
To assist local provider agencies in development of medical dispatch protocols and to develop standards for on-scene treatment times.

OBJECTIVE:
In conjunction with system participants, the LEMSA shall develop medical dispatch protocols and standards for on-scene treatment times.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Medical Direction
1.20 DNR Policy

STANDARD:

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

CURRENT STATUS:

Reference No. 815, Honoring Prehospital Do-Not-Resuscitate (DNR) Orders, is in compliance with the EMS Authority's DNR Guidelines and permits prehospital personnel to use supportive measures in these circumstances.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Medical Direction

1.21 Determination of Death

STANDARD:

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

CURRENT STATUS:

Reference No. 814, Withholding or Discontinuing Cardiopulmonary Resuscitation, addresses issues regarding determination of death by prehospital care personnel; however, this policy or no other addresses how prehospital care personnel deal with deaths at the scene of apparent crimes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

To develop a prehospital care policy on deaths at the scene of apparent crimes.

OBJECTIVE:

The LEMSA shall develop a prehospital care policy on "deaths at the scene of apparent crimes".

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Medical Direction

1.22 Reporting of Abuse

STANDARD:

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

CURRENT STATUS:

The following policies address mechanisms for reporting child abuse, elder abuse, and dependent abuse:

Reference No. 822, Suspected Child Abuse Reporting Guidelines
Reference No. 824, Suspected Child Abuse Report Instructions
Reference No. 826, Suspected Child Abuse Report SS-8572
Reference No. 828, Elder Abuse Reporting Guidelines
Reference No. 829, Dependent Adult Abuse Reporting Guidelines

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Medical Direction

1.23 Interfacility Transfer

STANDARD:

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

CURRENT STATUS:

Reference No. 516, defines the requirements for authorization as an ALS interfacility transport provider agency. Reference No. 517, Interfacility Transfer by Ambulance, provides guidelines for ambulance transport between health facilities. It describes the types of ambulance services available for interfacility transfers as well as the role of a base hospital in these transfers. Reference No. 517.1 specifically defines the scope of practice of the EMT-I and the EMT-P as they relate to the interfacility transfer of patients. Reference No. 414, defines the role and scope of practice of Nurse Staffed Ambulances for interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

As defined in regulations, in the event of an interfacility transfer over county lines, the medical personnel shall follow the scope of practice defined by the originating county.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

1.24 ALS System

STANDARD:

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

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

CURRENT STATUS:

All 44 advanced life support providers have been approved by the LEMSA; however, ALS providers do not have written agreements with the LEMSA. In Los Angeles County, we do not believe it is appropriate or necessary establish exclusive operating areas for ALS providers.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

To successfully negotiate and implement ALS provider agreements.

OBJECTIVE:

The LEMSA shall successfully negotiate and implement ALS provider agreements.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

1.25 On-Line Medical Direction

STANDARD:

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

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

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

CURRENT STATUS:

The base hospitals provide on-line medical direction for all jurisdictions using locally certified mobile intensive care nurses and base hospital physicians. Quality of on-line medical direction is reviewed regularly by the LEMSA during base hospital surveys. Current base hospital configuration was determined by past actions of the local EMS Commission and County Board of Supervisors. The role of the base hospital is defined by Reference No. 304. Hospitals are free to apply to the LEMSA for base hospital status at any time. Base hospital designation disputes are settled by the Board of Supervisors after public hearings by the Los Angeles County EMS Commission. All provider agencies are encouraged to establish in-house medical consultation/direction. The role and responsibilities of the provider medical director are delineated in Reference No. 411, Provider Agency Medical Director.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

The standard is met and efforts are underway to meet the optimal system which requires the following:

1. A medical control plan which determines the base hospital configuration for the system.

2. A formal written process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply.

OBJECTIVE:

The LEMSA shall develop a medical control plan which determines the base hospital configuration for the system and a written policy that describes the process for selecting base hospitals, including a process for all eligible facilities to apply.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

1.26 Trauma System Plan

STANDARD:

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

a) the optimal system design for trauma care in the EMS area, and

b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

The LEMSA has an organized trauma care system which is integrated with the emergency care system. There are currently six Level I and six Level II trauma hospitals in the County. This number of trauma facilities is significantly reduced from the original ten Level I, seven Level II and three Rural trauma facilities originally designated in 1984. The primary reason for this reduction of facilities is due to economic issues and minimal indigent medical care funding. Approximately 30% of the County does not have a designated trauma hospital. Among the steps taken to offset this problem, an Air Ambulance Trauma Transport Program has been established to serve these areas providing access to a trauma hospital. In addition, Priority I transfer status has been given to all trauma hospitals to facilitate transfer of indigent patients to County hospitals.

Trauma hospital designation criteria in Los Angeles County were developed by consensus of local experts in trauma care and recommendations by the American College of Surgeons (ACS). The criteria contained in the County's Trauma Hospital Services Agreement meet the trauma hospital designation requirements specified in the California Code of Regulations, Title 22. The Emergency Medical Services Trauma Plan for Los Angeles County was approved by the EMS Authority in March, 1994 and describes all aspects of the system in detail.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

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

a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and

b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

The LEMSA has an organized system for pediatric emergency medical and critical care centers which include the designation of Emergency Departments Approved for Pediatrics (EDAPs) and Pediatric Critical Care Centers (PCCCs). The guidelines for insuring that pediatric patients are transported to the most accessible medical facility appropriate to their needs are defined in Reference No. 510, Pediatric Patient Destination.

The process of designation as an EDAP or PCCC was developed in conjunction with the American Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Council of Southern California, and the Los Angeles County Department of Health Services in the early 1980s. This process includes application by interested facilities and a survey of each facility based on the established standards. Currently, these standards are in the process of being updated and assimilated with the recently published Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department by the EMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Area

1.28 EOA Plan

STANDARD:

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

a) the optimal system design for ambulance service and advanced life support services in the EMS area, and

b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

CURRENT STATUS:

The LEMSA has developed and implemented a plan for the granting of exclusive operating areas for basic life support transportation throughout the County. The plan provided for a competitive bidding process for 12 exclusive operating areas. These twelve areas cover 79% of the geographic area of Los Angeles County. In addition to these areas, 33 cities have separate exclusive operating area agreements with the County. The plan was approved by the State EMSA on March 21, 1994. Under this plan, basic life support providers in the twelve exclusive operating areas must respond to ninety percent of responses within the following maximum time frames: Metro/urban areas--8 minutes or less; Suburban/rural areas--20 minutes or less; and Wilderness areas--as quickly as possible. With the exception of Compton, Pomona and Covina, the exclusive operating area agreements signed by the remaining 30 cities do not have any response time stipulations.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Local EMS Agency

2.01 Assessment of Needs

STANDARD:

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

CURRENT STATUS:

In Los Angeles County, manpower needs are assessed on an ongoing basis by individual BLS and ALS provider agencies. Identified problems are brought to the attention of the LEMSA. Countywide training needs are assessed by the Paramedic Training Institute (PTI) and other LEMSA staff with input from various committees including the EMS Field Advisory and MICN Advisory Committees as well as the EMS Commission. A yearly EMS update is developed by the PTI. All MICNs and accredited EMT-Ps are required to attend applicable portions of these update sessions. Although not required, many EMT-Is also attend these updates.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Local EMS Agency

2.02 Approval of Training

STANDARD:

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

CURRENT STATUS:

The LEMSA is responsible for review and approval of EMT-I and EMT-P education programs as well as EMT-ID and MICN training courses. EMT-I training programs are approved by the LEMSA for a four year period upon successful demonstration of compliance with regulations; 54 EMT-I programs are currently approved. Of these, 26 programs are conducted by public safety agencies who are authorized to certify EMT-Is.

Three EMT-P programs are currently approved every two years to conduct educational programs. The LEMSA directly approves two of the three programs, Daniel Freeman Paramedic School and the Mount San Antonio College Paramedic Program. The LEMSA arranges or contracts with another county to review and approve its own Paramedic Training Institute.

MICN training programs are approved by the LEMSA according to LEMSA policy.

EMT-ID programs are approved by the LEMSA on a provider agency basis and are audited initially in one year and every 1-2 years thereafter.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Local EMS Agency
2.03 Personnel

STANDARD:

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

CURRENT STATUS:

The LEMSA has the following mechanisms in place for approval of EMS personnel:

-- Reference No. 1006, Paramedic Recertification Program Requirements
-- Reference No. 1014, Eligibility Requirement for EMT-I Certification/ Recertification/Challenge Procedures
-- Reference No. 1010, MICN Certification Program Requirements
-- Reference No. 1012, MICN Recertification Program Requirements
-- Reference No. 1022, EMT-I Defibrillation Accreditation Process

Reference No. 214, Certification Review: Base Hospital and Provider Agency Responsibilities, provides guidelines for reporting unusual occurrences and possible violation of H & S Code 1798.200.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Dispatchers

2.04 Dispatch Training

STANDARD:

2.04 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.

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:

There are 28 PSAPs within the local EMS system. These PSAPs are maintained by local public safety agencies and not directly by the LEMSA. The LEMSA Medical Director has informally reviewed the PSAP Medical Dispatch Guidelines of the three largest provider agencies.

COORDINATION WITH OTHER EMS AGENCIES:

There is currently no known coordination of PSAPs with other EMS agencies.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

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

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

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

CURRENT STATUS:

The vast majority of public safety agencies in the County have a minimum certification requirement of EMT-I and through this certification and recertification process are initially trained beyond the level of first aid and CPR. Retraining is completed as part of the continuing education/refresher course process. As specified in 1797.182, all other public provider agencies are required to train their personnel to the minimum level. The majority of EMT-I programs are approved by the LEMSA, while a small number of fire agencies obtain program approval through the State Fire Marshall's Office. Monitoring of the training at the level of first aid and CPR is delegated to the individual agencies.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

First Responders (non-transporting)
2.06 Response

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

First Responders (non-transporting)

2.07 Medical Control

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To develop medical direction policies, as specified by the LEMSA Medical Director, for non-transporting first responders.

OBJECTIVE:

The LEMSA shall continue developing medical direction policies directed toward non-transporting EMS first responders.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Transporting Personnel

2.08 EMT-I Training

STANDARD:

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

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

CURRENT STATUS:

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

Out of the three cities where ALS services are not provided by the jurisdictional agency, two have a current EMT-I Defibrillation program. One city, La Habra Heights, had an EMT-I Defibrillation program but was unable to maintain the program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Hospital

2.09 CPR Training

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Hospital

2.10 Advanced Life Support

STANDARD:

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

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

CURRENT STATUS:

As specified in the Paramedic Base Hospital Agreements, all MICNs are required to maintain current ACLS certification and all base hospital physicians are required to have Board certification or eligibility in Emergency Medicine and/or ACLS certification. All hospitals with Basic Emergency Medical Services permits are approved as 9-1-1 receiving hospitals and are JCAHO approved. JCAHO requirements ensures compliance with this standard for ACLS training. Monitoring for compliance is conducted as a component of the yearly base hospital surveys.

All hospitals with Basic and Comprehensive Emergency Medical Services permits are approved as 9-1-1 receiving hospitals. Monitoring of this permit status is conducted through the DHS Licensing & Certification Division. It is the experience of the auditors that all hospitals with these permits require physicians and nurses to be trained in ACLS.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

2.11 Accreditation Process

STANDARD:

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

CURRENT STATUS:

The LEMSA has in place a procedure for Los Angeles County accreditation of EMT-Paramedics. The procedure includes an orientation to the local system and testing in optional scope of practice. Accreditation and employment with an approved paramedic provider agency automatically enrolls the ALS provider in the EMS System Quality Improvement Program. Reference No. 1006, EMT-P Accreditation and Continuing Accreditation, is currently under review by committees.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

2.12 Early Defibrillation

STANDARD:

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

CURRENT STATUS:

Reference No. 412, EMT-I Defibrillation Program Approval, defines the approval process for providers of EMT-ID. Currently, 12 public safety agencies and 2 private agencies employing EMT-Is are approved as EMT-ID providers. Since all fire departments in Los Angeles County require EMT-I as the minimum certification level, all EMT-ID programs utilize EMT-I level providers. Reference No. 1022 defines the EMT-ID Accreditation procedures.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

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

CURRENT STATUS:

All Mobile Intensive Care Nurses (MICNs) are certified by the LEMSA which also approves MICN Developmental Courses. The MICN Development Courses are required to include an orientation to the EMS system, an orientation and testing on LEMSA policies and procedures, and introduction to radio procedures. As specified in the Paramedic Base Hospital Agreement, base hospitals are required to ensure that all base hospital physicians complete a base hospital orientation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Communications Equipment

3.01 Communication Plan*

STANDARD:

3.01 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.

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

CURRENT STATUS:

Twenty seven base stations and 41 paramedic provider agencies, which account for 235 paramedic units (including 10 private ambulance companies), 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 back-up frequency. LEMSA communication standards dictate that EMS provide ninety percent coverage, ninety percent of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and three remote base stations on Catalina Island. The Hospital Emergency Administrative Radio (HEAR) is installed in 79% of the ALS vehicles (combination transport and non-transport) and 25% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter. 95% of the health care facilities (excluding clinics and skilled nursing facilities) have a HEAR. The Rapid Emergency Digital Data Interface Network is installed in 73 acute care hospitals. The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County operated hospitals, comprehensive health centers and clinics. Cellular telephone communication is available and listed as a back-up communication tool if other forms of medical communication fails.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

1. To install ReddiNet at all health care facilities, the HEAR on all EMS vehicles, and ReddiNet terminals at each dispatch center.

2. To interface with Orange County's ReddiNet System.

Communications Equipment
3.01 Communication Plan
(continued)

OBJECTIVE:

1. The LEMSA shall require system participants to install the following:

   Installation of ReddiNet at all health care facilities
   Installation of HEAR on all EMS vehicles
   Installation of a ReddiNet terminal at each dispatch center

2. The LEMSA shall determine methods of interfacing with Orange County's ReddiNet System.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Communications Equipment

3.02 Radios

STANDARD:

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

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

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two way radios to assist in dispatching. Dispatch radios are under the control of the operating agency. The Hospital Emergency Administrative Radio (HEAR) is installed in 46% of the emergency medical transport vehicles and non-transporting ALS responders that would allow for ambulance to hospital communications.

The LEMSA is currently involved in a pilot satellite system project.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To implement a mechanism of communication between all transporting units and receiving hospitals.

OBJECTIVE:

The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. This will most likely be met by the installation of a HEAR in each emergency medical transport vehicle and non-transporting ALS responder vehicles. The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Communications Equipment

3.03 Interfacility Transfer*

STANDARD:

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

CURRENT STATUS:

All ALS equipped vehicles have med channel capabilities. 22% of all ambulances performing interfacility transfers have the ability to communicate with the sending and receiving facilities using the Hospital Emergency Administrative Radio (HEAR). On board cellular telephones are currently not a requirement for interfacility transports although a small number do have them.

COORDINATION WITH OTHER EMS AGENCIES:

HEAR (155.340 MHz) is shared with Ventura, San Bernardino and Riverside Counties. Emergency medical transport vehicles performing an interfacility transfer may communicate with the receiving facility (depending on distance) directly. If distance is a problem, they may use the Medical Alert Center to relay information. Vehicles based in Orange County using the local HEAR frequency (155.280 MHz) may relay through the Medical Alert Center to the receiving facility pending purchased equipment installation.

NEED(S):

To implement a mechanism of communication between all transporting units and receiving hospitals.

OBJECTIVE:

The LEMSA shall encourage provider agencies to establish a mechanism for communication between all transporting vehicles and receiving hospitals. Achievement of this objective will most likely be through installation of a HEAR in each emergency medical transport vehicle and non-transporting ALS responder vehicles. The LEMSA in conjunction with system participants shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Communications Equipment

3.04 Dispatch Center

STANDARD:

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

CURRENT STATUS:

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

The Hospital Emergency Administrative Radio System (HEAR) 155.340 MHz is the primary voice frequency utilized by the Department of Health Services' Emergency Operations Center and is installed in 47% of emergency transport vehicles. The County Wide Integrated Radio System (CWIRS) 800 MHz trunked radio system is installed on all DHS emergency transport vehicles. An interface exist between CWIRS and Los Angeles County Fire radio frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

The HEAR is shared with neighboring counties (except Orange County who is on 155.280 MHz). Emergency transport vehicles within these counties can access Los Angeles County using this frequency.

NEED(S):

To the degree possible in this large system, this standard is met. As addressed in 3.02 through 3.03, there is a need to install HEARs on the remaining 43% of emergency transport vehicles.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Communications Equipment

3.05 Hospitals

STANDARD:

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

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

CURRENT STATUS:

There are 140 health care facilities (hospitals) in Los Angeles County; 86 are classified as paramedic receiving hospitals. All paramedic receiving hospitals are equipped with the Hospital Emergency Administrative Radio (HEAR) 155.340 MHz. In addition, of the remaining 52 non-receiving facilities, 45 facilities also have the HEAR installed.

Hospitals have access to specialized services (e.g., burns, trauma, neonatology) through the Medical Alert Center (MAC) via telephone. The Poison Information Center located at LAC+USC Medical Center may be reached through the HEAR.

Hospitals have begun to organize internal communications by pooling employees who are licensed HAM radio operators. A few facilities have expanded HAM communications to include sister hospitals and local agencies. There is currently no systemwide organization or protocols to utilize HAM radio frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

Hospitals have the ability to communicate with hospitals in Ventura, San Bernardino and Riverside Counties through the HEAR on 155.340 Mhz. Hospitals needing to access Orange County would require a separate transceiver tuned to 155.280 MHz.

NEED(S):

1. To install the HEAR at all health care facilities.

2. To develop and organize a hospital emergency radio system utilizing volunteer HAM radio operators.

OBJECTIVE:

The LEMSA shall install the HEAR at all health care facilities and shall form a volunteer HAM radio organization targeted for back-up hospital communications.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Communications Equipment
3.06 MCI/Disasters

STANDARD:

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

CURRENT STATUS:

The LEMSA through the Medical Alert Center conducts daily radio checks at eight hour intervals to verify the hardware status of the Hospital Emergency Administrative Radio (HEAR) 155.340 MHz. The audio transmissions of selected hospitals verify both receiving and transmitting capabilities of the LEMSA, remote transmitters and hospitals. Hospitals not actively polled are aware of the scheduled roll calls and are able to monitor the transmissions; absence of the hospitals ability to hear the roll call indicates a problem with that individual hospital.

The Rapid Emergency Digital Data Interface Network (ReddiNet) is designed as a constant polling system. Hospitals equipped with ReddiNet (currently 78 hospitals) are electronically polled on an average of three times per minute. Failing to respond to the electronic poll alerts the system control point at the Medical Alert Center (MAC) of the hospitals loss of their ReddiNet communications link. Coordinators at the MAC will attempt to communicate with the affected hospital(s) through other methods (e.g., telephone, HEAR).

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

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

The LEMSA is researching the potential of developing policies, procedures and training in the organization of HAM radio operators for a systemwide contingent radio tool.

COORDINATION WITH OTHER EMS AGENCIES:

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

Communications Equipment
3.06 MCI/Disasters
(continued)

NEED(S):

1. To install the HEAR at all health care facilities.

2. To develop and organize a hospital emergency radio system utilizing volunteer HAM radio operators.

3. To schedule radio checks with neighboring counties.

OBJECTIVE:

The LEMSA shall install the HEAR at all health care facilities, form a volunteer HAM radio organization targeted for back-up hospital communications, and schedule radio checks with neighboring counties.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Public Access

3.08 9-1-1 Public Education

STANDARD:

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

CURRENT STATUS:

Brochures are available that describe the services which 9-1-1 provides. Bumper stickers are affixed to public safety vehicles (police, fire, rescue) instructing the public on the 911 emergency system. Telephone directories provide information in the common languages spoken in the area on what to do in emergencies. Signs in buildings such as restaurants, airports and malls are posted in public areas instructing on the use of the 9-1-1 system. Television (including cable services) radio, newspapers and billboards provide public service announcements to educate and inform the public.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand education for the public on what constitutes a true emergency and what non-emergency services are available in the community.

OBJECTIVE:

The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 9-1-1 services and alternate non-emergency transportation (e.g., Metro Access, Dial-A-Ride, Medi-Trans, etc.).

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Resource Management
3.09 Dispatch Triage

STANDARD:

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

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

CURRENT STATUS:

Reference No. 808, Base Hospital Contact, defines the guidelines for determining when a response by ALS personnel is required. Chief complaints identified in Reference No. 808 require an ALS dispatch response. The LEMSA has informally reviewed the Medical Dispatch Guidelines of the three largest provider agencies to ensure medical appropriateness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To establish LEMSA guidelines for proper dispatch triage which identifies appropriate medical response based on current practice and community standards.

OBJECTIVE:

In conjunction with system participants, the LEMSA shall develop guidelines for dispatch triage.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Resource Management

3.10 Integrated Dispatch

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Local communication frequency allocation and communication systems are developed in coordination with surrounding EMS agencies to decrease the potential for communication interference.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.01 Service Area Boundaries*

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level
4.02 Monitoring

STANDARD:

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

To monitor ambulance providers serving independent cities for compliance with response time standards.

OBJECTIVE:

The LEMSA shall monitor response time standards of ambulance providers serving independent cities.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.03 Classifying Medical Requests

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not required for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.04 Pre-scheduled Responses

STANDARD:

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

CURRENT STATUS:

Pre-scheduled emergency medical transport is provided by private ALS and BLS ambulance companies in Los Angeles County. Reference No. 517, Interfacility Transfer by Ambulance, outlines the parameters that must be followed for interfacility transports. EMT-Is and EMT-Ps may not exceed their scope of practice as outlined in Reference No. 517.1, Interfacility Transfer: EMT Scope of Practice.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.05 Response Time Standards*

STANDARD:

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

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

a) the response time for a basic life support and CPR capable first responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--15 minutes
Wilderness--as quickly as possible

b) the response time for an early defibrillation-capable responder does not exceed:
Metro/urban--5 minutes
Suburban/rural--as quickly as possible
Wilderness--as quickly as possible

c) the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed::
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible

d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:
Metro/urban--8 minutes
Suburban/rural--20 minutes
Wilderness--as quickly as possible.

CURRENT STATUS:

BLS ambulance providers providing emergency transportation services in any of the twelve exclusive operating areas are required to meet the Metro/urban--8 minute, Suburban/rural--20 minute and Wilderness--as quickly as possible standards. The agreements between the County and the independent cities not included in the twelve exclusive operating areas, do not specify response times. This is negotiated between the individual cities and the ambulance provider.

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

Universal Level

4.05 Response Time Standards*

(continued)

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

To evaluate the response time performance of all primary provider agencies as well as BLS transportation providers serving cities outside of the twelve exclusive operating areas to determine whether the State standards are met.

OBJECTIVE:

The LEMSA shall evaluate the response time performance of primary provider agencies to determine whether the State standards are met.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.06 Staffing

STANDARD:

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

CURRENT STATUS:

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

CA Code of Regulations, Title 13, Chapter 4
Reference No. 406, Paramedic Provider Agency Criteria
Reference No. 408, MICU Staffing
Reference No. 409, MICU Staffing Exceptions
Reference No. 412, EMT-I Defibrillation Program Approval
Reference No. 414, Approved Nurse Staffed Ambulance
Reference No. 415, MICU Extension Personnel
Reference No. 416, Assessment Units

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

Reference No. 702, MICU Inventory
Reference No. 703.1 Assessment Unit Inventory
Reference No. 705, MICU Extension Unit Inventory
Reference No. 710, Ambulance Equipment Requirements, CCR, Title 13, Section 1103
Reference No. 712, Resuscitator Requirements for Ambulance, California Vehicle Code
Reference No. 714, Recommended Ambulance Equipment, Highway Patrol Handbook 82.4

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.07 First Responder Agencies

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.08 Medical & Rescue Aircraft*

STANDARD:

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

a) authorization of aircraft to be utilized in prehospital patient care,
b) requesting of EMS aircraft,
c) dispatching of EMS aircraft,
d) determination of EMS aircraft patient destination,
e) orientation of pilots and medical flight crews to the local EMS system, and
f) addressing and resolving formal complaints regarding EMS aircraft.

CURRENT STATUS:

The LEMSA has implemented Reference No. 514, Prehospital EMS Aircraft Operations Protocol, which describes the polices and procedures for EMS aircraft operations in the County. This protocol encompasses aircraft classification, including definitions of medical and rescue aircraft, type of personnel aboard the aircraft and their training requirements, as well as the EMS provider agencies, and back-up provider agencies. Patient destination is determined by the initial base hospital directing the patient's care and is consistent with Reference No. 502, Patient Destination, providing the receiving facility has a licensed heliport or designated landing site. The pilot in command approves all patient destinations with respect to safety factors.

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

Requirements for communication equipment, aircraft compartment space and patient supplies are specified in the protocol. Dispatch criteria and a mechanism for addressing and resolving formal complaints regarding EMS aircraft are discussed in the protocol as well.

COORDINATION WITH OTHER EMS AGENCIES:

As identified in Reference No. 514, aeromedical prehospital response may be requested from outside of Los Angeles County "provided that medical control is maintained by the jurisdiction of origin, and an intercounty agreement exists".

Universal Level

4.08 Medical & Rescue Aircraft*

(continued)

COORDINATION WITH OTHER EMS AGENCIES (cont.):

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

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.09 Air Dispatch Center

STANDARD:

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

CURRENT STATUS:

The LEMSA has defined the criteria and the process for designated dispatch centers for the coordination of air ambulances and rescue aircraft in Reference No. 514, Prehospital EMS Aircraft Operations Protocol. Within this policy, the dispatch agencies are classified as primary and back-up dispatch centers. The actual application and designation of designated dispatch centers is pending.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To complete the air ambulance and rescue aircraft dispatch center application and designation process.

OBJECTIVE:

The LEMSA shall designate dispatch centers (primary and back-up) for the coordination of air ambulances or rescue aircraft.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.10 Aircraft Availability*

STANDARD:

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

CURRENT STATUS:

The designation process for medical and rescue aircraft for emergency patient transport is specified in Reference No. 514, Prehospital EMS Aircraft Operations Protocol. This policy specifies that EMS Aircraft providers will have a contractual agreement and are classified by the name of the agency, level of care provided, the number and type of aircraft, and patient capacity. At the present time, there are three public safety agencies in Los Angeles County which provide medical and rescue aircraft services. The application process and establishment of formal written agreements with these agencies is pending.

COORDINATION WITH OTHER EMS AGENCIES:

As identified in Reference No. 514, aeromedical prehospital response may be requested from outside of Los Angeles County "provided that medical control is maintained by the jurisdiction of origin, and an intercounty agreement exists". Intercounty agreements currently exist between Los Angeles County and the following jurisdictions:

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

NEED(S):

To formalize the designation of medical and rescue aircraft for emergency patient transportation.

OBJECTIVE:

The LEMSA shall complete the application process, negotiate and establish written agreements, and formally designate EMS aircraft/rescue provider agencies.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.11 Specialty Vehicles*

STANDARD:

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

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

CURRENT STATUS:

The Los Angeles EMS system does not require specialized snow vehicles. However, several of the larger agencies do utilize water vehicles and/or all-terrain vehicles in those areas where specifically needed, i.e., the beach and port areas and the rural and mountainous terrains. These agencies include Los Angeles City, Long Beach and Los Angeles County Fire Departments (including Lifeguard division) and the Los Angeles Sheriff's Department.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

The vehicles described would be used as any other approved vehicles in these bordering counties.

NEED(S):

No further objective needed to meet standard.

OBJECTIVE:

Standard met.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.12 Disaster Response

STANDARD:

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

CURRENT STATUS:

Primary provider agencies are prepared for mobilizing response and transport vehicles in a disaster and have Mutual Aid plans in place. Should additional transport vehicles be required, the Department of Health Services Emergency Operations Center is prepared to provide vehicles the LEMSA's own fleet, from private contractors with whom contracts are in place, and from other operational areas in the Regional Disaster Medical/Health (RDMH) Region I.

COORDINATION WITH OTHER EMS AGENCIES:

Other than the State Mutual Aid Plan, formal agreements with other operational areas in Region I are not currently in place. Mutual aid is currently handled on an informal basis.

NEED(S):

To develop formal agreements with other operational areas in Region I through the RDMH Coordinator.

OBJECTIVE:

The LEMSA shall develop agreements with the other operational areas in Region I for medical transportation services in a disaster.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.13 Intercounty Response*

STANDARD:

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.14 Incident Command System

STANDARD:

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

CURRENT STATUS:

Primary provider agencies throughout Los Angeles County have adopted the Incident Command System for responding to multi-casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

4.15 MCI Plans

STANDARD:

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

CURRENT STATUS:

Primary provider agencies have adopted the Incident Command System (FIRESCOPE) which utilizes state standards and guidelines for responding to multi-casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

4.16 ALS Staffing

STANDARD:

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

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

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

CURRENT STATUS:

Currently, the LEMSA's Reference No. 408 defines Mobile Intensive Care Unit Staffing as staffed with at least two certified mobile intensive care paramedics. Allowable exceptions may be made on a temporary basis under specific circumstances.

Consideration of staffing options other than the two paramedic system (i.e., one paramedic and one EMT-ID with advanced training) has been an ongoing area of discussion for the past several years.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

4.17 ALS Equipment

STANDARD:

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

CURRENT STATUS:

Reference 700 series of the Los Angeles County Prehospital Care Manual addresses Equipment/Supplies/ Vehicles related to the prehospital care setting. Reference No. 702, MICU Inventory, specifically defines a standardized inventory for all MICUs. Reference No. 703.1, Assessment Unit Inventory, defines the inventory of all Assessment Units and Reference No. 705, MICU Extension Unit Inventory, defines the standardized inventory of all MICU Extension Units. Finally, Reference No. 706, Controlled Drug Inventory, identifies the approved controlled drugs carried on MICUs and appropriate accountability of these drugs.

All newly approved MICUs are inspected by the LEMSA prior to approval. Base hospitals ensure accountability of narcotics through routine audits.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

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

CURRENT STATUS:

Los Angeles County has an ambulance ordinance which regulates ambulance transportation in the unincorporated parts of the County. Many of the 88 incorporated cities in the County follow the County Ambulance Ordinance. Other incorporated cities have adopted city specific ambulance ordinances. Additionally LEMSA has written agreements with exclusive operating area basic life support providers. Two types of agreements are in place: 1) agreements with cities and unincorporated areas included in 12 ambulance franchise zones, and 2) agreements with certain cities who provided service prior to 1981. Performance standards are included and monitored regularly in the first type of agreement. In the agreements with specific cities, performance standards are less specific but contract compliance is monitorable by the LEMSA.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

To negotiate and amend transportation agreements with those cities not included in the 12 County franchise zones to incorporate applicable policies and procedures regarding system operation and clinical care.

OBJECTIVE:

The LEMSA shall successfully negotiate/amend ambulance provider agreements which shall include a transportation component incorporating applicable policies and procedures regarding system operations and clinical care.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

a) minimum standards for transportation services,

b) optimal transportation system efficiency and effectiveness, and

c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

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

CURRENT STATUS:

The LEMSA has developed a monitoring instrument that documents each provider's compliance with the administrative, service and fiscal requirements of its exclusive operating area agreement(s). All 9-1-1 providers are required to provide the EMS Agency with EMS Reports which document their response to, treatment and, if applicable, transport of patients, and are monitored by exception through periodic review of the Reports.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

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

CURRENT STATUS:

The LEMSA implemented a new exclusive operating area program on January 1, 1995. The program agreements for the twelve exclusive operating areas are for an initial five-year period. Following evaluation of the efficiency and effectiveness of the exclusive operating areas, the Director of the Department of Health Services has the option to renew the agreements for a maximum of five one-year renewal periods. A new competitive bidding process will be initiated prior to the final expiration date of the agreements.

Agreements with the 33 cities that do not fall within the twelve exclusive operating areas (refer to Standard 1.28) are automatically renewed.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

5.01 Assessment of Capabilities

STANDARD:

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

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

CURRENT STATUS:

The Los Angeles County EMS Agency assesses and periodically reassesses EMS-related capabilities of acute care facilities in the following categories:

Emergency Departments Approved for Pediatrics (EDAP)
Pediatric Critical Care Centers (PCCC)
Perinatal Centers
Trauma Hospitals
Burn Centers
Cardiac Care Centers

Currently, the LEMSA performs initial on-sight surveys of EDAPs and PCCCs and periodic paper surveys. Trauma aspects of PCCCs are reviewed when trauma centers are surveyed. Formal contracts exist with designated trauma centers, but no current contracts/agreements are in place with paramedic receiving hospitals.

The Health Facilities Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care, as required in the basic emergency department permit. The LEMSA works closely with Health Facilities on these investigations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To develop and implement written agreements with all acute care facilities.

OBJECTIVE:

1. Within the next year, the LEMSA shall develop agreements with paramedic receiving hospitals which have been given defined service areas.

2. Within the next three years, the LEMSA shall develop agreements with all paramedic receiving hospitals.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less) - Objective 1

[X] Long-range Plan (more than one year) - Objective 2

Universal Level

5.02 Triage & Transfer Protocols*

STANDARD:

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

CURRENT STATUS:

The EMS Agency has established in policy prehospital triage protocols for the following categories:

Pediatrics (EDAP and PCCC)
Trauma
Burn
Perinatal
Decompression Emergencies

The Los Angeles County Department of Health Services has developed patient transfer guidelines to assist private hospitals in transferring patients to County-operated acute care hospitals. The highest priority for patient transfers is given for patients who require care that cannot be provided by the private hospital, but can be provided by a County hospital.

In addition, the LEMSA policies provide for secondary transfer of trauma patients from a non-trauma hospital to a private or County-operated trauma hospital.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

5.03 Transfer Guidelines*

STANDARD:

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

CURRENT STATUS:

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

Reference No. 507, Guidelines for Secondary Transfer of Trauma Patients to Trauma Centers, provides guidelines for non-trauma hospitals to transfer critical trauma patients into the trauma system. To facilitate the transfer of stable trauma patients into the county hospital system, trauma hospitals are given "priority I" status providing them priority access to available county beds over non-trauma hospitals.

The LEMSA has recently been approached by the American Heart Association to categorize cardiac receiving hospitals. Preliminary discussions are underway to determine the feasibility of categorization.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

Universal Level

5.03 Transfer Guidelines*

(continued)

NEED(S):

1. To establish guidelines to identify specific patient groups who should be considered for transfer to facilities of higher capabilities.

2. To establish facility transfer agreements.

OBJECTIVE:

1. The LEMSA shall establish guidelines to identify specific patient groupss who should be considered for transfer to facilities of higher capabilities.

2. The LEMSA shall establish facility transfer agreements.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

5.04 Speciality Care Facilities*

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

5.05 Mass Casualty Management

STANDARD:

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

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

CURRENT STATUS:

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

The Incident Command System has been adopted by all public provider agencies and some private providers in Los Angeles County to ensure organized, efficient care of victims of mass casualty incidents. The Standardized Emergency Management System (SEMS) will be implemented with all medical facilities by December, 1996. Reference No. 519, Management of Multiple Victim Incidents, defines the role of the provider agency, base hospital and receiving facilities during multiple victim incidents. Basic 24-hour receiving facilities and specialty care facilities (where appropriate) are listed in the Prehospital Care Policy Manual and are regularly updated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To implement SEMS with all medical facilities by December, 1996.

OBJECTIVE:

The LEMSA shall implement SEMS with all medical facilities by December, 1996.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

5.06 Hospital Evacuation*

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

If a hospital within Los Angeles County needs evacuation, the LEMSA will attempt to place patients in hospitals within Los Angeles County first. If additional beds are necessary, the LEMSA will contact the EMS agencies in the surrounding counties to provide resources. In a disaster situation, the Regional Disaster Medical/Health Coordinator would be contacted to assist with transferring patients to other counties.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation*

STANDARD:

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

CURRENT STATUS:

The LEMSA has an organized base hospital system which currently includes 27 facilities distributed throughout the County. Reference No. 302, Base Hospital Roster, lists each of the designated base hospitals. The process for designation has been based on hospital application and ability to perform specified EMS functions as defined in Section 1797.67 of the California Health & Safety Code. There are also Hospital and Medical Care Agreements in place for each of the designated facilities. Reference 304, Role of the Base Hospital, defines the role of the base hospitals in the Los Angeles County ALS system. The LEMSA is in the process of evaluating the present configuration to determine its system effectiveness. This is being accomplished by way of a Base Hospital Reconfiguration Task Force.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

The Los Angeles County Prehospital Care Manual and all change notices are provided to each surrounding county on a timely basis.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

5.08 Trauma System Design

STANDARD:

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

a) the number and level of trauma centers (including the use of trauma centers in other counties),

b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,

d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and

e) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

Formal planning for the Los Angeles County trauma care system began in September, 1979 and continued through 1983 while a number of difficult issues were resolved. The Emergency Medical Services Commission (EMSC) assisted in creating the trauma system through a Coordinating Committee which studied the entire issue including, but not limited to, the number of trauma hospitals, the appropriate maximum transportation time, criteria for trauma hospitals, and the designation process.

Catchment areas, which meet the criteria outlined in Title 22, have been established for the twelve (12) trauma hospitals in the system. Catchment areas are affected by a 20-minute maximum transport time (based on input from the Los Angeles County Chapter of the California Fire Chief's Association) which is in place and remains in effect for transport from Los Angeles County into adjoining counties. Since approximately 30% of the County does not have designated trauma hospitals, an Air Ambulance Trauma Transport Program has also been established to ensure access to a trauma hospital from these undesignated areas.

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

Enhanced Level: Trauma Care System
5.08 Trauma System Design
(continued)

Monitoring and evaluation of the system is ongoing. Continuous evaluation is primarily accomplished by way of the Trauma Patient Summary Form (TPS) which contains data elements that track the progress of each trauma patient from the field through final disposition. Further, the Trauma Service Hospital Agreement and Memorandum of Understanding require private and County-operated trauma hospitals to conduct internal review of trauma care. The Regional Quality Assurance Committees ensure a systematic evaluation of a trauma center's compliance with optimum trauma care standards. Annual trauma hospital surveys are also performed by the LEMSA and site visits are conducted by the American College of Surgeons every three (3) years.

COORDINATION WITH OTHER EMS AGENCIES:
Policies governing trauma care coordination and mutual aid between jurisdictions are found in Paramedic Intercounty Agreements in place between Los Angeles County and the following jurisdictions:

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

NEED(S):
Standard met.

OBJECTIVE:
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

5.09 Public Input

STANDARD:

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

CURRENT STATUS:

The plan for implementing the Los Angeles County Trauma Hospital System was developed by the Coordinating Committee of the Emergency Medical Services Commission (EMSC) and was approved by the Board of Supervisors on January 25, 1983. Ongoing system planning continues to receive input from the EMSC and multiple advisory committees and subcommittees including, but not limited to, the Medical Advisory Council, Prehospital Care Committee, Medical Facilities Policy Committee, and the Trauma Hospital Advisory Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

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

a) the number and role of system participants, particularly of emergency departments,

b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,

d) identification of providers who are qualified to transport such patients to a designated facility,

e) identification of tertiary care centers for pediatric critical care and pediatric trauma,

f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and

g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

The present Los Angeles County pediatric emergency medical and critical care system consists of two levels of facility designation including Emergency Department Approved for Pediatrics (EDAPs) and Pediatric Critical Care Centers (PCCCs). The designation of EDAPs and PCCCs is based on standards which were developed in cooperation with the Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Healthcare Association of Southern California, the Los Angeles County Medical Association, and the Los Angeles County Department of Health Services. There are 58 EDAPs and 9 PCCCs, all of which are also designated trauma centers, throughout the County. Each of these facilities are listed in Reference No. 508, EDAP/PCCC Roster.

In Los Angeles County, ALS personnel transport all pediatric patients who are not critically ill to the most accessible EDAP and critically ill/injured pediatric patients are transported to a PCCC. The criteria

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

(continued)

CURRENT STATUS (continued):
for determining the most appropriate facility for the pediatric patient and guidelines for identifying the critically ill or injured pediatric patient, are specified in Reference No. 510, Pediatric Patient Destination. BLS units transport pediatric patients to the most accessible hospital and a secondary transport can be arranged in the event that the receiving center is not an EDAP or PCCC.

As stated in Reference No. 510, "In all cases the health and well-being of the child is the overriding consideration in determining hospital destination". Factors which are considered when triaging these patients include, the severity of the child's illness or injury, the current pediatric status of the receiving facility, the need for child abuse consult, and the anticipated travel time.

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

COORDINATION WITH OTHER EMS AGENCIES:
The LEMSA is currently working with surrounding counties to look at the feasibility of designating EDAP's and/or PCCCs outside of the County. There are times when facilities located in Orange and San Bernardino County are the most accessible hospitals to some of our pediatric patients living near county borders.

NEED(S):
Standard met.

OBJECTIVE:
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

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

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

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

CURRENT STATUS:

The development of guidelines for emergency departments that care for pediatric patients began in Los Angeles County in the early 1980's. These guidelines have become the minimum standards for emergency departments in the County which are designated to receive pediatric patients. The present standards address professional staff requirements and equipment only. Revisions of the standards are currently in progress and include the addition of specific requirements for administration, pediatric policies and procedures, staff education, quality improvement and availability of appropriately sized equipment for the pediatric patient.

Reference No. 510, Pediatric Patient Destination, specifies the guidelines for identifying the critically ill or injured pediatric patient and the criteria for determining the most appropriate facility. Pediatric receiving centers are designated as Emergency Department Approved for Pediatrics (EDAPs) or pediatric Critical Care Centers (PCCCs) depending on their ability to continually meet the established standards. These facilities are listed in Reference No. 508, EDAP/PCCC Roster, and include 58 EDAPs and 9 PCCCs, all of which are also trauma centers.

The LEMSA has a data management system in place which collects prehospital, base hospital and trauma hospital data elements on all 9-1-1 patients.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To finalize revisions to the current EDAP/PCCC standards while ensuring that they meet the recently published EMS Authority Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department.

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Pediatric System Design

(continued)

OBJECTIVE:

The LEMSA shall implement the revised and approved EDAP and PCCC standards.

TIMEFRAME FOR OBJECTIVE:

[X]Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

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

CURRENT STATUS:

The LEMSA's pediatric emergency medical and critical care system plan was implemented in the early 1980s. The plan was the result of input from the Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Healthcare Association of Southern California, the Los Angeles County Medical Association, and the Los Angeles County Department of Health Services. Currently, theses standards are in the process of being updated and assimilated with the recently published EMS Authority Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department. These revisions to the system standards will receive input, as previously described, prior to revised implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Other Speciality Care System

5.13 Speciality System Design

STANDARD:

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

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

CURRENT STATUS:

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

Reference No. 511, Perinatal Patient Destination, provides guidelines for transporting perinatal patients to the most accessible medical facility appropriate to their needs. The designated facilities listed in Reference No. 511.1, Perinatal Center Roster, are those hospitals in the County which have both a basic emergency department permit and an obstetrical service.

The LEMSA has identified a lack of neurosurgical services in the County. Reference No. 503, Guidelines for Hospitals Requesting Diversion of Mobile Intensive Care Units (MICUs), provides guidelines which allow facilities to divert patients with potential neurosurgical injuries to facilities that can appropriately manage the care of these patients. Criteria for neuro receiving centers has been developed and was approved by the EMSC; however, a lack of funding has prohibited implementation.

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

Enhanced Level: Other Speciality Care System
5.13 Speciality System Design
(continued)

Cardiopulmonary and poisoning emergencies are managed by all 86 basic receiving centers in the County. The LEMSA is currently evaluating the feasibility of designating acute psychiatric receiving facilities. This is being done in conjunction with local law enforcement and the Healthcare Association of Southern California.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable for this standard.

NEED(S):
To secure funding for the establishment of neurosurgical receiving centers in Los Angeles County.

OBJECTIVE:
The LEMSA shall establish neurosurgical receiving centers based on the criteria which has been developed and was subsequently approved by the EMSC.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Enhanced Level: Other Speciality Care System

5.14 Public Input

STANDARD:

5.14 In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

CURRENT STATUS:

The LEMSA ensures ongoing input in planning other speciality care systems from both prehospital and hospital providers, physicians, and consumers. This is accomplished by reviewing policies and procedures related to speciality care centers with the Field Advisory and MICN Advisory Committees. System changes are further reviewed by the Medical Advisory Council, Prehospital Care Data Coordination and/or the Medical Facilities/Policy Committees and ultimately approved by the EMS Commission. The LEMSA further seeks input as needed from other concerned groups, including the Healthcare Association of Southern California and the Los Angeles County Medical Association, which may be affected by policy and/or system additions or changes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

6.01 QA/QI Programs

STANDARD:

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

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

CURRENT STATUS:

The LEMSA has developed two policies establishing a system wide Quality Improvement Program; Reference No. 620, EMS Quality Improvement Program, and Reference No. 620.1, EMS Quality Improvement Program Guidelines. Policies address the total EMS system, including all paramedic provider agencies, base hospitals, trauma hospitals and receiving hospitals. Each paramedic provider agency and base hospital is required to submit to the LEMSA a Quality Improvement Program for approval.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To implement the EMS System Quality Improvement Programs.

OBJECTIVE:

With system wide participation, the LEMSA shall implement the EMS System Quality Improvement Program, to include at a minimum, compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality utilizing State standards and guidelines.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

6.02 Prehospital Records

STANDARD:

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

CURRENT STATUS:

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

In addition, policy describes the procedure for disposition of all copies of each record and the requirements for record retention.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

6.03 Prehospital Care Audits

STANDARD:

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

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

CURRENT STATUS:

The LEMSA provides continuous monitoring of prehospital care from both a system response and clinical perspective. Monitoring activities are coordinated with all system participants and utilizes data from the Trauma Emergency Medical Information System (TEMIS). Individual cases can be tracked throughout the data base by a unique identifier (Sequence Number) which is initiated with the EMS record. TEMIS links prehospital records with base hospital records. In-patient records are linked with prehospital and base hospital records for trauma hospital cases only. A data package for receiving hospitals is currently being developed which will provide an additional data linkage with receiving hospitals. This will expand TEMIS to include both emergency department and in-patient discharge data.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand the data system to capture outcome data on EMS patients transported to each paramedic receiving hospital in the system.

OBJECTIVE:

The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

6.04 Medical Dispatch

STANDARD:

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

CURRENT STATUS:

There are 28 EMS dispatch centers in Los Angeles County coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/response times and the level of response (BLS vs. ALS) are entered into the Trauma Emergency Medical Information System (TEMIS). Current monitoring activities are by exception only.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

In cooperation with provider agencies, to develop a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of prearrival/post arrival dispatch directions. The Provider Agency Agreement should identify responsibilities and accountability for this process.

OBJECTIVE:

With system wide participation, the LEMSA shall establish a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of prearrival/post arrival dispatch directions.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

6.05 Data Management System*

STANDARD:

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

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA networks with local EMS agencies throughout the State on data issues. In addition, Los Angeles plans to participate in the American College of Surgeons' National Trauma Data Bank.

NEED(S):

To expand the data system to capture outcome data on EMS patients transported to each paramedic receiving hospital in the system.

OBJECTIVES:

The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS and enter into Agreements with all paramedic receiving hospitals to participate in the TEMIS data system.

TIMEFRAME FOR OBJECTIVES:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

6.06 System Design Evaluation

STANDARD:

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

CURRENT STATUS:

The Emergency Medical Services Commission (EMSC) and its subcommittees (Medical Facilities/Policy, Data Coordination and Prehospital Care) provide an ongoing mechanism to evaluate EMS system design and operations through written reports from the LEMSA (Reference No. 206, Emergency Medical Services Commission Ordinance). The EMSC acts in an advisory capacity to the Board of Supervisors and the Director of Health Services regarding county policies, programs and standards for emergency services throughout the County. Information is acquired and analyzed measuring the impact and the quality of emergency medical care services. In cooperation with the Public Health Programs and Services Division of the Department of Health Services, the LEMSA participates in prevention programs (Violence Prevention Coalition, American Trauma Society/Southern California Division) developed to meet the needs of the community.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

6.07 Provider Participation

STANDARD:

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

CURRENT STATUS:

Reference No. 620, EMS Quality Improvement Program, establishes a systemwide Quality Improvement (QI) program for evaluating the Emergency Medical System of Los Angeles County. Each base hospital and provider agency is required to submit their QI program to the LEMSA for approval by October 1995 and March 1996 respectively.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To ensure that all paramedic base hospitals and provider agencies implement an approved Quality Improvement Program.

OBJECTIVE:

The LEMSA shall ensure that all paramedic provider agencies and base hospitals have implemented an approved Quality Improvement Program.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level
6.08 Reporting

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

CURRENT STATUS:
The LEMSA, through the Emergency Medical Services Commission (EMSC), reports all Commission activities to the Board of Supervisors at least every 12 months. This report includes a summary of subcommittee activities for the year.

COORDINATION WITH OTHER EMS AGENCIES:
Not applicable to this standard.

NEED(S):
To provide a formal comprehensive annual report on system design and operations to the Board of Supervisors, EMSC and EMS constituents.

OBJECTIVE:
The LEMSA shall provide a formal comprehensive annual report on system design and operations to the Board of Supervisors, EMSC and EMS constituents beginning with calendar year 1994.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

6.09 ALS Audit

STANDARD:

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

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

CURRENT STATUS:

The Los Angeles County Trauma Emergency Medical Information System (TEMIS) includes data on both basic and advanced prehospital care collected from the EMS and base hospital records. Additional in-house data is collected on trauma patients transported to a trauma hospital. A data package for receiving hospitals is currently being developed.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand the data system to capture outcome data on EMS patients transported to each paramedic receiving hospital in the system.

OBJECTIVE:

The LEMSA shall create a data program to capture and integrate receiving hospital data into TEMIS.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

a) a trauma registry,

b) a mechanism to identify patients whose care fell outside of established criteria, and

c) a process of identifying potential improvements to the system design and operation.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Trauma Care System

6.11 Trauma Center Data

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand the data system to capture outcome data on trauma patients transported to non-trauma hospitals. In addition, develop a link with the Coroner's data system to incorporate data on deaths at the scene that are not transported to a hospital.

OBJECTIVE:

The LEMSA shall create a data program to capture and integrate non-trauma hospital and Coroner data into the trauma hospital data collection system.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

7.01 Public Information Materials

STANDARD:

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

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

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

CURRENT STATUS:

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

The LEMSA has developed an informational brochure on 9-1-1 and EMS services and is currently updating the information in preparation for a countywide distribution.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level
7.02 Injury Control

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Representatives from EMS Agencies in the Southern California area (San Luis Obispo County south to the Mexican boarder) are Board members of the ATS/SCD. Los Angeles County is a recognized "Unit" of the ATS/SCD.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

7.03 Disaster Preparedness

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

7.04 First Aid & CPR Training

STANDARD:

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

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

CURRENT STATUS:

The LEMSA supports all efforts coutywide to make first aid and CPR training available to the general public. There is no centralized clearing house for the development , distribution or provision of public information and education materials and/or training programs related to prehospital care.

Both public and private provider agencies are often involved in local community education programs to promote injury prevention and citizen preparedness. Fire department sponsor fire safety programs, information on EMS system access, nature of paramedic services and some CPR training for citizens on a community by community basis.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.01 Disaster Medical Planning*

STANDARD:

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

CURRENT STATUS:

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

Because the successful management of any major emergency or disaster is contingent upon communications, Los Angeles County has placed an emphasis on various communications linkages. The LEMSA maintains the Hospital Emergency Administrative Radio (HEAR) system with 109 hospitals and the ReddiNet system with 73 hospitals of the total 136 hospitals. Many hospitals have both systems. In addition to these systems, the DHS EOC is equipped with 2 meter HAM radio as a back-up communication system for hospitals and a potential primary disaster communication system for clinics. The DHS EOC is also equipped with an 800 MHz system known as County Wide Integrated Radio System (CWIRS). This is the primary radio system that supports the County infrastructure.

The local EMS Agency conducts at least one countywide disaster exercise each year. Prior to 1994, this exercise included only the public and private sector hospitals. In 1994, the disaster exercise also included a number of participating clinics.

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

The local EMS Agency is currently in the process of identifying hospital-based Casualty Collection Points (CCPs). Formation of a Disaster Medical Assistance Team (DMAT) has been approved by the Board of Supervisors and the U.S. Public Health Service and the EMS Authority.

COORDINATION WITH OTHER EMS AGENCIES:

The local EMS Agency regularly meets with Region VI and is in the process of creating a mutual aid agreement with that region. Los Angeles County has requested grant funding from the EMS Authority to become the Region I Disaster Medical Health Coordinator (RDMHC).

Universal Level

8.01 Disaster Medical Planning

(continued)

NEED(S):

Region I Disaster Medical Health Coordination needs strengthening. Because of the relatively massive resources in Los Angeles County, this County may be in the best position to coordinate Region I.

OBJECTIVE:

The LEMSA shall apply for appointment as the RDMHC by the EMS Authority provided that additional staff is funded.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.02 Response Plans

STANDARD:

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

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

CURRENT STATUS:

The Los Angeles County Department of Health Services, in conjunction with the Los Angeles County Office of Emergency Management, is in full compliance with the multi-hazard functional plan. In 1994, the plan--including Annex D--was under revision. This process has been put on hold while awaiting instructions on the implementation of the Standardized Emergency Management System (SEMS). The Office of Emergency Services (OES) concurs with this decision.

COORDINATION WITH OTHER EMS AGENCIES:

SEMS will require closer coordination with the Regional Disaster Medical Health Coordinator. Los Angeles County plans to work closely with other counties assigned to Region I on the implementation of SEMS.

NEED(S):

To implement SEMS, pending the SEMS training package being prepared by the State.

OBJECTIVE:

The EMS Agency shall be in compliance with SEMS regulations by December, 1996 and determine if SEMS, in fact, replaces or augments the Multi-Hazard Functional Plan.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

8.03 HazMat Training

STANDARD:

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

CURRENT STATUS:

Nearly all public safety providers (except for lifeguards and sheriff's) have received a HazMat training in at least the "First Responder Awareness" level. Many providers have all personnel trained to the "First Responder Operational" level. A small number of private ambulance providers have integrated the "First Responder Awareness'" training in their agencies. The hours of training vary as follows:

Level	Hour Range	Average
First Responder Awareness	4 - 40	8
First Responder Operational	8 - 40	24
Hazardous Materials IC	8 - 80	40

The Los Angeles City, Burbank, Santa Fe Springs and Los Angeles County Fire Departments have specially designated HazMat units/teams comprised of individuals highly trained to the CSTI/OES technician level, consisting of 160 - 240 hours of training.

The HazMat teams initially clear and decontaminate an incident. Health HazMat teams, a division of the Los Angeles County Fire or other city public health services, give official clearance of a HazMat incident.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.04 Incident Command System

STANDARD:

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

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

CURRENT STATUS:

All public provider agencies and some private providers in Los Angeles County have adopted the Incident Command System. The Standardized Emergency Management System (SEMS) will be implemented with all medical facilities by December, 1996. The Introductory Course to SEMS, combined with the Hospital Emergency Incident Command System, will form the foundation of ICS for hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County is working on the implementation of SEMS with other Operational Areas in Region I as well as with other Regional Disaster Medical Health Coordinators.

NEED(S)

To implement SEMS with all medical facilities by December, 1996.

OBJECTIVE:

The LEMSA shall implement SEMS with all medical facilities by December, 1996.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

8.05 Distribution of Casualties*

STANDARD:

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

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

CURRENT STATUS:

The LEMSA's disaster response plan requires hospitals to notify the DHS Emergency Operations Center (EOC) of the number of ambulatory and non-ambulatory patients that must be evacuated to other facilities. Facilities are also required to identify the number of critical and non-critical beds available to treat in-coming patients. The DHS EOC arranges the transfer of evacuated patients to appropriate facilities.

The disaster plan also has provisions for setting up staging areas, first aid stations and casualty collection points to handle a large volume of casualties.

All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination and injuries. In 1992, the LEMSA sponsored a seminar on Hazardous Materials training for hospitals.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA will be participating in the development of mutual aid agreements between the counties in Region I through the Regional Disaster Medical/Health Coordinator.

NEED(S):

1. Continue to survey hospitals to determine potential capability for use as a casualty collection point.
2. Develop contracts with clinics to serve as first aid facilities during a disaster.
3. Survey hospitals for current capability of handling radiation and chemically contaminated patients.

OBJECTIVE:

On an on-going basis, the LEMSA shall 1) identify hospital-based CCP sites appropriate for disaster response, 2) complete contracts with privately operated hospitals and clinics to formalize disaster response activities, and 3) survey hospitals to ascertain current capability of handling radiation and chemically contaminated patients.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less) - Objectives 2 and 3

[X] Long-range Plan (more than one year) - Objective 1

Universal Level

8.06 Needs Assessment

STANDARD:

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

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

CURRENT STATUS:

On an on-going basis, the LEMSA shall 1) identify hospital-based CCP sites appropriate for disaster response, 2) complete contracts with privately operated hospitals and clinics to formalize disaster response activities, and 3) survey hospitals to ascertain current capability of handling radiation and chemically contaminated patients.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To develop the Regional Disaster Medical Health Coordination program in compliance with SEMS and obtain grant funding to be the RDMHC for Region I.

OBJECTIVE:

The LEMSA shall implement SEMS and coordinate activities between the Operational Areas in Region I and the RDMHC and the State EMSA.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.07 Disaster Communications*

STANDARD:

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

CURRENT STATUS:

The HEAR "frequency" 155.280 MHz is available for administrative use between Los Angeles and Orange Counties. We expect equipment for this communication to be installed within the next few months. The HEAR "frequency" 155.340 MHz is available for coordination between Los Angeles, Riverside, Ventura and San Bernardino Counties. To our knowledge, the problem that exists is that this frequency is not routinely monitored by disaster staff of these counties, nor is there certainty that the EOCs of these other EMS Agencies is equipped with the HEAR.

OASIS provides the only interagency frequency available for the operational area to communicate with the RDMHC. There is no direct way to communicate over OASIS with other EMS agencies (other than phone lines).

COORDINATION WITH OTHER EMS AGENCIES:

Some effort has been made to coordinate the MEDMARS system between Region I and Region VI, but the concept has not been fully developed.

NEED(S):

To identify a viable communication system at least between the operational areas within Region I. Whatever communication system is selected will probably need to be based on what existing frequencies are available and what equipment is already in place in order to minimize cost to the agencies.

OBJECTIVE:

The LEMSA shall investigate communication system options between the operational areas within Region I and implement a system, if feasible.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

8.08 Inventory of Resources

STANDARD:

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

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

CURRENT STATUS:

The LEMSA maintains a current status of all hospitals with basic emergency department capabilities. During a disaster, these hospitals are polled for operational status. The same system is used for standby and other specialty hospitals. The LEMSA has recently been working more closely with community clinics in Los Angeles County to better incorporate them into the disaster plan. A draft agreement has been completed for hospitals and clinics and negotiations have started.

A list of ambulance companies throughout Los Angeles County is maintained and contracts are in place with 23 companies. Ambulance companies are polled during disasters to identify the number of vehicles staffed and available.

A list of home health agencies is maintained and a disaster clause is in each contract that home health agencies have with the County. The home health agencies are considered a staffing resource for shelters.

A list of dialysis units is also maintained.

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County is participating in the process of developing standardized procedures for resource identification with the other counties in Region I and with the EMSA.

NEED(S):

To finalize its agreement with hospitals and clinics and complete the standardized procedures for Region I.

OBJECTIVE:

1. The LEMSA shall complete the disaster agreement with health facilities.

2. The LEMSA shall participate in the process and completion of standardized procedures for resource procurement and allocation with Region I counties.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less) - Objective 1

[X] Long-range Plan (more than one year) - Objective 2

Universal Level

8.09 DMAT Teams

STANDARD:

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.	The local EMS agency should support the development and maintenance of DMAT teams in its area.

CURRENT STATUS:

The LEMSA has established a Level II DMAT, CA 9, effective February, 1995. It is sponsored by the Los Angeles County Department of Health Services. Agreements have been signed with the EMS Authority and the Public Health Service. The team is awaiting equipment, and training is in progress. Level I status should be attained when equipment is available and a field exercise has been conducted in April, 1995.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is coordinating efforts to establish CA 9 with the EMS Authority and other DMATs in southern California.

NEED(S):

To receive equipment from the Federal government to be field ready and deployable. We will continue to participate in DMAT exercises and to recruit, train and provision team members.

OBJECTIVE:

The LEMSA shall obtain supplies and equipment from the Federal government and any local sources available and shall continue to recruit, train and provision team members on an on-going basis.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.10 Mutual Aid Agreements*

STANDARD:

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

CURRENT STATUS:

Other than mutual agreements which are in place between fire departments, mutual aid agreements have not been developed between operational areas in Region I.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is seeking to be designated as the RDMHC for Region I. Development of agreements will be a targeted objective for the RDMHC.

NEED(S):

To develop mutual aid agreements between operational areas in Region I as a priority. Subsequent to that, it may be worthwhile to also develop mutual aid agreements with other surrounding regions. When such agreements are developed, the LEMSA will take into account the provisions already in place in the mutual aid agreements established by the fire departments.

OBJECTIVE:

The LEMSA, in concert with the RDMHC, shall develop mutual aid agreements between operational areas in Region I and, if feasible, between Region I and other surrounding regions.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

Universal Level

8.11 CCP Designation*

STANDARD:

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

CURRENT STATUS:

The LEMSA has met with and surveyed 12 hospitals which have shown interest in serving as a casualty collection point site. A number of other hospitals have also expressed interest and ongoing surveys will be done. The Los Angeles City Fire Department has also designated about 165 potential casualty staging sites that could be designated as CCPs if the hospital-based sites are inoperable. This would be considered a last resort since it would be extremely time and labor intensive to set up a medical site in a non-medical area.

A disaster agreement with hospitals has been developed and is now undergoing review with the Healthcare Association of Southern California. The agreement addresses responsibilities of a hospital-based CCP.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

To continue surveying hospitals interested in becoming approved potential CCP sites. The major problem which needs to be addressed is that of supplies. Hospitals are generally interested in providing space for a CCP, but have expressed concern over the expense of equipping the sites. The LEMSA must explore all available sources for assisting hospitals in obtaining disaster supplies.

OBJECTIVE:

The LEMSA shall continue to survey hospitals as potential Casualty Collection Points.

The LEMSA shall, within its capability, assist hospitals in obtaining disaster related supplies and equipment.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

This will be an ongoing process that encompasses both short- and long-range objectives.

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

The LEMSA has established plans to pre-identify casualty collection points at hospital sites. A survey tool has been developed and ongoing surveys are performed. The goal of the LEMSA is to have at least two CCP sites selected in each of our eight hospital response groups. However, all hospitals interested in becoming a CCP will be given consideration.

Communication with a CCP site will be accomplished through one of the following mechanisms, depending on what remains functional: HEAR, ReddiNet, telephone or the Countywide Integrated Radio System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

To identify mechanisms to equip CCPs. Most hospitals have the ability to provide initial supplies, but could not sustain a CCP for very long without governmental assistance, considering the large numbers of injured patients projected to converge on CCP sites.

OBJECTIVE:

The LEMSA shall explore ways and means of providing equipment for CCP sites.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[X] Long-range Plan (more than one year)

This will be an ongoing process that encompasses both short- and long-range objectives.

Universal Level

8.13 Disaster Medical Training

STANDARD:

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

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

CURRENT STATUS:

Primary providers utilize the Incident Command System (FIRESCOPE) when responding to multi-casualty incidents. When casualties are exposed to and/or contaminated by toxic or radioactive substances, providers are required to follow the procedures outlined in Reference No. 807, Medical Control During Hazardous Materials Exposure.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.14 Hospital Plans

STANDARD:

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

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

CURRENT STATUS:

All hospitals in Los Angeles County, both 9-1-1 receiving hospitals and standby or specialty hospitals, are given the opportunity to participate in an annual disaster exercise. Communications systems are in place with most hospitals and standardized data forms have been implemented.

Participation of 9-1-1 provider agencies is very limited at the present time, except when the exercise is developed by the County Office of Emergency Management.

COORDINATION WITH OTHER EMS AGENCIES:

The annual disaster exercise is targeted for hospitals located within Los Angeles County. However, the LEMSA participates in State exercises upon request.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.15 Interhospital Communications

STANDARD:

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

CURRENT STATUS:

The HEAR and ReddiNet communication systems are available to all hospitals throughout Los Angeles County. These systems are coordinated by the Healthcare Association of Southern California and are operated by the LEMSA. Operational procedures are in place.

The HEAR system provides a mechanism for hospitals to communicate with each other and to the Medical Alert Center operated by the LEMSA. The ReddiNet system provides a mechanism for hospitals to communicate via computer with the LEMSA. Communications between hospitals is facilitated indirectly through the control point at the Medical Alert Center.

COORDINATION WITH OTHER EMS AGENCIES:

Some effort has been made to coordinate the MEDMARS system between Region I and Region VI, but the concept has not been fully developed.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

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

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

CURRENT STATUS:

All prehospital providers and acute care 9-1-1 receiving hospitals have developed guidelines for the management of significant medical incidents. The LEMSA provides annual disaster conferences to facilitate preparedness.

Primary provider agencies have adopted the Incident Command System and hospitals are in the process of adopting the Hospital Emergency Incident Command System (HEICS).

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To survey hospitals to assess their readiness for handling hazardous materials and radiation emergencies and to provide opportunities for hospitals to receive HEICS training.

OBJECTIVE:

1. The LEMSA shall assess hospitals readiness for handling hazardous materials and radiation emergencies.

2. The LEMSA shall provide opportunities for hospitals to be trained in HEICS.

TIMEFRAME FOR OBJECTIVE:

[X] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Advanced Life Support

8.17 ALS Policies

STANDARD:

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

CURRENT STATUS:

The LEMSA adheres to the California Code of Regulations, Title 22 , Section 100143 which permits EMT-Ps not certified in California to temporarily perform his/her scope of practice in California on a mutual aid response or during a special event, when approved by the medical director of the local EMS agency. The intercounty agreement covers prehospital personnel from surrounding counties.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVES:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Specialty Care Systems

8.18 Specialty Center Roles

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity

STANDARD:

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

CURRENT STATUS:

The LEMSA's exclusive operating program agreements permit emergency ambulance transportation services by Federal, State, or County operated ambulance vehicles, or to a city government operated ambulance vehicle if authorized to transport by an authorized County agency or by another lawful authority, or to air ambulances if authorized to transport by an authorized County agency or by another lawful authority. Additionally, during periods of major emergency or disaster within an exclusive operating area, the County, by agreement, may require and use the services of other providers.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

[ ] Short-range Plan (one year or less)

[ ] Long-range Plan (more than one year)

TABLE 2: SYSTEM RESOURCES AND OPERATIONS
System Organization and Management

EMS System: Los Angeles County Reporting Year: 1994

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%.)

   County:

   a. Basic Life Support (BLS) 1%

   b. Limited Advanced Life Support (LALS) 0%

   c. Advanced Life Support (ALS) 99%

2. Type of agency
   a - Public Health Department
   b - County Health Services Agency
   c - Other (non-health) County Department
   d - Joint Powers Agency
   e - Private Non-profit Entity
   f - Other:

3. The person responsible for day-to-day activities of EMS agency reports to
   a - Public Health Officer
   b - Health Services Agency Director/Administrator
   c - Board of Directors
   d - Other: Department of Health Services Medical Director

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
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	X

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	
Non-medical disaster planning	X
Administration of critical incident stress debriefing (CISD) team	
Administration of disaster medical assistance team (DMAT)	X
Administration of EMS Fund [Senate Bill (SB) 12/612]	X
Other: Administration of Tobacco Tax Hospital and Physician Funds	X
Other: Operation of paramedic training program	X
Other: Operation of 24-Hour Medical Alert Center	X
Other: Operation of 24-Hour H.E.A.R. and ReddiNet radio systems	X
Other: Administration of medical disaster operations countywide	X

5. EMS agency budget for FY 93/94

A. EXPENSES

Salaries and benefits (all but contract personnel)	$ 6,185,379
Contract Services (e.g. medical director)	(Lancet) 400,000
Operations (e.g. copying, postage, facilities)	465,705
Travel	21,218
Fixed assets	---
Indirect expenses (overhead)	(not available)
Ambulance subsidy	2,141,340
EMS Fund payments to physicians/hospital	7,408,617
Dispatch center operations (non-staff)	N/A
Training program operations (PTI)	(Included above)
Other: Discretionary Tobacco Tax Reimbursements for Trauma System	3,248,000
Other: Grant Programs	125,000
Other:	
TOTAL EXPENSES	$ 19,995,259

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant	$	120,000
Office of Traffic Safety (OTS)		5,000
State general fund		0
County general fund (HSA-Lump Sum Only)		7,404,389
Other local tax funds (e.g., EMS district)		0
County contracts (e.g. multi-county agencies)		0
Certification fees		121,500
Training program approval fees		0
Training program tuition/Average daily attendance funds (ADA) Job Training Partnership ACT (JTPA) funds/other payments		278,500
Base hospital application fees		0
Base hospital designation fees		30,000
Trauma center application fees		0
Trauma center designation fees		405,470
Pediatric facility approval fees		0
Pediatric facility designation fees		0

Table 2 - System Organization & Management (cont.)

Other critical care center application fees		0
Type:		
Other critical care center designation fees		0
Type:		
Ambulance service/vehicle fees		0
Contributions		0
EMS Fund (SB 12/612)		8,400,400
Other grants:		0
Other fees:		0
Other (specify): Tobacco Tax Revenue		3,248,000
TOTAL REVENUE	$	19,995,259

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 93/94

We do not charge any fees

Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	75
EMT-I recertification	50
EMT-defibrillation certification	-
EMT-defibrillation recertification	-
EMT-II certification	N/A
EMT-II recertification	N/ A
EMT-P accreditation	75
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	100
MICN/ARN recertification	150
EMT-I training program approval	-
EMT-II training program approval	-
EMT-P training program approval	-
MICN/ARN training program approval	-
Base hospital application	5,000
Base hospital designation	10,000
Trauma center application	5,000
Trauma center designation	31,190
Pediatric facility approval	-
Pediatric facility designation	-

Table 2 - System Organization & Management (cont.)

Other critical care center application

Type:

Other critical care center designation

Type:

	New	Renewal
Ambulance service license	$990	136
Ambulance vehicle permits	200	200
Other: Ambulette Operator	$990	136
Other: Ambulette Vehicle Permit	200	200
Other:		

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of . 93/94

Table 2 - System Organization & Management (cont.)

EMS System: Los Angeles **Reporting Year:** 1994

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Manager	1	37.852	31.08	
Asst. Admin./ Admin. Asst./ Admin. Mgr.	Sr. EMS Program Head Admin. Asst. II	5 3	33.000 20.585 & 18.494	31.08	
ALS Coord./ Field Coord./ Trng Coord.	EMS Program Head Sr. Nursig Instructor	3 3	26.564 27.363	31.08	
Program Coord./Field Liaison (Non-clinical)	Nursing Instructor	16	25.981	31.08	
Trauma Coord.	Nursing Instructor	1	25.981	31.08	
Med. Director	Phy. Spec.	1	40.891	31.08	
Other MD/ Med. Consult./ Trng. Med. Dir.	Phy. Spec.	2	40.891	31.08	
Disaster Med. Planner	EMS Program Head	1	26.564	31.08	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor	(PTS) Supv. Amb. Disp.	1	17.446	31.08	
Medical Planner	N/A				
Dispatch Supervisor	(MAC) Sr. EPTC	3	21.139	31.08	
Data Evaluator/ Analyst	Data Systems Analyst	2	22.970	31.08	
QA/QI Coordinator	Nursing Instructor	1	25.981	31.08	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Mgmt. Sec. I Sec. III	Sec. H.S. Commission 1	19.656 14.861	31.08	
Other Clerical	Senior Clerk Word Processor II Internediate Typist Clerk	Int. Clerk 1 2 1	12.624 14.466 11.452	31.08	
Data Entry Clerk	Student Profes. Worker	2	7.82	31.08	

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

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California EMS Authority

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Other	Data Sys. Analy. Aid	1	17.959	31.08	
	Ambulance Driver	24	13.340	31.08	
	Ambulance Med. Tech.	25	14.933	31.08	
	EPTC	13	18.995	31.08	
	PT Supvr II	2	18.270	31.08	
	Clinic Driver	6	12.750	31.08	
	Disaster Services Analyst	1	24.366	31.08	
	Staff Assistant II	1	18.137	31.08	
	Staff Assistant I	2	15.042	31.08	
	Admin. Assist. III	1	20.584	31.08	
	Head, Staff Services	1	25.789	31.08	
	Sr. Statistical Clerk	1	13.373	31.08	
	Sr. Typist Clerk	1	12.942	31.08	

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

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California EMS Authority

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

EMS System: Los Angeles County

Reporting Year: 1994

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total certified	3,924	N/A		871	---
Number of newly certified this year	1,110	N/A		56	---
Number of recertified this year	863	N/A		314	---
Total number of accredited personnel on July 1			2,475		
Number of certificate reviews resulting in:					
a) formal investigations	0	N/A	4	0	---
b) probation	6	N/A	0	0	---
c) suspensions	1	N/A	0	0	---
d) revocations	0	N/A	0	0	---
e) denials	8	N/A	0	0	---
f) denials of renewal	0	N/A	0	0	---
g) no action taken	4	N/A	0	0	---

1. Number of EMS dispatchers trained to EMSA standards: unknown
2. Early defibrillation:
   a) Number of EMT-I (defib) certified 4,181
   b) Number of public safety (defib) certified (non-EMT-I) 0

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Los Angeles County

Reporting Year: 1994

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

1.	Number of primary Public Service Answering Points (PSAP)	93
2.	Number of secondary PSAPs	28
3.	Number of dispatch centers directly dispatching ambulances	37
4.	Number of designated dispatch centers for EMS Aircraft	3 (unofficial--see System Assessment 4.09)

5. Do you have an operational area disaster communication system? [X]yes [ ] no
   a. Radio primary frequency 800 MHz trunked--County Wide Integrated Radio System (CWIRS)
   b. Other methods
   c. Can all medical response units communicate on the same disaster communications system?
      [ ]yes [X] no
   d. Do you participate in OASIS? [X]yes [ ] no
   e. Do you have a plan to utilize RACES as a back-up communication system?
      [X]yes [ ] no (Disaster Communications System--DCS)
      1) Within the operational area? [X]yes [ ] no
      2) Between the operational area and the region and/or state? [ ]yes [X] no

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Los Angeles County

Reporting Year: 1994

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas		46
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		100%
3.	Total number responses		427,596*
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	(patient exists)
	b) Number non-emergency responses	(Code 1: normal)	
		*(unable to breakdown emergent vs non-emergent)	
4.	Total number of transports		307,122
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	(Code 3=21,499)
	b) Number non-emergency transports	(Code 1: normal)	

Early Defibrillation Programs

5.	Number of public safety defibrillation providers	0
	a) Automated	0
	b) Manual	0
6.	Number of EMT-Defibrillation providers	15
	a) Automated	15
	b) Manual	0

Air Ambulance Services

7.	Total number of responses (dispatch)	
	a) Number of emergency responses	unavailable
	b) Number of non-emergency responses	unavailable
8.	Total number of transports	
	a) Number of emergency (scene) responses	874*
	b) Number of non-emergency responses	

*(unable to differentiate from scene and non-emergency; in LA, the majority are considered "scene" responses

TABLE 5: SYSTEM RESOURCES AND OPERATIONS -- Response/Transportation (cont)

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
1. BLS and CPR capable first responder.	2 - 7 minutes*	3 - 10 minutes*	8 - 30 minutes*	2 - 30 minutes*
2. Early defibrillation capable responder.	2 - 6 minutes*	4 - 10 minutes*	8 - 30 minutes*	2 - 30 minutes*
3. Advanced life capable responder.	3 - 10 minutes*	4 - 10 minutes*	8 - 30 minutes*	3 - 30 minutes*
4. Transport Ambulance	3 - 12 minutes*	4 - 15 minutes*	8 - 30 minutes*	3 - 30 minutes*

*Average system standard response time data unavailable. Information given by majority of provider agencies is in form of ranges and therefore, the only reportable data. Not currently available from field EMS Forms.

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Los Angeles County

Reporting Year: 1994

NOTE: Table 6 is to be reported by agency.

Trauma care system

1. Trauma patients:		
a) Number of patients meeting trauma triage criteria		10,868
b) Number of major trauma victims transported directly to a trauma center by ambulance		8,912 (12%)
c) Number of major trauma patients transferred to a trauma center		659*
*from other trauma hospital	161	
from non-trauma hospital	330	
unknown	168	
d) Number of patients meeting triage criteria who weren't treated at a trauma center		1,765

Emergency departments:

2. Total number of emergency departments	
a) Number of referral emergency services	12
b) Number of standby emergency services	8
c) Number of basic emergency services	42
d) Number of comprehensive emergency services	1
3. Number of receiving hospitals with agreements	0

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Los Angeles County

County: Los Angeles County

Reporting Year: 1994

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? See attached listing (Attachment #1)
   b. How are they staffed? Initially staffed by hospital personnel and relieved by DMATs
   c. Do you have a supply system for supporting them for 72 hours? yes [x] no [ ] (integrated with DMAT)
2. CISD
   Do you have a CISD provider with 24 hour capability? yes [x] no [ ] (Mental Health Department)
3. Medical Response Team
   a. Do you have any team medical response capability? yes [x] no [ ] (DMAT-CA9)
   b. For each team, are they incorporated into your local response plan? yes [x] no [ ]
   c. Are they available for statewide response? yes [x] no [ ]
   d. Are they part of a formal out-of-state response system? yes [x] no [ ]
4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? yes [x] no [ ] (limited, currently under development)
   b. At what HazMat level are they trained? (under development)
   c. Do you have the ability to do decontamination in an emergency room? yes [x] no [ ]
   d. Do you have the ability to do decontamination in the field? yes [x] no [ ]

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes [x] no [ ]
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? The County EOC and 8 lead County departmental EOCs as well as numerous city, school district, and other governmental EOC

3. Have you tested your MCI Plan this year in a:

   a. real event? yes [x] no [ ] (Northridge earthquake)

   b. exercise? yes [x] no [ ]

4. List all counties with which you have a written medical mutual aid agreement.
   Kern, Orange, Riverside San Bernardino and Santa Barbara Counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes [ ] no [x] (currently under development)

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes [ ] no [x]

7. Are you part of a multi-county EMS system for disaster response? yes [x] no [ ] (Region 6)

8. Are you a separate department or agency? yes [ ] no [x]

9. If not, to whom do you report? Report to the Medical Director of the Department of Health Services

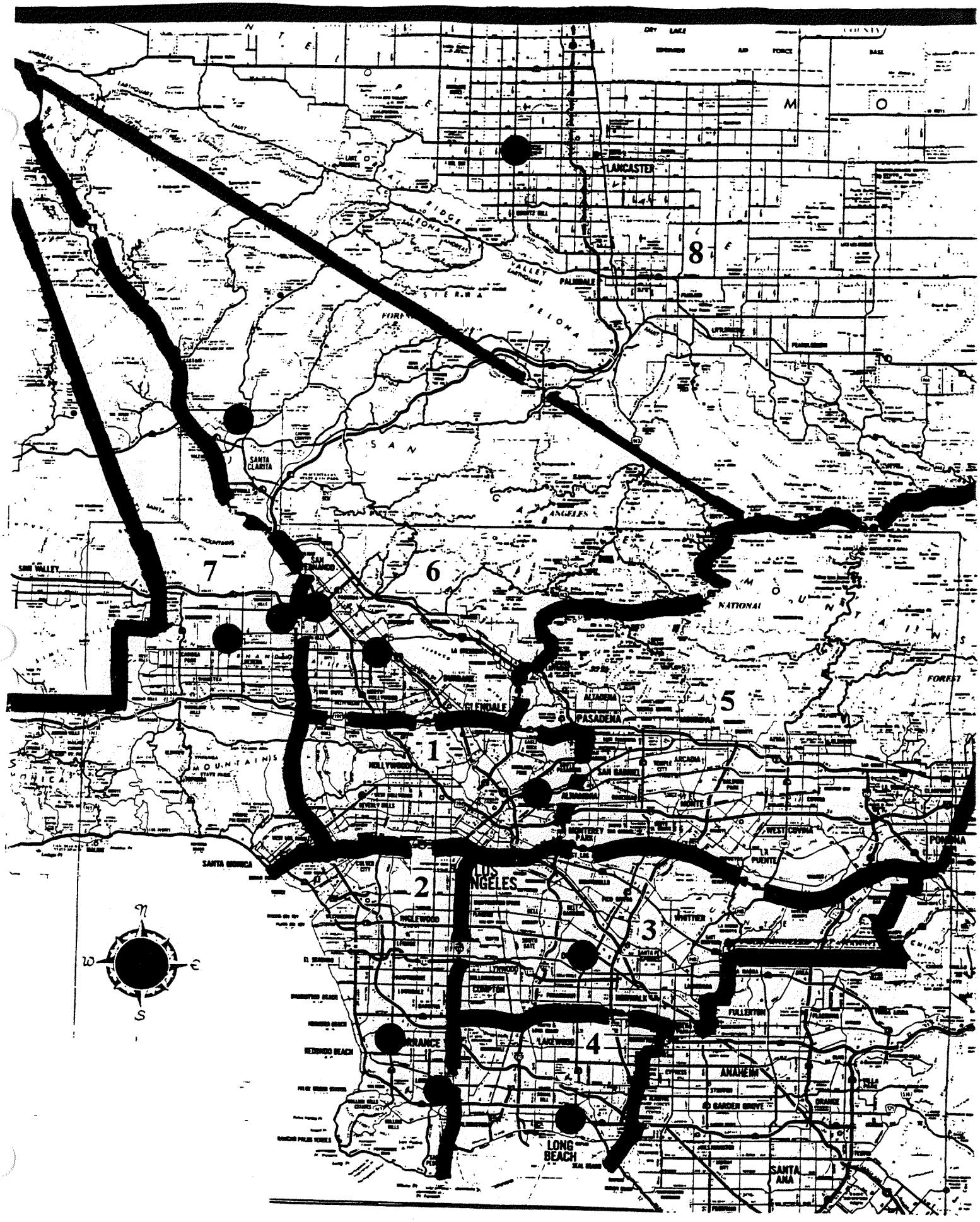
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? Not applicable

CASUALTY COLLECTION POINT (CCP) SITES IN LOS ANGELES COUNTY

FACILITY	POINT OF CONTACT	PHONE NUMBER
RESPONSE GROUP 1		
LAC + USC Medical Center 1200 N. State Street Los Angeles, CA 90033	Douglas Bagley Executive Director	(213) 226-6501
RESPONSE GROUP 2		
Kaiser Permanente, Harbor City 25825 S. Vermont Ave. Harbor City, CA 90710	Mary Ann Barnes, RN Hospital Administrator	(310) 325-5111
Little Company of Mary Hospital 4101 Torrance Blvd. Torrance, CA 90503	Mark Costa Chief Executive Officer	(310) 540-7676
RESPONSE GROUP 3		
Rancho Los Amigos Med. Ctr. 7601 Imperial Highway Downey, CA 90242	Connie Diaz Hospital Administrator	(310) 940-7022
RESPONSE GROUP 4		
VA Medical Center - Long Beach 5901 East Seventh Street Long Beach, CA 90822	Jerry Boyd Executive Director	(310) 494-5400

RESPONSE GROUP 5 - NONE AT THIS TIME

FACILITY	POINT OF CONTACT	PHONE
RESPONSE GROUP 6		
Holy Cross Medical Center 15031 Rinaldi Street Mission Hills, CA 91345	Carl Fitch Chief Executive Officer	(818) 365-8051
Henry Mayo Hospital 23845 W. McBean Parkway Valencia, CA 91355	J. Duffy Watson Chief Executive Officer	(805) 253-8000
Pacifica Hospital of the Valley 9449 San Fernando Road Sun Valley, CA 91352	Ermanno Mariani Chief Executive Officer	(818) 767-3310
RESPONSE GROUP 7		
Northridge Hospital Med. Ctr. 18300 Roscoe Boulevard Northridge, CA 91328	Jeffery Flocken Chief Executive Officer	(818) 885-8500
VA Med. Ctr. - West L.A. Wilshire & Sawtelle Blvds. Los Angeles, CA 90073	Kenneth Clark Chief Executive Officer	(310) 478-3711
RESPONSE GROUP 8		
High Desert Hospital 44900 N. 60th Street West Lancaster, CA 93536	Bill Fujioka Administrator	(805) 945-8461


LANCASTER
PALMDALE
SANTA CLARITA
GLENDALE
PASADENA
LOS ANGELES
INGLEWOOD
WHITTIER
FULLERTON
ANAHEIM
LONG BEACH
SANTA ANA
SANTA MONICA
1
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S

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Adams Ambulance Service, Inc. 8633 California Avenue South Gate, CA 90280 (213) 567-1251				**Primary Contact:** Rick J. Larson Vice President	
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [79] BLS [ ] EMT-D [ ] LALS [14] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 21

Name, address & telephone: Alhambra Fire Department 301 N. First Street Alhambra, CA 91801 (818) 570-5190				**Primary Contact:** Ray Mosack Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [47] BLS [ ] EMT-D [ ] LALS [29] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

4 - 1

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: American Medical Enterprises 12505 E. Lambert Road Whittier, CA 90606 (310) 698-8011				**Primary Contact:** Vicki L. Smith Vice President	
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [33] BLS [ ] EMT-D [ ] LALS [14] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 9

Name, address & telephone: APT Ambulance Company 3773 S. Crenshaw Blvd. Los Angeles, CA 90038 (213) 299-3980				**Primary Contact:** Vance Smith President	
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [65] BLS [ ] EMT-D [ ] LALS [15] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 28

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Arcadia Fire Department 710 S. Santa Anita Arcadia, CA 91006 (818) 574-5102				**Primary Contact:** Ted Nichols Battalion Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [100] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2

Name, address & telephone: Beverly Hills Fire Department 445 N. Rexford Drive Beverly Hills, CA 90210 (310) 281-2703				**Primary Contact:** Jerry Hayes Battalion Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [63] BLS [ ] EMT-D [ ] LALS [18] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Burbank Fire Department 1420 W. Verdugo Avenue Burbank, CA 91506 (818) 953-8780				**Primary Contact:** Frank J. Walbert Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [98] BLS [ ] EMT-D [ ] LALS [29] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 3 2 - Transport 1 - Non-Transport

Name, address & telephone: Compton Fire Department 201 S. Acacia Compton, CA 90220 (310) 605-5670				**Primary Contact:** Milford Fonza Fire Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [65] PS [ ] PS-Defib [44] BLS [ ] EMT-D [ ] LALS [21] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Covina Fire Department 400 N. Citrus Covina, CA 91723 (818) 858-5500			**Primary Contact:** Paul Beaver, Captain Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [40] PS [ ] PS-Defib [31] BLS [ ] EMT-D [ ] LALS [9] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 1 1 - Non-Transport

Name, address & telephone: Crippen Ambulance Service 234 E. Badillo Covina, CA 91723 (818) 967-5191			**Primary Contact:** Bruce Bunt Operations Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [146] BLS [ ] EMT-D [ ] LALS [26] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 52

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Culver City Fire Department 9600 Culver Blvd. Culver City, CA 90232 (310) 202-5800			**Primary Contact:** Jeff Eastman Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [67] BLS [ ] EMT-D [ ] LALS [14] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2

Name, address & telephone: Downey Fire Department 11111 Brookshire Avenue Downey, CA 90241 (310) 904-7344			**Primary Contact:** Dave Simmons Captain		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [50] BLS [ ] EMT-D [ ] LALS [18] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: El Segundo Fire Department 314 Main Street El Segundo, CA 90245 (310) 322-4311				**Primary Contact:** John Bibee, Captain Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [39] PS [ ] PS-Defib [39] BLS [ ] EMT-D [ ] LALS [15] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [ ] yes [ ] no	Number of ambulances: 2

Name, address & telephone: El Monte Fire Department 3615 N. Santa Anita Avenue El Monte, CA 91731 (818) 580-2150				**Primary Contact:** Doug Ludolph Battalion Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [65] PS [ ] PS-Defib [65] BLS [60] EMT-D [ ] LALS [10] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2 (Non-Transport)

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Emergency Ambulance Service, Inc. 495 S. Brea Blvd. Brea, CA 92621 (714) 990-1331				**Primary Contact:** Scott Pipkin Operations Supervisor	
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [29] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 9

Name, address & telephone: Gardena Fire Department 1650 W. 162nd Street Gardena, CA 90247 (310) 217-9643				**Primary Contact:** Mike Reardon Battalion Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [33] BLS [ ] EMT-D [ ] LALS [17] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Gerber Ambulance Service 1907 S. Border Avenue Torrance, CA 90501 (310) 533-1133			**Primary Contact:** John Blain Operations Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [60] BLS [ ] EMT-D [ ] LALS [16] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 16

Name, address & telephone: Goodhew Ambulance Service, Inc. 5420 W. Jefferson Blvd. Los Angeles, CA 90016 (213) 931-5555			**Primary Contact:** Douglas E. Brown, Manager Paramedic Coordinator		
Written Contract: [x] yes [ ] no	Service: [x] Ground [x] Air [ ] Water	[ ] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [x] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [300] BLS [ ] EMT-D [ ] LALS [31] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 76

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Guardian Medical Transportation, Inc. 1854 E. Corson Pasadena, CA 91107 (818) 792-3688			**Primary Contact:** Chris Smith Contract Coordinator		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [30] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 16

Name, address & telephone: Hall Ambulance Service, Inc. 1001 21st Street Bakersfield, CA 93301 (805) 322-8741			**Primary Contact:** Louis D. Cox Operations Manager		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [54] BLS [ ] EMT-D [ ] LALS [74] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 37

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Hawthorne Fire Department 4475 W. El Segundo Blvd. Hawthorne, CA 90250 (310) 970-7968				**Primary Contact:** Harold Hofmeister Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [33] ALS rescue [21] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [ ] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [ ] yes [ ] no	Number of ambulances: 3

Name, address & telephone: Hermosa Beach Fire Department 540 Pier Avenue Hermosa Beach, CA 90254 (310) 376-2479				**Primary Contact:** Paul Hawkins Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [9] BLS [ ] EMT-D [ ] LALS [9] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 3 2 - Transport 1 - Non-Transport

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Inglewood Fire Department One Manchester Blvd. Inglewood, CA 90301 (310) 412-5350			**Primary Contact:** Julian Ysais Fire Chief		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [80] PS [ ] PS-Defib [ ] BLS [ ] EMT-D [ ] LALS [30] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [ ] yes [ ] no	Number of ambulances: 4

Name, address & telephone: Laidlaw Medical Transportation (MedTrans) 539 N. Fairview Street Santa Ana, CA 92703 (714) 564-3418			**Primary Contact:** Brian Ranger Operations Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [140] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 33

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: LaVerne Fire Department 2061 Third Street LaVerne, CA 91750 (909) 596-5991			**Primary Contact:** Santa Morello Battalion Chief		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [24] BLS [ ] EMT-D [ ] LALS [8] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 1

Name, address & telephone: Long Beach Fire Department 925 Harbor Plaza, #100 Long Beach, CA 90802 (310) 570-2550			**Primary Contact:** Mike Skelly Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [480] PS [ ] PS-Defib [393] BLS [ ] EMT-D [ ] LALS [90] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 19 11 - Transport 8 - Non-Transport

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Los Angeles City Fire Department 200 N. Main Street Los Angeles, CA 90012 (213) 485-6094				**Primary Contact:** A. R. Cowen Chief Paramedic	
Written Contract: [ ] yes [x] no	Service: [x] Ground [x] Air [x] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [x] ALS rescue [x] BLS rescue	If Air: [x] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [2400] BLS [2400] EMT-D [ ] LALS [510] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 76 65 - Transport 11 - Non-Transport

Name, address & telephone: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063 (213) 881-2401				**Primary Contact:** P. Michael Freeman Fire Chief	
Written Contract: [ ] yes [x] no	Service: [x] Ground [x] Air [x] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [x] ALS rescue [ ] BLS rescue	If Air: [x] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [2370] BLS [1204] EMT-D [ ] LALS [736] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [x] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [ ] yes [ ] no	Number of ambulances: 63 (Non-Transport)

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Los Angeles County Fire Department - Lifeguard Div. 2300 Ocean Front Walk Venice, CA 90291 (310) 577-5700				**Primary Contact:** Randy Degregori Assistant Chief Lifeguard	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [x] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [660] PS [ ] PS-Defib [237] BLS [181] EMT-D [ ] LALS [22] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [x] Other explain: Lifeguard	If public: [ ] city; [x] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2 (Non-Transport)

Name, address & telephone: Los Angeles County Sheriff 130 S. Fetterly Avenue Los Angeles, CA 90022 (213) 264-7084 x 395				**Primary Contact:** Gary Wilkerson Deputy Sheriff	
Written Contract: [ ] yes [x] no	Service: [x] Ground [x] Air [x] Water	[x] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [x] air ambulance [x] ALS rescue [ ] BLS rescue	If Air: [x] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [ ] BLS [ ] EMT-D [ ] LALS [12] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [x] Other explain: Sheriff	If public: [ ] city; [x] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 3

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Manhattan Beach Fire Department 400 15th Street Manhattan Beach, CA 90266 (310) 545-5621			**Primary Contact:** Fred Bowen Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [28] PS [ ] PS-Defib [3] BLS [ ] EMT-D [ ] LALS [20] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2

Name, address & telephone: Mauran Ambulance 1211 First Street San Fernando, CA 91340 (818) 365-3182			**Primary Contact:** Warren Mauran Supervisor		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [8] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 4

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: McCormick Ambulance and Paramedic Service 240 S. Sepulveda Blvd., Suite 201 Manhattan Beach, CA 90266 (310) 798-3300			**Primary Contact:** Jack Hunkapillar General Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [29] BLS [ ] EMT-D [ ] LALS [8] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 8

Name, address & telephone: Med-Event Medical 154 Lodge Pole Place, P.0. Box 133225 Big Bear Lake, CA 92315 (909) 584-2311				**Primary Contact:** Carl Hadden Owner	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [40] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 6 4 - Transport 2 - Non-Transport

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: MedReach Ambulance 1820 W. 220th Street, Suite 200 Torrance, CA 90501 (310) 781-9395			**Primary Contact:** Kathy McNab President		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [15] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 4

Name, address & telephone: Monrovia Fire Department 141 E. Lemon Avenue Monrovia, CA 91016 (818) 303-3473			**Primary Contact:** Steve Lennox, Captain Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [31] BLS [ ] EMT-D [ ] LALS [9] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 1 Non-Transport

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Montebello Fire Department 600 N. Montebello Blvd. Montebello, CA 90640 (213) 887-4510			**Primary Contact:** Mike Padgett		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [39] BLS [ ] EMT-D [ ] LALS [15] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2 (Non-Transport)

Name, address & telephone: Monterey Park Fire Department 350 W. Newmark Monterey Park, CA 91754 (818) 307-1264			**Primary Contact:** Captain Ward Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [27] BLS [ ] EMT-D [ ] LALS [24] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [ ] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Pasadena Fire Department 199 S. Los Robles Avenue, Suite 550 Pasadena, CA 91101 (818) 405-4112			**Primary Contact:** W. J. Milligan Battalion Chief		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [ ] BLS [168] EMT-D [ ] LALS [40] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 4

Name, address & telephone: Professional Ambulance (MedTrans) 440 W. Broadway Glendale, CA 91204 (818) 243-3100			**Primary Contact:** Phillip Sinclair Operations Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [106] BLS [ ] EMT-D [ ] LALS [45] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 40

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Pruner Health Services/Careline California 72 Moody Court Thousand Oaks, CA 91360 (805) 496-4664			**Primary Contact:** Barry Fisher Operations Manager		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [12] BLS [18] EMT-D [ ] LALS [57] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 14

Name, address & telephone: Raceway Rescue Services, Inc. 9506 E. Avenue T6 Littlerock, CA 93543 (805) 944-5351			**Primary Contact:** Larry Haydu President		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [12] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Redondo Beach Fire Department 401 S. Broadway Redondo Beach, CA 90277 (310) 318-0663			**Primary Contact:** Richard Elliott Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [64] PS [ ] PS-Defib [25] BLS [ ] EMT-D [ ] LALS [16] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 2

Name, address & telephone: Risher Ambulance Service 1316 W. Whittier Blvd. Montebello, CA 90640 (213) 728-1261			**Primary Contact:** Robert R. Risher Corp. President		
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [33] BLS [ ] EMT-D [ ] LALS [20] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 13

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: San Marino Fire Department 2200 Huntington Drive San Marino, CA 91108 (818) 300-0735			**Primary Contact:** Kevin Lennox, Captain Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [11] BLS [ ] EMT-D [ ] LALS [12] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 1

Name, address & telephone: Santa Fe Springs Fire Department 11300 Greenstone Avenue Santa Fe Springs, CA 90670 (310) 944-9713			**Primary Contact:** Gilbert Lama Battalion Chief		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [ ] BLS [50] EMT-D [ ] LALS [10] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 1 (Non-Transport)

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Santa Monica Fire Department 1444 7th Street Santa Monica, CA 90401 (310) 458-8658				**Primary Contact:** Mike McKean Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [60] BLS [ ] EMT-D [ ] LALS [38] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: 6 2 - Transport 4 - Non-Transport

Name, address & telephone: Schaefer Ambulance Service, Inc. 4627 W. Beverly Blvd. Los Angeles, CA 90004 (213) 468-1652				**Primary Contact:** Jim McNeal President	
Written Contract: [x] yes [ ] no	Service: [x] Ground [x] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [x] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [x] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [120] BLS [ ] EMT-D [48] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [x] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: 52

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: South Pasadena Fire Department 817 Mound South Pasadena, CA 91030 (818) 799-9105			**Primary Contact:** Phillip Guiral Battalion Chief		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [36] PS [ ] PS-Defib [36] BLS [ ] EMT-D [ ] LALS [9] ALS
Ownership: [x] Public [ ] Private	Medical Director: [ ] yes [x] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [x] yes [ ] no	Number of ambulances: __1__

Name, address & telephone: Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501 (310) 781-7018			**Primary Contact:** D. Raleigh Harris, Captain Paramedic Coordinator		
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [2] PS [ ] PS-Defib [150] BLS [12] EMT-D [ ] LALS [50] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [x] yes [ ] no	Number of ambulances: __4__ (Non-Transport)

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TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: United Health Enterprise (Some information unavailable)				**Primary Contact:**	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [ ] BLS [ ] EMT-D [ ] LALS [ ] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [ ] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [ ] yes [ ] no	Number of ambulances: ____

Name, address & telephone: West Covina Fire Department 1433 W. Puente West Covina, CA 91790 (818) 814-8505				**Primary Contact:** Bob Tannahill Paramedic Coordinator	
Written Contract: [ ] yes [x] no	Service: [x] Ground [ ] Air [ ] Water	[ ] Transport [x] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [74] PS [ ] PS-Defib [51] BLS [51] EMT-D [ ] LALS [18] ALS
Ownership: [x] Public [ ] Private	Medical Director: [x] yes [ ] no	If public: [x] Fire [ ] Law [ ] Other explain:_____	If public: [x] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24 hours? [ ] yes [ ] no	Number of ambulances: 2 (Non-Transport)

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Wilson Ambulance Service 38241 N. 6th Street East Palmdale, CA 93550 (805) 947-1234				**Primary Contact:** Doug Cain Director of Operations	
Written Contract: [x] yes [ ] no	Service: [x] Ground [ ] Air [ ] Water	[x] Transport [ ] Non-Transport	Air classification: [ ] auxiliary rescue [ ] air ambulance [ ] ALS rescue [ ] BLS rescue	If Air: [ ] Rotary [ ] Fixed Wing	Number of personnel providing services: [ ] PS [ ] PS-Defib [75] BLS [ ] EMT-D [ ] LALS [15] ALS
Ownership: [ ] Public [x] Private	Medical Director: [ ] yes [x] no	If public: [ ] Fire [ ] Law [ ] Other explain:_____	If public: [ ] city; [ ] county; [ ] state; [ ] fire district; [ ] Federal	System available 24hours? [ ] yes [ ] no	Number of ambulances: 20

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Antelope Valley College 3021 West Avenue K Lancaster, CA 93524		Vivian Thornton, R.N. (805) 943-3241
Student Eligibility:* Open	Cost of Program: Basic $52.00 Refresher $95.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 95 Refresher: 6 Cont. Education: 0 Expiration Date: 09/30/98 Number of courses: 8 Initial training 7 Refresher: 1 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
APT Associated Schools 3775 South Crenshaw Blvd. Los Angeles, CA 90016		Edward Croteau (213) 299-3980
Student Eligibility:* Open	Cost of Program: Basic $600.00 Refresher $100.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 43 Refresher: 16 Cont. Education: 0 Expiration Date: 01/31/96 Number of courses: 10 Initial training 7 Refresher: 3 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Terry Beadle (310) 510-0203
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 09/30/98 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Beverly Hills Fire Department 440 North Rexford Drive Beverly Hills, CA 90650		Raymond A. Navarro (310) 281-2703
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Burbank Fire Department 353 East Olive Avenue Burbank, CA 91501		Royce Nix (818) 953-8795
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Business Industry School 3721 W. Washington Blvd. Los Angeles, CA 90018		Paula Stuckey (213) 742-7390
Student Eligibility:* Open	Cost of Program: Basic $319.00 Refresher $25.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 112 Refresher: 5 Cont. Education: 0 Expiration Date: Pending Number of courses: 6 Initial training 5 Refresher: 1 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Cerritos College 11110 East Alondra Blvd. Norwalk, CA 90650		Henrietta Baramki (310) 860-2451, Ext. 2579
Student Eligibility:* Open	Cost of Program: Basic $50.00 Refresher $42.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 89 Refresher: 130 Cont. Education: 0 Expiration Date: 03/31/96 Number of courses: 7 Initial training 2 Refresher: 5 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Citrus College 1000 West Foothill Blvd. Glendora, CA 91640-1899		Marilyn Collins, R.N. (818) 914-8720 or 8721
Student Eligibility:* Open	Cost of Program: Basic $78.00 Refresher $26.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 100 Refresher: 24 Cont. Education: 0 Expiration Date: 12/31/96 Number of courses: 5 Initial training 3 Refresher: 2 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address	Contact Person Telephone No.
College of the Canyons 26455 North Rockwell Canyon Valencia, CA 91355	Helen Lusk, R.N. (805) 259-7800, Ext 369

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I
Open	Basic $70.00 Refresher $98.00	Number of students completing training per year: Initial training: 44 Refresher: 0 Cont. Education: 0 Expiration Date: 12/31/98 Number of courses: 2 Initial training 2 Refresher: 0 Cont. Education: 0

Training Institution Name / Address	Contact Person Telephone No.
College of the Oceaneering 272 S. Fries Avenue Wilmington, CA 90744	Mike Wilson (310) 834-2501

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I
Open	Basic $2,168.00 Refresher $125.00	Number of students completing training per year: Initial training: 79 Refresher: 328 Cont. Education: 0 Expiration Date: Pending Number of courses: 38 Initial training 7 Refresher: 31 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Compton R.O.P. 604 Tamarind Ave. Compton, CA 90220		Riley Johnson, Ph.D. (310) 763-5718 or (310) 898-6000
Student Eligibility:* Open	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: 27 Refresher: 0 Cont. Education: 0 Expiration Date: 01/31/96 Number of courses: 2 Initial training 2 Refresher: 0 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Culver City Fire Department 4095 Overland Avenue Culver City, CA 90230		David L. White (213) 202-5800
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address		Contact Person Telephone No.
Daniel Freeman Hospital 333 North Prairie Avenue Inglewood, CA 90301		Carol Gallagher (213) 674-7050 Ext 3580
Student Eligibility:* Open	Cost of Program: Basic $550.00 Refresher $125.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 72 Refresher: 149 Cont. Education: 0 Expiration Date: 03/31/96 Number of courses: 12 Initial training 5 Refresher: 7 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Downey Fire Department 12222 Paramount Boulevard Downey, CA 90241		Lonald Croom (310) 904-7349
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training ____ Refresher: _____ Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name / Address	Contact Person Telephone No.
East San Gabriel Valley R.O.P. 1024 West Workman Avenue West Covina, CA 91790	Blanche Franden, R.N. (818) 335-5350

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I
Open	Basic None Refresher _____	Number of students completing training per year: Initial training: 64 Refresher: 108 Cont. Education: 0 Expiration Date: Pending Number of courses: 14 Initial training 6 Refresher: 8 Cont. Education: 0

Training Institution Name / Address	Contact Person Telephone No.
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506	Junius Murray (310) 660-3600

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I
Open	Basic $60.00 Refresher $15.00	Number of students completing training per year: Initial training: 92 Refresher: 13 Cont. Education: 0 Expiration Date: 09/30/95 Number of courses: 4 Initial training 2 Refresher: 2 Cont. Education: 0

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address	Contact Person Telephone No.
El Monte Fire Department 3615 Santa Anita Ave El Monte, CA 91731	Phil Strough (818) 580-2150

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: Pending Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0
Dept. Personnel Only	Basic None Refresher ____	

Training Institution Name / Address	Contact Person Telephone No.
El Monte-Rosemead Adult School 10807 Ramona Blvd. El Monte, CA 91731	Cliff Hadsell (818) 443-9491

Student Eligibility:*	Cost of Program:	**Program Level: EMT-I Number of students completing training per year: Initial training: 42 Refresher: 7 Cont. Education: 0 Expiration Date: 03/15/99 Number of courses: 3 Initial training 2 Refresher: 1 Cont. Education: 0
Open	Basic $10.00 Refresher $10.00	

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
EMS Training Center 7946 Cambridge Avenue Rancho Cucamonga, CA 91730		Debbie Notturno (909) 941-7950
Student Eligibility:* Open	Cost of Program: Basic $675.00 Refresher $85.00	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: Pending Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Gardena Fire Department 1650 W. 162nd Street Gardena, CA 90247		Chief Larry Edwards (310) 217-9641
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher ____	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: Pending Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Glendale Community College 2361 Florencita Drive Montrose, CA 91020		Richard Hayne, R.N. (818) 249-1005
Student Eligibility:* Open	Cost of Program: Basic $200.00 Refresher $80.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 71 Refresher: 41 Cont. Education: 0 Expiration Date: 12/23/95 Number of courses: 8 Initial training 2 Refresher: 6 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
La Puente Valley R.O.P. 455 North Glendora Avenue La Puente, CA 91744		Dave Wolf (818) 965-3212
Student Eligibility:* Open	Cost of Program: Basic $60.00 Refresher $60.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 36 Refresher: 6 Cont. Education: 0 Expiration Date: 12/14/95 Number of courses: 3 Initial training 2 Refresher: 1 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
La Verne Fire Department 2061 3rd Street La Verne, CA 91750		Capt. Alan Chandler (714) 596-5991
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Long Beach Community College 4901 E. Carson Street Long Beach, CA 90808		Mary Callahan, R.N. (310) 420-4166
Student Eligibility:* Open	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: 65 Refresher: 48 Cont. Education: 0 Expiration Date: Pending Number of courses: 6 Initial training 4 Refresher: 2 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Long Beach Federal Fire Department 13 Naval Station, N24 Long Beach, CA 90822-5000		Noel Boucher (310) 547-7041
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 03/01/96 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Long Beach Fire Department 925 Harbor Plaza, Suite 100 Long Beach, CA 90802		Jim Ott, R.N. (310) 424-8055
Student Eligibility:* Fire Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 09/30/98 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Los Angeles City Fire Department 200 North Main Street Los Angeles, CA 90012		Donald Lee, EMT-P (213) 485-6554
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County/Department of Health Services Paramedic Training Institute 5555 Ferguson Drive, Suite 220 Commerce, CA 90022		Erika Reich (213) 890-7500
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 12/14/95 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County Fire Department 1320 North Eastern Ave. Los Angeles, CA 90063		Peggi Ingram-Comer, R.N. (213) 881-2436
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher None	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: Pending Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County Lifeguards 2300 Ocean Front Walk Venice, CA 90291		Capt. Robert Buchanan (310) 577-5703
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher ____	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: 01/31/96 Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County R.O.P. 9300 East Imperial Highway Downey, CA 90242		Karin Lyon Reynoso, R.N. (213) 922-6850 Ext. 6732
Student Eligibility:* Open	Cost of Program: Basic None Refresher Unknown	**Program Level: EMT-I Number of students completing training per year: Initial training: 206 Refresher: 31 Cont. Education: 0 Expiration Date: 12/31/98 Number of courses: 12 Initial training 10 Refresher: 2 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County Sheriff Department 130 South Fetterly Los Angeles, CA 90022		Ron Unger (213) 264-4151 Ext. 395
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County Sheriff Department - Reserves Forces Bureau 11515 S. Colima Road, #A-104 Whittier, CA 90019		Frank Torres (310) 946-7871
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 12/15/95 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744		Nancy Carson, R.N. (310) 522-8200 Ext. 341
Student Eligibility:* Open	Cost of Program: Basic $30.00 Refresher $10.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 1 Refresher: 0 Cont. Education: 0 Expiration Date: Pending Number of courses: 1 Initial training 1 Refresher: 0 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

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Training Institution Name / Address		Contact Person Telephone No.
Los Angeles Pierce College 6201 Winnetka Avenue Woodland Hills, CA 91344		Carol Delgado, R.N. (818)719-6477
Student Eligibility:* Open	Cost of Program: Basic $197.00 Refresher $60.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 100 Refresher: 33 Cont. Education: 0 Expiration Date: Pending Number of courses: 6 Initial training 2 Refresher: 4 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Manhattan Beach Fire Department 400 15th Street Manhattan Beach, CA 90266		Ken Shuck (213) 545-5621
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 09/30/98 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Midway Hospital 5925 San Vicente Blvd Los Angeles, CA 90019		Jeff Gould (714) 377-0252
Student Eligibility:* Open	Cost of Program: Basic $300.00 Refresher $100.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 99 Refresher: 63 Cont. Education: 0 Expiration Date: Pending Number of courses: 20 Initial training 10 Refresher: 10 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Monrovia Fire Department 415 South Ivy Avenue Monrovia, CA 91016-2888		Mike Cate Steven L. Elmgren (818) 303-3471 Ext. 147
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 12/07/95 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

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Training Institution Name / Address		Contact Person Telephone No.
Montebello Fire Department 600 N. Montebello Blvd. Montebello, CA 90640		Mike Padgett (213) 887-4510
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 02/28/99 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Monterey Park Fire Department 350 W. Newmark Monterey Park, CA 91754		Jeffrey Ward (818) 307-1270
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 11/12/93 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address	Contact Person Telephone No.
Mount San Antonio College 1100 North Grand Ave. Walnut, CA 91789	Stephen Williams, R.N., M.Ed. (909) 594-5611, Ext. 4657
Student Eligibility:* Open	Cost of Program: Basic $167.00 Refresher $76.00
	**Program Level: EMT-I Number of students completing training per year: Initial training: 91 Refresher: 18 Cont. Education: 0 Expiration Date: Pending Number of courses: 7 Initial training 5 Refresher: 2 Cont. Education: 0

Training Institution Name / Address	Contact Person Telephone No.
Northridge Medical Center 18300 Roscoe Blvd. Northridge, CA 91328	Mark Wolff (818)885-8500
Student Eligibility:* Open	Cost of Program: Basic $300.00 Refresher $100.00
	**Program Level: EMT-I Number of students completing training per year: Initial training: 53 Refresher: 23 Cont. Education: 0 Expiration Date: Pending Number of courses: 12 Initial training 7 Refresher: 5 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

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Training Institution Name / Address		Contact Person Telephone No.
North Valley Occupational Center - Pacoima Skills Center 11450 Sharp Avenue Mission Hills, CA 91345		Florence Duncan (818) 365-9645
Student Eligibility:* Open	Cost of Program: Basic $35.00 Refresher $40.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 188 Refresher: 53 Cont. Education: 0 Expiration Date: 06/19/99 Number of courses: 12 Initial training 7 Refresher: 5 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Pasadena City College 1570 E. Colorado Blvd. Pasadena, CA 91106		Lurelean Gaines (818) 585-7323 or (818) 585-7473
Student Eligibility:* Open	Cost of Program: Basic $45.00 Refresher Tuition	**Program Level: EMT-I Number of students completing training per year: Initial training: 141 Refresher: 6 Cont. Education: 0 Expiration Date: 02/28/96 Number of courses: 7 Initial training 5 Refresher: 2 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

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Training Institution Name / Address		Contact Person Telephone No.
Pasadena Fire Department 199 S. Los Robles Ave. #550 Pasadena, CA 91101		Mike Barilla (818) 405-4654
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Rio Hondo College 3600 Workman Mill Road Whittier, CA 90608		Lyla Eddington, R.N. (310) 908-4321
Student Eligibility:* Open	Cost of Program: Basic $25.00 Refresher Unknown	**Program Level: EMT-I Number of students completing training per year: Initial training: 88 Refresher: 57 Cont. Education: 0 Expiration Date: 02/28/96 Number of courses: 4 Initial training 3 Refresher: 1 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
San Marino Fire Department 2200 Huntington Drive San Marino, CA 91108		James Anderson (818) 300-0735
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: Pending Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Southern California R.O.P. 2300 Crenshaw Blvd Torrance, CA 90501		Stephen Lemmon. (310) 320-6700, Ext. 258
Student Eligibility:* Open	Cost of Program: Basic High School-No Charge Adult $100.00 Refresher $50.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 147 Refresher: 27 Cont. Education: 0 Expiration Date: 09/30/98 Number of courses: 24 Initial training 19 Refresher: 5 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
San Gabriel Fire Department 1303 South Del Mar San Gabriel, CA 91176		Karen York (818) 308-2880
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 12/07/95 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Santa Monica Fire Department 1444 7th Street Santa Monica, CA 90401		Capt. Mike McKean (213) 828-0950
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: 0 Expiration Date: 10/31/98 Number of courses: _____ Initial training _____ Refresher: _____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Sierra Madre Fire Department 242 W. Sierra Madre Blvd. Sierra Madre, CA 91204		Rick Haynes (818) 843-5111 Ext. 7291
Student Eligibility:* Open	Cost of Program: Basic $200.00 Refresher $80.00	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: Pending Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501		Capt. Raleigh Harris (213) 618-2917
Student Eligibility:* Dept. Personnel Only	Cost of Program: Basic None Refresher None	**Program Level: EMT-I Number of students completing training per year: Initial training: ____ Refresher: ____ Cont. Education: 0 Expiration Date: 07/01/95 Number of courses: ____ Initial training ____ Refresher: ____ Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Tri-Cities R.O.P. 9401 South Painter Avenue Whittier, CA 90605		Faye Munoz (213) 698-9571
Student Eligibility:* Open	Cost of Program: Basic None Refresher _____	**Program Level: EMT-I Number of students completing training per year: Initial training: 63 Refresher: 38 Cont. Education: 0 Expiration Date: Pending Number of courses: 16 Initial training 6 Refresher: 10 Cont. Education: 0

Training Institution Name / Address		Contact Person Telephone No.
UCLA Emergency Medical Center 924 Westwood Blvd. #720 Los Angeles, CA 90024		Baxter Larmon, EMT-P (310) 206-0176
Student Eligibility:* Open	Cost of Program: Basic $325.00 Refresher $175.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 378 Refresher: 224 Cont. Education: 0 Expiration Date: 03/31/96 Number of courses: 76 Initial training 54 Refresher: 22 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		**Contact Person Telephone No.**
Valley Presbyterian Hospital 15107 Van Owen Street Van Nuys, CA 91409		Fred Miller (818) 782-3606
Student Eligibility:* Open	Cost of Program: Basic $350.00 Refresher $125.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 96 Refresher: 158 Cont. Education: 0 Expiration Date: Pending Number of courses: 20 Initial training 9 Refresher: 11 Cont. Education: 0

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** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Daniel Freeman Paramedic School 333 N. Prairie Avenue Inglewood, CA 90301		Jeannie Fukuyama (310) 674-7050 Ext. 3407
Student Eligibility:* Open	Cost of Program: $2,900.00 + books	**Program Level: EMT-P Number of students completing training per year: Initial training: approx 155 Expiration Date: 12/31/95 Number of courses: 5 Initial training 5

Training Institution Name / Address		Contact Person Telephone No.
Los Angeles County Paramedic Training Institute 5555 Ferguson Drive, Suite 220 Commerce, CA 90022		Erika Reich (213) 890-7500
Student Eligibility:* Open	Cost of Program: $2,228.00	**Program Level: EMT-P Number of students completing training per year: Initial training: approx 135 Expiration Date: 12/31/95 Number of courses: 5 Initial training 5

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TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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Training Institution Name / Address		Contact Person Telephone No.
Mt. San Antonio College Paramedic Program 1100 N. Grand Avenue Walnut, CA 91789		Stephen Williams (909) 594-5611 Ext. 4750
Student Eligibility: * Open	**Cost of Program:** $350.00 + books	**Program Level: EMT-P Number of students completing training per year: Initial training: approx. 50 Expiration Date: 12/31/95 Number of courses: 3 Initial training: 3

* Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

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TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	AMI Tarzana Regional Medical Center 18321 Clark Street Tarzana, CA 91356 (818) 881-0800				**Primary Contact:** Emergency Department Director		
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]				Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no	
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****	

Name, address & telephone:	AMI, South Bay Hospital 514 N. Prospect Avenue Redondo Beach, CA 90277 (310) 318-4706				**Primary Contact:** Prehospital Care Coordinator		
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]				Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no	
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Alhambra Community Hospital 100 S. Raymond Avenue Alhambra, CA 91801 (818) 570-1606				**Primary Contact:** Emergency Department Director		
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]				Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no	
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****	

Name, address & telephone:	Antelope Valley Medical Center 1600 W. Avenue J Lancaster, CA 93534 (805) 949-5000				**Primary Contact:** Prehospital Care Coordinator		
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]				Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no	
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Avalon Municipal Hospital 100 Falls Canyon Road Avalon, CA 90704 (310) 510-0700				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Barlow Hospital 2000 Stadium Way Los Angeles, CA 90026 (213) 250-4200				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Bay Harbor Hospital, Inc. 1437 W. Lomita Blvd. Harbor City, CA 90710 (310) 325-1221			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Bellflower Doctor's Hospital 9542 E. Artesia Blvd. Bellflower, CA 90706 (310) 925-8355			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Bellwood General Hospital 10250 E. Artesia Blvd. Bellflower, CA 90706 (310) 866-5618				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Beverly Hills Medical Center 1177 S. Beverly Drive Beverly Hills, CA 90035 (310) 551-7941				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service (suspended) Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Beverly Hospital 309 W. Beverly Blvd. Montebello, CA 90640 (213) 725-4225				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Brotman Memorial Hospital Medical Center 3828 Delmar Terrace Culver City, CA 90231 (310) 202-4745				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	California Medical Center - Los Angeles 1401 S. Grand Avenue Los Angeles, CA 90015 (213) 748-2411			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Casa Colina 255 E. Bonita Avenue Pomona, CA 91767 (909) 593-7521			**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Cedars Sinai Medical Center 8700 Beverly Blvd. Los Angeles, CA 90048 (310) 855-6517				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:**	[ ] yes [x] no	PICU:*** [x] yes [ ] no		Burn Center: [ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****I

Name, address & telephone:	Centinela Hospital Medical Center 555 E. Hardy Street Inglewood, CA 90301 (310) 673-4660				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Century City Hospital 2070 Century Park East Los Angeles, CA 90067 (310) 553-6211			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Charter Community Hospital 21530 S. Pioneer Blvd. Hawaiian Gardens, CA 90716 (310) 860-0401			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Children's Hospital of Los Angeles 4650 Sunset Blvd. Los Angeles, CA 90027 (213) 660-2450			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:** [ ] yes [x] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****I

Name, address & telephone:	City of Hope National Medical Center 1500 E. Duarte Road Duarte, CA 91010 (818) 359-8111			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Coast Plaza Doctors Hospital 13100 Studebaker Road Norwalk, CA 90650 (310) 868-3751				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: College Hospital 10802 College Place Cerritos, CA 90701 (310) 924-9581				**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Community Hospital of Huntington Park 2623 E. Slauson Avenue Huntington Park, CA 90255 (213) 583-1931				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Community Hospital of Gardena 1246 155th Street Gardena, CA 90247 (310) 323-5330				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Covina Valley Hospital 845 N. Lark Ellen Avenue West Covina, CA 91791 (818) 339-5452				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Daniel Freeman Marina Hospital 4650 Lincoln Blvd. Marina Del Rey, CA 90291 (310) 823-8911				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Daniel Freeman Memorial Hospital 333 N. Prairie Avenue Inglewood, CA 90301 (310) 674-7050				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Doctors Hospital of West Covina 725 S. Orange Avenue West Covina, CA 91790 (818) 338-8481				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Doheny Eye Hospital 1537 Norfolk Street Los Angeles, CA 90033 (213) 342-6500				**Primary Contact:** Chief Executive Officer		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Downey Community Hospital 11500 Brookshire Avenue Downey, CA 90242 (310) 904-5033				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: East Los Angeles Doctors Hospital 4060 E. Whittier Blvd. Los Angeles, CA 90023 (213) 268-5514				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Encino Tarzana Medical Center 16237 Ventura Blvd. Encino, CA 91436 (818) 995-5000				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Foothill Presbyterian Hospital 250 S. Grand Avenue Glendora, CA 91740 (818) 963-8411				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Garfield Medical Center 525 N. Garfield Monterey Park, CA 91754 (818) 573-2222				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Gateways Hospital 1891 Effie Street Los Angeles, CA 90026 (213) 666-0171				**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Glendale Adventist Medical Center 1509 Wilson Terrace Glendale, CA 91206 (818) 409-8202				**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Glendale Memorial Hospital & Health Center Central and Los Feliz Glendale, CA 91225 (818) 502-1900				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Glendora Community Hospital 150 W. Alosta Avenue Glendora, CA 91740 (818) 335-0231				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Granada Hills Community Hospital 10445 Balboa Blvd. Granada Hills, CA 91344 (818) 368-2609			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Greater El Monte Community Hospital 1701 N. Santa Anita El Monte, CA 91733 (818) 579-7777			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Hawthorne Hospital 13300 S. Hawthorne Hawthorne, CA 90250 (310) 679-3321			**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Henry Mayo Newhall Memorial Hospital 23845 McBean Parkway Valencia, CA 91355 (805) 253-8000			**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Hollywood Community Hospital 6245 DeLongpre Avenue Hollywood, CA 90028 (213) 462-2271			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Holy Cross Hospital Medical Center 15031 Rinaldi Mission Hills, CA 91345 (818) 365-8051			**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Hospital of the Good Samaritan 616 S. Witmer Street Los Angeles, CA 90017 (213) 977-2423				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Huntington Memorial Hospital 100 Congress Street Pasadena, CA 91105 (818) 397-5000				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:**	[ ] yes [x] no	PICU:*** [x] yes [ ] no		Burn Center: [ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Inter-Community Medical Center 210 W. Bernardino Road Covina, CA 91723 (818) 915-6243			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Kaiser Hospital - Bellflower 9400 E. Rosecrans Avenue Bellflower, CA 90706 (310) 920-4853			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Kaiser Hospital - Harbor City 25825 S. Vermont Avenue Harbor City, CA 90710 (310) 325-5511			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Kaiser Hospital - Panorama City 13652 Cantara Street Panorama City, CA 91402 (818) 375-2000			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Kaiser Hospital - Sunset 4867 Sunset Blvd. Los Angeles, CA 90027 (213) 667-4011			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Kaiser Hospital - West Los Angeles 6041 Cadillac Avenue Los Angeles, CA 90034 (213) 857-2000			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Kaiser Hospital - Woodland Hills 5601 De Soto Avenue Woodland Hills, CA 91367 (818) 719-2000				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: L.A. County - Harbor-UCLA Medical Center 1000 W. Carson Street Torrance, CA 90509 (310) 222-2345				**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x] yes [ ] no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:** [ ] yes [x] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****I

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	L.A. County - High Desert Hospital 44900 N. 60th Street West Lancaster, CA 93536 (805) 948-8581				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	L.A. County - King/Drew Medical Center 12021 Wilmington Avenue Los Angeles, CA 90059 (310) 603-3628				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [x] yes [ ] no		Burn Center: [ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****I

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: L.A. County - Olive View Medical Center 14445 Olive View Drive Sylmar, CA 91342 (818) 364-4320				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: L.A. County - Rancho Los Amigos Hospital 7601 Imperial Highway Downey, CA 90242 (310) 940-7033				**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	L.A. County + USC Medical Center 1200 N. State Street Los Angeles, CA 90033 (213) 226-6707			**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [x]			Base Hospital: [x]yes [ ]no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:** [ ] yes [x] no	PICU:*** [x] yes [ ] no	Burn Center: [x] yes [ ] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****I

Name, address & telephone:	Lakewood Regional Medical Center 3700 E. South Street Lakewood, CA 90712 (310) 602-6800			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Lancaster Community Hospital 43830 N. 10th Street West Lancaster, CA 93534 (805) 940-1420			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Lanterman Development Center 3530 Pomona Blvd. Pomona, CA 91768 (909) 595-1221			**Primary Contact:** Chief Executive Officer	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Las Encinas Hospital 2900 E. Del Mar Blvd. Pasadena, CA 91107 (818) 795-9901				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Lincoln Hospital 443 S. Soto Los Angeles, CA 90033 (213) 261-1181				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Little Company of Mary Hospital 4101 Torrance Blvd. Torrance, CA 90503 (310) 540-7676			**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Long Beach Community Hospital 1720 Termino Avenue Long Beach, CA 90804 (310) 498-1000			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Long Beach Doctors Hospital 1725 Pacific Avenue Long Beach, CA 90813 (310) 599-3551				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Long Beach Memorial Medical Center 2801 Atlantic Avenue Long Beach, CA 90801 (310) 595-2133				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [x] yes [ ] no		Burn Center: [ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Los Altos Hospital 3340 Los Coyotes Diagonal Long Beach, CA 90808 (310) 421-9311				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Los Angeles Community Hospital 4081 E. Olympic Blvd. Los Angeles, CA 90023 (213) 267-0477				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Los Angeles Community Hospital of Norwalk 13222 Bloomfield Avenue Norwalk, CA 90650 (310) 863-4763				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Los Angeles Metropolitan Medical Center 2231 S. Western Avenue Los Angeles, CA 90018 (213) 737-7372				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Medical Center of North Hollywood 12629 Riverside Drive North Hollywood, CA 91607 (818) 980-9200				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Memorial Hospital of Gardena 1145 W. Redondo Beach Blvd. Gardena, CA 90247 (310) 532-4200				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Memorial Hospital of Glendale 1420 S. Central Avenue Glendale, CA 91204 (818) 502-2344				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Memorial Hospital of Southern California 300 W. Huntington Drive Arcadia, CA 91007 (818) 445-4441				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Metropolitan State Hospital 11400 S. Norwalk Blvd. Norwalk, CA 90650 (310) 863-7011				**Primary Contact:** Chief Executive Officer		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Midway Hospital Medical Center 5925 San Vicente Los Angeles, CA 90019 (213) 938-3161				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Mission Community Hospital Panorama City 14850 Roscoe Blvd. Panorama City, CA 91402 (818) 787-2222			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Mission Community Hospital San Fernando 700 Chatsworth Drive San Fernando, CA 91340 (818) 361-7331			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Mission Hospital of Huntington Park 3111 E. Florence Huntington Park, CA 90255 (213) 582-8261				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Monrovia Community Hospital 323 S. Heliotrope Avenue Monrovia, CA 91016 (818) 359-8341				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Monterey Park Hospital 900 S. Atlantic Blvd. Monterey Park, CA 91754 (818) 570-5758				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Motion Picture & Television Hospital 23388 Mulholland Drive Woodland Hills, CA 91364 (818) 876-1888				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Newhall Community Hospital 24237 N. San Fernando Road Newhall, CA 91321 (805) 259-6300				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Northridge Hospital Medical Center 18300 Roscoe Blvd. Northridge, CA 91328 (818) 885-8500				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****OO

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Northridge Hospital Med. Center-Sherman Way Campus 14500 Sherman Circle Van Nuys, CA 91405 (818) 997-0101				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Orthopedic Hospital 2400 S. Flower Street Los Angeles, CA 90007 (213) 742-1161				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [x] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Pacific Alliance Medical Center 531 W. College Street Los Angeles, CA 90012 (213) 624-8411				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Pacific Hospital of Long Beach 2776 Pacific Avenue Long Beach, CA 90806 (310) 595-1911				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Pacifica of the Valley Hosptial 9449 San Fernando Road Sun Valley, CA 91352 (818) 767-3310				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Palmdale Hospital Medical Center 1212 East Avenue South Palmdale, CA 93550 (805) 273-2211				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Pine Grove Psychiatric Hospital 7011 Shoup Avenue Canoga Park, CA 91307 (818) 348-0500				**Primary Contact:** Chief Executive Officer		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Pioneer Hospital 17831 S. Pioneer Blvd. Artesia, CA 90701 (310) 865-6291				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Pomona Valley Community Hospital 1798 N. Garey Pomona, CA 91767 (909) 865-9500				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Presbyterian Intercommunity Hospital 12401 E. Washington Whittier, CA 90602 (310) 698-0811				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Queen of Angels/Hollywood Presbyterian 1300 N. Vermont Avenue Los Angeles, CA 90027 (213) 413-3000				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Queen of the Valley Hospital 1115 S. Sunset Avenue West Covina, CA 91790 (818) 814-2434				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Rio Hondo Memorial Hospital 8300 Telegraph Downey, CA 90240 (310) 806-1821			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Robert F. Kennedy Medical Center 4500 W. 116th Street Hawthorne, CA 90250 (310) 970-0653			**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: San Dimas Community Hospital 1350 W. Covina Blvd. San Dimas, CA 91773 (818) 963-7651				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: San Gabriel Valley Medical Center 218 S. Santa Anita Street San Gabriel, CA 91776 (818) 289-5454				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	San Pedro Peninsula Hospital 1300 W. 7th Street San Pedro, CA 90732 (310) 514-5350				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	San Vicente Hospital 6000 San Vicente Blvd. Los Angeles, CA 90036 (213) 937-2504				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Santa Marta Hospital 319 N. Humphrey Avenue Los Angeles, CA 90022 (213) 266-6500				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Santa Monica Hospital Medical Center 1225 15th Street Santa Monica, CA 90404 (310) 319-4765				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Santa Teresita Hospital 819 Buena Vista Street Durate, CA 91010 (818) 359-3243				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Sherman Oaks Hospital & Health 4929 Van Nuys Blvd. Sherman Oaks, CA 91403 (818) 981-7111				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no		Burn Center: [x] yes [ ] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Shriner Hospital for Crippled Children 3160 Geneva Street Los Angeles, CA 90020 (213) 388-3151				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[x] [ ] [ ] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	St. Francis Medical Center 3630 E. Imperial Highway Lynwood, CA 90262 (310) 603-6060				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	St. John's Hospital/Health Center 1328 22nd Street Santa Monica, CA 90404 (310) 829-8212				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	St. Joseph Medical Center 501 S. Buena Vista Street Burbank, CA 91505 (818) 843-5111				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:***	[ ] yes [x] no	Burn Center: [ ] yes [x] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: St. Luke Medical Center 2632 E. Washington Blvd. Pasadena, CA 91109 (818) 797-1141				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: St. Mary Medical Center 1050 Linden Avenue Long Beach, CA 90813 (310) 491-9000				**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x]yes [ ]no	Pediatric Critical Care Center:* [x] yes [ ] no
EDAP:** [ ] yes [x] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [x] yes [ ] no	If Trauma Center what Level:****II

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: St. Vincent Medical Center 2131 W. 3rd Street Los Angeles, CA 90057 (213) 484-7301				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Suburban Medical Center 16453 Colorado Avenue Paramount, CA 90723 (310) 531-3110				**Primary Contact:** Prehospital Care Coordinator	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Temple Community Hospital 235 N. Hoover Street Los Angeles, CA 90004 (213) 382-7252				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Thompson Memorial Hospital 466 E. Olive Avenue Burbank, CA 91501 (818) 953-6543				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Torrance Memorial Medical Center 3330 Lomita Blvd. Torrance, CA 90505 (310) 325-9110				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[x] yes [ ] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center:	[x] yes [ ] no	Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	UCLA Medical Center 10833 Le Conte Avenue Los Angeles, CA 90024 (310) 825-2111				**Primary Contact:** Prehospital Care Coordinator		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [ ] [x]		Base Hospital:	[x]yes [ ]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [x] yes [ ] no	Burn Center:	[ ] yes [x] no	Trauma Center:	[x] yes [ ] no	If Trauma Center what Level:****I

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

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TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: USC Kenneth Norris Jr. Cancer Hospital 1441 Eastlake Avenue Los Angeles, CA 90033 (213) 224-6600				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: USC - University Hospital 1500 San Pablo Street Los Angles, CA 90033 (213) 342-8500				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: VA Medical Center - Long Beach 5901 E. 7th Street Long Beach, CA 90822 (310) 494-2611				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: VA Medical Center - West Los Angeles 11301 Wilshire Blvd. West Los Angeles, CA 90073 (310) 478-3711				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Valley Presbyterian Hospital 15107 Vanowen Street Van Nuys, CA 91405 (818) 782-6600				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Van Nuys Hospital 15220 Vanowen Street Van Nuys, CA 91405 (310) 787-0123				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Vencor Hospital - Los Angeles 5525 W. Slauson Los Angeles, CA 90056 (310) 642-0396				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [x] Standby emergency service [ ] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Verdugo Hills Hospital 1812 Verdugo Blvd. Glendale, CA 91208 (818) 790-7100				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Washington Medical Center 12101 W. Washington Blvd. Culver City, CA 90230 (310) 391-0601			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [x] Basic emergency service [ ] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	West Hills Regional Medical Center 7300 Medical Center Drive West Hills, CA 91307 (818) 712-4199			**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone:	Westlake Medical Center 4415 S. Lakeview Canyon Westlake Village, CA 91361 (818) 706-6182				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:	Westside Hospital 910 S. Fairfax Avenue Los Angeles, CA 90036 (213) 938-3431				**Primary Contact:** Emergency Department Director		
Written Contract	[ ] yes [x] no	Referral emergency service Standby emergency service Basic emergency service Comprehensive emergency service	[ ] [ ] [x] [ ]		Base Hospital:	[ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:**	[ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center:	[ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: White Memorial Medical Center 1720 Cesar Chavez Avenue Los Angeles, CA 90033 (213) 268-5000				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [x] yes [ ] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone: Whittier Hospital Medical Center 15151 Janine Drive Whittier, CA 90606 (310) 945-3561				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [x] yes [ ] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Woodruff Community Hospital 3800 Woodruff Avenue Long Beach, CA 90808 (310) 421-8241				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ] yes [x] no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

Name, address & telephone:				**Primary Contact:** Emergency Department Director	
Written Contract [ ] yes [x] no	Referral emergency service [ ] Standby emergency service [ ] Basic emergency service [x] Comprehensive emergency service [ ]			Base Hospital: [ ]yes [x]no	Pediatric Critical Care Center:* [ ] yes [x] no
EDAP:** [ ] yes [x] no	PICU:*** [ ] yes [x] no	Burn Center: [ ] yes [x] no		Trauma Center: [ ] yes [x] no	If Trauma Center what Level:****

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
**** Levels I, II, III and Pediatric

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Adams Ambulance Service, Inc. 8633 California Avenue South Gate, CA 90280 (213) 567-1251			**Primary Contact:** Rick J. Larson Vice President	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __16__ Other PS & EMT-I	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __21__

Name, address & telephone: Alhambra Fire/Police Department 301 N. First Street Alhambra, CA 91801 (818) 570-5190			**Primary Contact:** Ray Mosak, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __14__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __2__

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: American Medical Enterprises (AME) 12505 E. Lambert Road Whittier, CA 90606 (310) 698-8011			**Primary Contact:** Vicki L. Smith, V.P. Corp. Oper. Manager	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __8__ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __9__

Name, address & telephone: APT Ambulance 3773 S. Crenshaw Blvd. Los Angeles, CA 90038 (213) 299-3980			**Primary Contact:** Vance Smith President	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __7__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __28__

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Arcadia Fire Department 141 E. Lemon Avenue Monrovia, CA 91016 (818) 303-3473			**Primary Contact:** Steve Lennox, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 13 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 3 (Covers Monrovia Fire Department0

Name, address & telephone: Beverly Hills Fire/Police Department 445 N. Rexford Drive Beverly Hills, CA 90210 (310) 285-2123			**Primary Contact:** Barbara Phelps Communications Manager	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 2 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 2

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Covina Fire/Police Department 400 N. Citrus Covina, CA 91723 (818) 858-5500			**Primary Contact:** Paul B. Beaver, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 7 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 1

Name, address & telephone: Crippen Ambulance Service 234 E. Badillo Covina, CA 91723 (818) 967-5191			**Primary Contact:** Bruce B1unt Operations Manager	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 15 Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 52

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Culver City Fire/Police Department 9600 Culver Blvd. Culver City, CA 90232 (310) 202-5800			**Primary Contact:** Captain Jeff Eastma Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __11__ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __2__

Name, address & telephone: El Monte Fire Department 3615 N. Santa Anita Avenue El Monte, CA 91731 (818) 580-2150			**Primary Contact:** Doug Ludolph Battalion Chief	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __3__ Other non-medical	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __2__

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Emergency Ambulance Service, Inc. 495 S. Brea Blvd. Brea, CA 92621 (714) 990-1331			**Primary Contact:** Scott Pipkin Operations Supervisor	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 9

Name, address & telephone: Goodhew Ambulance Service, Inc. 5420 W. Jefferson Blvd. Los Angeles, CA 90016 (213) 931-5555			**Primary Contact:** Douglas E. Brown, Manager Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☒ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 24 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 76

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Gerber Ambulance 1854 E. Corson Pasadena, CA 91107 (818) 792-3688			**Primary Contact:** Chris Smith Contract Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS ___5___ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: ___16___

Name, address & telephone: Hermosa Beach Fire/Police Department 540 Pier Avenue Hermosa Beach, CA 90254 (310) 365-2479			**Primary Contact:** Paul Hawkins Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ___9___ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: ___3___

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Inglewood Fire/Police Department One Manchester Blvd. Inglewood, CA 90301 (310) 412-5350			**Primary Contact:** Julian Ysais Fire Chief	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D ____ ALS _____ BLS _____ LALS ?? Other no medical training	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 4

Name, address & telephone: Joint Powers Communications & Operations 12222 Paramount Blvd. Downey, CA (310) 904-7313			**Primary Contact:** Dave Simmons	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 8 Other non-medical	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 7 Covers Downey, Santa Fe Springs, Compton and Montebello

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: LaVerne Fire/Police Department 2061 Third Street LaVerne, CA 91750 (909) 596-5991			**Primary Contact:** Santa Morello Battalion Chief	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __10__ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __1__

Name, address & telephone: Long Beach Fire Department 925 Harbor Plaza, Suite 100 Long Beach, CA 90802 (310) 570-2552			**Primary Contact:** Mike Skelly Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☒ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __20__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __19__

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Los Angeles City Fire Department 200 N. Main Street Los Angeles, CA 90012 (213) 485-6609			**Primary Contact:** Alan Cowen Chief Paramedic	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☒ Air ☒ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 69 EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 65

Name, address & telephone: Los Angeles County Fire Dept. - Lifeguard Division 2300 Ocean Front Walk Venice, CA 90291 (310) 577-5700			**Primary Contact:** Randy Degregori Assistant Chief Lifeguard	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 21 Other PS & EMT-I	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:____	If public: ☐ city; ☒ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 2

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Los Angeles County Fire Department Sheriff's Air Squad 1320 N. Eastern Avenue Los Angeles, CA 90063 (213) 881-6183			**Primary Contact:** Battalion Chief 36	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☒ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 60 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☒ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 64

Name, address & telephone: Mauran Ambulance 1211 First Street San Fernando, CA 91340 (818) 365-3182			**Primary Contact:** Warren Mauran Supervisor	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 2 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 4

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: McCormick Ambulance & Paramedic Service 240 S. Sepulveda Blvd., Suite 201 Manhattan Beach, CA 90266 (310) 798-3300			**Primary Contact:** Jack Hunkapillar General Manager	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D ____ ALS _____ BLS _____ LALS __5_ Other past EMT-I trained	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __8__

Name, address & telephone: Medreach Ambulance 1820 W. 220th Street, Suite 200 Torrance, CA 90501 (310) 781-9395			**Primary Contact:** Kathy McNab President	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __4__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __4__

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Monterey Park Fire/Police Department 320 W. Newmark Avenue Monterey Park, CA 91754 (818) 307-1423			**Primary Contact:** Ansel R. Boyce Battalion Chief	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 8 Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 2

Name, address & telephone: Professional Med Trans Ambulance 440 W. Broadway Glendale, CA 91204 (818) 243-3100			**Primary Contact:** Phillip Sinclair Operations Manager	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 17 Other PS & EMT-I	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 40

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Redondo Beach Fire/Police Department 401 S. Broadway Redondo Beach, CA 90277 (310) 318-0663			**Primary Contact:** Richard Elliott Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __18__ Other non-medical	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: _____

Name, address & telephone: Regional Communications Center 12227 S. Hawthorne Way Hawthorne, CA (310) 973-1802			**Primary Contact:** Dennis Warner	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __8__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __9__

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Risher, Inc. 1316 W. Whittier Blvd. Montebello, CA 90640 (213) 728-1261			**Primary Contact:** Robert. R. Risher Corp. President	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __5__ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __13__

Name, address & telephone: San Marino Fire Department 2200 Huntington Drive San Marino, CA 91108 (818) 300-0735			**Primary Contact:** Kevin Lennox, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __1__ Other non-medical	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __1__

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TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Santa Monica Fire Department 1444 7th Street Santa Monica, CA 90401 (310) 458-8658			**Primary Contact:** Mike McKean, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 6 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 6

Name, address & telephone: Schaefer Ambulance Service, Inc. 4627 W. Beverly Blvd. Los Angeles, CA 90004 (213) 468-1652			**Primary Contact:** Jim McNeal President	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☒ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS 17 Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☒ yes ☐ no	If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 52

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: South Pasadena Fire/Police Department 817 Mound South Pasadena, CA 91030 (818) 799-9105			**Primary Contact:** Philip Guiral Battalion Chief	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS __6__ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☒ no	If public: ☒ Fire ☒ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __1__

Name, address & telephone: Torrance Fire Department 1701 Crenshaw Blvd. Torrance, CA 90501 (310) 781-7018			**Primary Contact:** D. Raleigh Harris, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: __5__ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: __11__

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Verdugo Fire Dispatch 421 Oak Street Glendale, CA 91204 (818) 548-3330			**Primary Contact:** Rick Kaufman	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 12 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☐ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☒ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: _____ Glendale Fire Department, Pasadena Fire Department Burbank Fire Department

Name, address & telephone: West Covina Fire Department 1433 W. Puente West Covina, CA 91790 (818) 814-8505			**Primary Contact:** Bob Tannahill, Captain Paramedic Coordinator	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 19 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other	
Ownership: ☒ Public ☐ Private	Medical Director: ☒ yes ☐ no	If public: ☒ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 2

TAB 11: RESOURCES DIRECTORY -- Dispatch Agency

Revision #1 [2/16/95]

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 1994

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

Name, address & telephone: Wilson Ambulance Service 38241 N. 6th Street East Palmdale, CA 93550 (805) 947-1234			**Primary Contact:** Doug Cain Director of Operations	
Written Contract: ☐ yes ☒ no	Service: ☒ Ground ☐ Air ☐ Water	☒ Day-to-day ☒ Disaster	Number of Personnel providing services: 5 EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other	
Ownership: ☐ Public ☒ Private	Medical Director: ☐ yes ☒ no	If public: ☐ Fire ☐ Law ☐ Other explain:____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal	Number of Ambulances: 20

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Los Angeles **County:** Los Angeles **Date:** August, 1995

NOTE: Information on Table 11a is to be completed for each county.

County Office of Emergency Services (OES) Coordinator:

Lieutenant Mark Thompson
Work Telephone No.: (213) 893-2481
Home Telephone No.: N/A
Office Pager No.: (213) 971-2291 Code #608230
FAX No.: (213) 626-6075
24-HR No. N/A

Alternate's Name:

Robert Garrott
Work Telephone No.: (213) 974-1146
Home Telephone No.: N/A
Office Pager No.: (213) 971-2291 Code #602428
FAX No.: (213) 626-6075
24-HR No.: N/A

County EMS Disaster Medical Services (DMS) Coordinator:

Darlene Isbell
Work Telephone No.: (213) 890-7543
Home Telephone No.: (310) 860-6396
Office Pager No.: (213) 971-2291 Code #608642
FAX No.: (213) 890-8536
24-HR No.: N/A

Alternate's Name:

Miguel Ascarrunz
Work Telephone No.: (213) 890-7515
Home Telephone No.: (213) 256-6949
Office Pager No.: (213) 971-2291 Code #802394
FAX No.: (213) 890-8528
24-HR No.: N/A

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

NOTE: Information on Table 11a is to be completed for each county.

County Health Officer's Name:

Robert C. Gates

Work Telephone No.: (213) 240-8101

Home Telephone No.: N/A

Office Pager No.: N/A

FAX No.: N/A

24-HR No.: N/A

Alternate's Name:

Virginia Price Hastings

Work Telephone No.: (213) 890-7545

Home Telephone No.: N/A

Office Pager No.: (213) 971-2291 Code #801808

FAX No.: (213) 890-8536

24-HR No.: N/A

Medical/Health EOC telephone no.: (213) 890-7601

Amateur Radio contact name: Darlene Isbell

Who is the RDMHC for your region? San Luis Obispo

Medical/Health EOC FAX No.: (213) 890-8732

Medical/Health radio frequency used: 145.300 Mhz (2-meter)

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

OES Region: Southern Region **County:** Los Angeles **Date:** August, 1995

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional OES Coordinator:

Cheryl Tateishi
Work Telephone No.: (310) 795-2900
Home Telephone No.: N/A
Office Pager No.: N/A
FAX No.: (310) 795-2877
24-hour No.: N/A

Alternate's Name:

Keith Harrison
Work Telephone No.: (310) 795-2911
Home Telephone No.: N/A
Office Pager No.: (310) 501-8805 or (916) 535-8014
FAX No.: (310) 795-2877
24-HR No.: N/A

Regional Disaster Coordinator:

Jo Kimmel (Health)
Work Telephone No.: (818) 304-8382
Home Telephone No.: N/A
Office Pager No.: (916) 552-4300 or (818) 604-5681
FAX No.: (310) 795-2877
24-hour No.: N/A

Alternate's Name:

Pradip Desai (Hazardous Materials)
Work Telephone No.: (310) 795-2903
Home Telephone No.: N/A
Office Pager No.: (916) 535-3124 or (310) 992-7672
FAX No.: (310) 795-2877
24-HR No.: N/A

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont)

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional Disaster Medical Health Coordinator:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-hour No.: _____

NO RDMHC PROJECT

Alternate's Name:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-HR No.: _____

Regional Ambulance Transportation Coordinator:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-hour No.: _____

Alternate's Name:

Work Telephone No.: _____

Home Telephone No.: _____

Office Pager No.: _____

FAX No.: _____

24-HR No.: _____

Medical/Health EOC telephone no.: _____

Medical/Health EOC FAX No.: _____

Amateur Radio contact name: _____

Medical/Health radio frequency used: _____

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

Description of Plan Development Process

To lay the groundwork for the future, in general, and the EMS Plan specifically, the Los Angeles County Emergency Medical Services Agency convened a forum of knowledgeable EMS representatives on October 26 and 27, 1993, to discuss evolving trends in EMS and to recommend strategies for meeting the EMS needs of Los Angeles County's population. The forum was titled *"Moving EMS Into the 21st Century"* and results were compiled into a Final Report dated January, 1994. Invited members of the forum represented all EMS Community entities, both public and private, including hospitals, provider agencies, community groups, fire departments, ambulance companies and professional community groups.

The Forum became the stepping stone to the development of the EMS Plan. Subsequently, the EMS Agency management staff, under the direction of the Director, developed the written plan from issues and strategies taken from the Forum results as well as research of all aspects of the prehospital care system including county documents, data files, and interviews with selected persons involved in EMS health care delivery. The content and format of the Plan were written pursuant to the June 1994 *EMS Systems Guidelines,* Part III, EMS System Planning Guidelines (EMSA #103), thus fulfilling all State requirements.

The EMS Plan utilizes analyses and planning information from numerous sources including, but not limited to, the following County, DHS, and/or EMS documents, policies, data banks, and registries:

Los Angeles County Prehospital Care Policy Manual
DHS Licensing & Certification Division
Los Angeles County Trauma Plan
Paramedic Intercounty Agreements
Prehospital Emergency Personnel System (PEPSI)
Los Angeles County Base Hospital Treatment Guidelines
Los Angeles County Request for Proposal for EOAs
Trauma and Emergency Medical Information System (TEMIS)
Los Angeles County Code
DHS Disaster Plan and Multihazard Functional Plan

A survey was developed to obtain and compile Provider information required throughout the document. Results of the survey were tabulated in-house. Although the overall response rate was excellent (98%), some survey design and subsequent response problems did not capture the detail necessary to completely answer some questions in the Tables, particularly Table 8. Adjustments will be made in yearly update surveys to address these areas in more detail. The Provider EMS Plan Survey form used is attached for information (Attachment 1).

The document was thoroughly reviewed by the subcommittees of the Emergency Medical Services Commission: Prehospital Care, Medical Facilities/Policy, and Data Coordination Committees. The document was approved by the membership of the Commission (for public comment) prior to final submission to the Board of Supervisors for approval. See Systems

Description of Plan Development Process
(continued)

Assessment, Standard 1.03 **Public Input**, to demonstrate that interested parties, both provider and consumer, had opportunity to provide input on the plan.

The Director of Health Services submits the Plan to the Board of Supervisors for approval and transmittal to the State EMS Authority.

Los Angeles County EMS Agency

EMS PLAN

Reporting Year: Calendar Year 1994

GENERAL INFORMATION:

Provider Agency Name:
Headquarters Street Address:
City: Zip Code:
Telephone #: ( )
Primary Contact: Title:
Primary Contact Telephone #: ( )

PROVIDER TYPE INFORMATION:

Ownership: ☐ public ☐ private	If public: ☐ fire ☐ law ☐ other, explain _____
If public: ☐ city ☐ county ☐ fire district ☐ Federal ☐ state	
Services: ☐ ground ☐ air ☐ water	Transportation: ☐ transport ☐ non-transport
Level(s) of Service: ☐ BLS (EMT-I) ☐ EMT-ID ☐ ALS	
Special Vehicles: ☐ snow mobiles ☐ water rescues ☐ all-terrain vehicles	
Interfacility Transport (IFT) Provider: ☐ yes ☐ no	IFT Level: ☐ ALS ☐ BLS # BLS responses/year (1994) _____
Medical Director: ☐ yes ☐ no	If yes, name of Medical Director _____
Nurse Educator(s): ☐ yes ☐ no	If yes, name of Nurse Educator(s) _____ _____

AIR SERVICES:

Air Services: ☐ none ☐ air ambulance (IFT) ☐ ALS rescue ☐ BLS rescue	If air services provided: ☐ rotary ☐ fixed wing (IFT)

VEHICLES (ground)/COMMUNICATION:

Vehicles:	HEAR Radio Equipped:
☐ ALS ambulances # _____	# _____
☐ BLS ambulances # _____	# _____
☐ non-transport MICUs # _____	# _____
☐ assessment engines # _____	# _____

RESPONSE TIMES:

Enter the average response times in the appropriate boxes.	METRO/URBAN*	SUBURB/RURAL*	WILDERNESS*
BLS and CPR capable first responder			
Early defibrillation responder			
ALS responder			
Transport ambulance			

* metro = census places/tracts or districts with a population density > 500/sq mi
urban = census places/tracts or districts with a population density of 101 - 500/sq mi
suburban = census places/tracts or districts with a population density of 51 - 100/sq mi
rural = census places/tracts or districts with a population density of 7 - 50/sq mi
wilderness = census places/tracts or districts with a population < 7/sq mi

PERSONNEL:

Personnel--certification level:	If public safety with approved EMT-I program for calendar year 1994:
☐ public safety # _____	
☐ EMT-I # _____	# new EMT-Is certified _____
☐ EMT-D # _____	# EMT-Is recertified _____
☐ EMT-Paramedic # _____	

PUBLIC SAFETY ANSWERING POINTS:

Public Safety Answering Points (PSAPs)*:	PSAP Operators:
# of primary PSAPs _____	# of PSAP operators (public and private) _____
# of secondary PSAPs _____	PSAP operators with medical responsibility have received medical orientation:
# dispatch centers directly dispatching ambulances _____	☐ yes ☐ no
* the location at which an emergency telephone call is answered and, either appropriate resources are dispatched or the request is relayed to the responding agency	

EMS DISPATCH:

EMS Dispatch (EMD) Personnel: ☐ public safety ☐ civilian ☐ combination # of EMS Dispatchers _____ EMS Dispatchers received formal EMD training: ☐ yes ☐ no Training/testing is in accordance with EMS Authority's EMD Guidelines: ☐ yes ☐ no ☐ unknown	Use of written prearrival/post dispatch instructions: ☐ yes ☐ no Use of medical dispatch priority/tiered dispatch system: ☐ yes ☐ no

HAZMAT TRAINING:

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

HazMat specialists on staff? ☐ yes ☐ no

"First Responder Awareness" training: % of personnel _____ Hours of training _____

"First Responder Operational" training: % of personnel _____ Hours of training _____

"Hazardous Materials Incident Commander" training: % of personnel _____ Hours of training _____

Other training (describe):

Mechanism in place documenting/certifying individual training in HazMat: ☐ yes ☐ no

L.A. EMS Agency/95

Trauma Care System Plan

The Los Angeles County trauma plan was submitted to the EMS Authority and approved on March 10, 1994 (see attached letter). The only change from the original plan has been the withdrawal of Westlake Hospital, a Level III approved trauma center, in July of 1994 which has had little effect on the system as a whole. An additional inner city hospital has submitted a new trauma center proposal which is under review at this time.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON Gover

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9TH STREET, SUITE 100
SACRAMENTO, CA 95814-7043
(916) 322-4336
FAX (916) 324-2875

RECEIVED
MAR 14 1994
By

March 10, 1994

Ms. Virginia Hastings
Los Angeles County EMS Agency
19951 Mariner Avenue, Suite 100
Torrance, CA 90503-1672

Dear Ms. Hastings:

The Emergency Medical Services Authority is pleased to formally approve Los Angeles County's trauma plan.

Thank you for your patience and perseverance in this matter. The quick turn-around time and thorough response when we requested supporting documentation are much appreciated.

If you have any questions regarding this decision, please contact Maureen McNeil at extension 314.

Sincerely,

Joseph E. Morales, M.D., MPA
Director

JEM:kd

2. AB 3153 COMPLIANCE (EOAs)

Exclusive Operating Areas

The Los Angeles County Request for Proposals (RFP) for exclusive operating areas was submitted to the EMS Authority and approved in March, 1994 (see attached letter). As required, the following is the Exclusive Operating Zones (EOA) Fact Sheet and listing of all current exclusive operative areas.

EXCLUSIVE OPERATING AREAS
EMS PLAN-ZONE SUMMARY

Local EMS Agency or County Name:
Los Angeles County Emergency Medical Services Agency

Area or subarea (Zone) Name or Title:
See attached "Los Angeles County Emergency Ambulance Transportation Program"

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
See attached "Los Angeles County Emergency Ambulance Transportation Program"

Area or subarea (zone) Geographic Description:
See attached "Los Angeles County Emergency Ambulance Transportation Program"

Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.85):
On July 21, 1987, the Board of Supervisors approved a new Countywide Emergency Ambulance Transportation Program. The program was developed as a means of satisfying a 1986 ruling by the Court of Appeal which held that the County was obligated to provide emergency ambulance service to all residents of the County, including persons within incoporated areas. It provided for the creation of exclusive operating zones for the provision of emergency ambulance transport throughout the County.

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. 9-l-l calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Exclusivity applies to emergency ambulance transportation only. Ambulance providers awarded zones respond to all 9-1-1 emergency calls within the zone in conjunction with the Los Angeles County Fire Department. They are permitted to subcontract out specific areas and they may request mutual aid on a limited basis. Thirty-three cities provide emergency ambulance services with their own employees and equipment, or through agreements with private providers. These cities have Exclusive Operating Area Agreements with the County.

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 of ownership 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.

On November 3, 1988, the Board approved an emergency ambulance transportation plan which called for release of a competitive Request for Proposals during November, 1988, and implementation of contracts in an initial Countywide eleven-zone program. The initial program was implemented on April 1, 1990.

Of the incorporated cities within Los Angeles County, 53 were included in the initial County eleven-zone plan. At that time, 33 cities provided emergency ambulance services with their own employees and equipment, or through agreements with private providers, and were excluded from the County's initial RFP process. (During 1991, the cities of Calabasas and Malibu were incorporated, bringing to 55 the total number of cities in the eleven-zone program.) The 33 cities with agreements are considered to be "grandfathered".

The original agreement expired December 31, 1994. A new RFP process was conducted during 1994 which resulted in Area 10 being divided into Area 10A and Area 10B. The original contractors were again awarded the areas served under the original agreement. The new agreement became effective January 1, 1995 and is effective for 5 years with five, one-year, extensions possible.

Since the effective date of the new agreement, Goodhew and Crippen Ambulance Services have been purchased by MedTrans and Pruner has been purchased by Careline (which has subsequently been purchased by MedTrans).

Enclosed is a copy of the 1994 RFP used for the selection process of emergency ambulance transportation providers.

LOS ANGELES COUNTY EMERGENCY AMBULANCE TRANSPORTATION PROGRAM

EXCLUSIVE OPERATING AREAS	PROVIDERS
AREA 1	**PRIMARY PROVIDER: PRUNER**
Incorporated Cites Agoura Hills Calabasas Hidden Hills Malibu Westlake Village	No subcontractor
AREA 2	**PRIMARY PROVIDER: GOODHEW**
Incorporated Cities Carson Lawndale West Hollywood	No subcontractor
AREA 3	**PRIMARY PROVIDER: CRIPPEN**
Incorporated Cities Baldwin Park **El Monte Industry (part) Rosemead South El Monte Temple City	No subcontractor
AREA 4	**PRIMARY PROVIDER: CRIPPEN**
Incorporated Cities Azusa Bradbury Claremont Duarte Glendora Irwindale La Canada-Flintridge *Monrovia San Dimas	No subcontractor

AREA 5

PRIMARY PROVIDER: ADAMS

Incorporated Cities
Bell (part)
Commerce
Maywood
*Montebello
Pico Rivera

Subcontractor: Risher

AREA 6

PRIMARY PROVIDER: ADAMS

Incorporated Cities
Bell (part)
Bell Gardens
Cudahy
Huntington Park
Paramount
South Gate

no subcontractor

AREA 7

PRIMARY PROVIDER: CRIPPEN

Incorporated Cities
Diamond Bar
La Habra Heights
Industry (part)
La Puente
Walnut

Subcontractor: AME, Inc.

AREA 8

PRIMARY PROVIDER: ADAMS

Incorporated Cities
Artesia
Bellflower
Cerritos
Hawaiian Gardens
Lakewood
Norwalk

no subcontractor

AREA 9

PRIMARY PROVIDER: GOODHEW

Incorporated Cities
Lomita
Palos Verdes Estates
Rancho Palos Verdes
*Redondo Beach
Rolling Hills
Rolling Hills Estates

Subcontractor: McCormick

AREA 10A

PRIMARY PROVIDER: WILSON

Incorporated Cities
Santa Clarita

Subcontractor: Hall
Mauran

AREA 10B

PRIMARY PROVIDER: WILSON

Incorporated Cities
Lancaster
Palmdale

Subcontractor: Hall

AREA 11

PRIMARY PROVIDER: ADAMS

Incorporated Cities
La Mirada
*Santa Fe Springs
Whittier

Subcontractor: AME, Inc.

* Paramedic and/or fire services provided by municipality
** Paramedic services provided by a private ambulance service

BOARD APPROVED CITY/COUNTY EXCLUSIVE OPERATING AREA AGREEMENTS

CITY	PARAMEDIC PROVIDER
Alhambra	Alhambra Fire Department
Arcadia	Arcadia Fire Department
Avalon	covered under agreement with the Department of Beaches and Harbors
Beverly Hills	Beverly Hills Fire Department
Burbank	Burbank Fire Department
Compton	Compton Fire Department County/Provider Exclusive Operating Area Agreement with MedTrans, Inc. for basic life support transport services
Covina	Covina Fire Department County/Provider Exclusive Operating Area Agreement with Crippen Ambulance Service for basic life support transport services
Culver City	Culver City Fire Department
Downey	Downey Fire Department
El Segundo	El Segundo Fire Department
Gardena	Gardena Fire Department
Glendale	Paramedic/Ambulance Services provided by Professional Ambulance Service
Hawthorne	Hawthorne Fire Department
Hermosa Beach	Hermosa Beach Fire Department
Inglewood	Inglewood Fire Department
La Verne	La Verne Fire Department
Long Beach	Long Beach Fire Department (also provides emergency services for the City of Signal Hill) - contracts with Goodhew Ambulance Service for basic life support transport

Los Angeles	Los Angeles Fire Department (also provides emergency services for the City of San Fernando)
Lynwood	Lynwood Fire Department/paramedic and ambulance transport - Adams Ambulance
Manhattan Beach	Manhattan Beach Fire Department
Pasadena	Pasadena Fire Department
Pomona	County Fire Department County/Provider Exclusive Operating Area Agreement with Schaefer Ambulance Service for basic life support transport
Monterey Park	Monterey Park Fire Department
San Fernando	City of Los Angeles Fire Department
San Gabriel	San Gabriel Fire Department (EMTs Only)
San Marino	San Marino Fire Department
Santa Monica	Santa Monica Fire Department - Goodhew provides basic life support transport
Sierra Madre	Sierra Madre Fire Department (Volunteer EMTs only)
Signal Hill	City of Long Beach Fire Department
South Pasadena	South Pasadena Fire Department
Torrance	Torrance Fire Department/private ambulance transport - Gerber Ambulance
Vernon	City of Vernon/AME, Inc. provides advanced life support staffing and transport
West Covina	West Covina Fire Department/private ambulance transport - Crippen and Schaefer Ambulance

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, Governor

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9TH STREET, SUITE 100
SACRAMENTO, CA 95814-7043
(916) 322-4336
FAX (916) 324-2875

March 21, 1994

Virginia Hastings
Acting Director
County of Los Angeles
Department of Health Services
Emergency Medical Services Agency
19951 Mariner Avenue, Suite 100
Torrance, CA 90503-1672

Dear Ms. Hastings:

The review of the Los Angeles County Request for Proposals (RFP) for exclusive operating areas dated March 1994 has been completed. As you will recall from previous reviews, the EMS Authority's review is limited to those areas listed in the Competitive Bid Guidelines.

Los Angeles County's RFP appears in substantial compliance with the guidelines.

If I can be of further assistance, please let me know.

Sincerely,

Maureen McNeil

for Daniel R. Smiley
Chief Deputy Director

LV:blb

s:\Laura Venegas\eca.la\blb\03/21/94

Pediatric Subsystem Planning Guidelines

The development and implementation of guidelines for emergency departments that care for pediatric patients began in Los Angeles County in the early 1980s. These guidelines have become the minimum standards for emergency departments in the County which are designed to receiving pediatric patients. Pediatric receiving centers are designated as Emergency Department Approved for Pediatrics (EDAPs) or Pediatric Critical Care Centers (PCCCs) depending on their ability to continually meet the established standards. A listing of the approved facilities are attached including 58 EDAPs and 9 PCCCs.

The present Pediatric System Plan is being revised to comply with the EMS Authority's recently distributed Pediatric Subsystem Planning Guidelines, EMSA #181. This plan will be submitted separately upon completion.

DEPARTMENT OF HEALTH SERVICES
LOS ANGELES COUNTY

SUBJECT: **EDAP/PCCC ROSTER** REFERENCE NO. 508

Antelope Valley Medical Center
Beverly Hospital
Brotman Medical Center
California Medical Center
Cedars-Sinai Medical Center*
Centinela Hospital Medical Center
Childrens Hospital Los Angeles*
Coast Plaza Doctors Hospital
Daniel Freeman Memorial Hospital
Downey Community Hospital
East LA Doctors Hospital
Encino Tarzana Medical Center
Foothill Presbyterian Hospital
Garfield Medical Center
Glendale Adventist Medical Center
Glendale Memorial Hospital
Glendora Community Hospital
Granada Hills Community Hospital
Greater El Monte Community Hospital
Harbor/UCLA Medical Center*
Henry Mayo Newhall Memorial Hospital
Holy Cross Medical Center
Huntington Memorial Hospital*
Intercommunity Medical Center
Kaiser Hospital Sunset
Kaiser Hospital Woodland Hills
LAC+USC Medical Center*
Lakewood Regional Medical Center
Little Company of Mary Hospital
Long Beach Community Hospital
Long Beach Memorial Medical Center*
Los Alamitos Community Hospital
Martin Luther King, Jr./Drew Med Ctr*
Medical Center of North Hollywood
Methodist Hospital of Southern California
Northrige Hospital Medical Center
Pacifica Hospital of the Valley
Pioneer Hospital
Pomona Valley Hospital Medical Center
Presbyterian Intercommunity Hospital
Queen of the Valley Hospital
Robert F. Kennedy Medical Center
St. Francis Medical Center
St. Johns Hospital Health Center
St. Joseph Medical Center
St. Luke Medical Center
St. Mary Medical Center*
San Dimas Community Hospital
San Gabriel Valley Medical Center
San Pedro and Peninsula Hospital
Santa Monica Medical Center
South Bay Hospital
Suburban Medical Center
Tarzana Regional Medical Center
Torrance Memorial Medical Center
UCLA Medical Center*
Valley Presbyterian Hospital
Verdugo Hills Hospital
West Hills Regional Medical Center
Westlake Medical Center
White Memorial Medical Center
Whittier Hospital Medical Center

*** Denotes Pediatric Critical Care status.**

EFFECTIVE DATE: 3-1-76 PAGE 1 OF 1

REVISED: 2-1-95

APPROVED: Director, EMS Agency

Medical Director, EMS Agency

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9TH STREET, SUITE 100
SACRAMENTO, CA 95814-7043
(916) 322-4336
FAX (916) 324-2875

February 20, 1996

Virginia Hastings
Los Angeles County EMS Agency
EMS Administrator
5555 Ferguson Drive, Suite 220
Commerce, CA 90022

Dear Ms. Hastings:

We have completed our review of *Los Angeles County's Emergency Medical Services Plan: 1994-95*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines.*

Your assessment of Section 4.15 - Multi-Casualty Incident Plan, reflects the lack of an MCI plan, but numerous other disaster sections make reference to formal, adopted protocols to handle multi-casualty incidents. In your annual update, please reference this plan under section 4.15.

Section 8.06 - Needs Assessment and Communication and Section 8.10 - Medical Mutual Aid Agreements, should be enhanced in the annual update of your plan.

Several of our reviewers also commented that your plan was well put together and that you should be commended for your efforts.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

Joseph E. Morales, M.D., MPA
Director

mr:JM:orange.app:02/20/96