

EMERGENCY MEDICAL SERVICES PLAN
FOR
THE COUNTY OF LOS ANGELES



ANNUAL WORK PLAN 2004

Emergency Medical Services Agency
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July 2004

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**EMERGENCY MEDICAL SERVICE PLAN
FOR
LOS ANGELES COUNTY**

2004 ANNUAL WORKPLAN

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SUMMARY OF CHANGES

Health and Safety Code, Division 2.5, Section 1797.254, requires the EMS Agency to submit an Emergency Medical Services Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County 2004 Annual Work Plan which provides updated information on the status of the system and the EMS Agency's progress toward meeting its long-range goals. The data in Tables 2 and 3 are for Fiscal Year 2002-03; Tables 8 through 11b are reported for 2004. The Plan meets all requirements set forth in the *Annual Update Workplan Format*.

Like most California counties, Los Angeles County EMS is experiencing the effects of mandatory nurse staffing ratios, shrinking hospital and clinic capacity, increased numbers of under-and uninsured patients, problematic physician specialty call panels, looming seismic upgrade deadlines for hospitals, increased ambulance diversion, and loss of base and receiving hospitals. A key public hospital changed status, which also impacted the system, and three receiving hospitals closed. Tenet Healthcare Corporation's January 2004 announcement of a plan to sell 18 Southern California hospitals by year's end, including 14 in Los Angeles County, introduced additional concerns about the potential reconfiguration. To date, Tenet has identified only four of the 14 targeted Los Angeles hospitals as being sold; therefore, the County faces the sale or closure of an additional ten acute care facilities in the next six months.

Major needs identified in the Los Angeles County EMS system:

Written Medical Dispatch Guidelines -- Medical dispatch guidelines and dispatch triage guidelines should be developed. The LEMSA should ensure medical orientation and training of PSAP personnel in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. The LEMSA shall designate dispatch centers (primary and back-up) for the coordination of air ambulances for rescue aircraft. The LEMSA shall establish a mechanism to ensure the review of medical dispatching for appropriate level of response and appropriateness of pre-arrival/post arrival dispatch directions. A thorough review of EMS dispatch centers is underway.

Written Agreements -- Agreements are needed with additional fire-based ALS provider agencies and receiving hospitals. The use of Standing Field Treatment Protocols (SFTPs) has been encouraged through informational meetings and discussion with individual providers but could be utilized by more providers.

Communications -- A study of paramedic communications is underway to evaluate and address a 30-year old capability and determine future needs.

Disaster Medical Response -- Post 9/11, the LEMSA made extraordinary progress in disaster planning, education and program implementation through the Disaster Management/Planning and Public Information section. Instead of CCPs, Disaster Resource Centers have been designed. SEMS and HEICS training have been provided. The DMAT CA-9 and hospital readiness for hazardous materials and radiation emergencies has been assessed and classes are ongoing. Numerous disaster exercises are planned.

Specialty System Design -- Expansion of the system's ability to meet the needs of special populations is ongoing. Once again, cardiac centers are under consideration and field 12-lead EKG trials are in progress. The Field Administration of Stroke Therapy-Magnesium Trial (Fast-Mag Study) that will allow paramedics to administer medication to potential stroke victims in the field is nearing an implementation date.

Data Collection/System Evaluation -- Several areas of the data collection system (TEMIS) require expansion and refinement to better standardize data and enable the implementation of systemwide QA/QI. Capturing receiving hospital data and integrating it into TEMIS is still a goal.

Public Education -- An overall expansion of public education efforts is needed.

Changes in the Los Angeles County EMS System:

Hospitals that terminated base hospital operations:

- Antelope Valley Medical Center (November 2001)
- Robert F. Kennedy Medical Center (February 2003)
- Queen of Angels/Hollywood Presbyterian (April 2004)
- Beverly Hospital (scheduled closure October 2004)

Facility that added base hospital services:

- Long Beach Memorial Hospital (February 2004)

Trauma Center that changed status:

- King/Drew Medical Center became a Level II Trauma Center

Application to Become a Trauma Center:

- California Hospital Medical Center (July 15th start date delayed at the request of the hospital)

Hospitals that terminated ED services or closed altogether:

- St. Luke Medical Center (2003)
- Granada Hills Community Hospital (2003)
- Santa Teresita Hospital (2004)
- Century City Hospital (2004)
- Community Hospital of Gardena (2004)

ALS Providers Added:

- Westmed Ambulance
- Americare Ambulance
- Ambuserve Ambulance
- Emergency Ambulance Services

ALS Providers that terminated ALS service:

- Priority One Medical Transport (*voluntarily suspended ALS operations in 2002, now BLS transport only*)
- Emergency Services, Incorporated (AKA Risher Ambulance) [*company ceased all business operations in 2004*]

Internal Changes at the Emergency Medical Services Agency:

- Director Virginia Price Hastings retired February 2003; replaced by Director Carol (Gunter) Meyer
- Medical Director Samuel J. Stratton changed status to Medical Director, PTI; replaced by full time Medical Director William Koenig, M.D.
- Disaster Management/Planning & Public Information Section added in 2001
- Paramedic Training Institute was accredited by the Commission on the Accreditation of Allied Health Professionals
- Measure B Funding became available (see Measure B Utilization Data, Table 2, Attachment I). In November 2, 2002, the voters passed a special tax within the County to provide funding for the Countywide System of Trauma Centers, Emergency Medical Services, and Bioterrorism Response. The Measure B property tax consisted of the sum of 3 cents per square foot of structural improvements.

Standards that have been met since the inception of the Five-Year EMS Plan follow Table I, Summary of System Status.

The EMS system in Los Angeles works despite areas of need because agencies and individuals, public and private, put aside their differences and work cooperatively when human lives are at stake. In spite of mounting pressures internally and externally, Los Angeles County continues to provide high quality, responsive emergency medical care to its residents. The commitment and mutual cooperation within the EMS community is intact, and the EMS Agency continues to fulfill its responsibility as the lead agency in planning, implementing, and evaluating the emergency medical services system in Los Angeles County, the largest multi-jurisdictional EMS system in the Country.

Los Angeles County EMS Agency
EMS PLAN

OBJECTIVES NECESSARY TO MEET MINIMUM STANDARDS

Standard		Timeframe		Objective
		Short	Long	
1.11	System Participants		X	The LEMSA shall successfully negotiate advanced life support provider, SFTP and receiving hospital agreements to ensure participants conformance with assigned EMS system roles and responsibilities.
1.19	Policies, Procedures, Protocols		X	In conjunction with system participants, the LEMSA shall develop medical dispatch protocols.
1.24	ALS System		X	The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers.
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.
3.01	Communication Plan		X	The LEMSA shall require system participants to install the following: <ul style="list-style-type: none"> • 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
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.

Standard	Timeframe		Objective
	Short	Long	
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.
3.08 911 Public Education		X	The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 911 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 develop the application process, negotiate and establish written agreements, and formally designate EMS aircraft/rescue provider agencies.
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	<ol style="list-style-type: none"> 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.
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

Standard	Timeframe		Objective
	Short	Long	
			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 in agreements with all paramedic receiving hospitals to participate in the TEMIS data system.
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.
6.09 ALS Audit		X	The LEMSA shall capture and integrate receiving hospital data into TEMIS.
6.11 Trauma Center Data		X	The LEMSA shall capture and integrate non-trauma hospital and Coroner data into the trauma hospital data collection system.

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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		X			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X			
Planning Activities:					
1.05 System Plan					
1.06 Annual Plan Update					
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		X	X
Regulatory Activities:					
1.12 Review & Monitoring					
1.13 Coordination					
1.14 Policy & Procedures Manual		X			
1.15 Compliance With Policies		X			
System Finances:					

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.16 Funding Mechanism		X			
1.17 Medical Direction		X			
1.18 QA/QI		X			
1.19 Policies, Procedures, Protocols		X			X
1.20 DNR Policy		X			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
Enhanced Level: Advanced Life Support					
1.24 ALS Systems		X		X	
1.25 On-Line Medical Direction		X			
Enhanced Level: Trauma Care System					
1.26 Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas					
1.28 EOA Plan		X			

B. STAFFING/TRAINING

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:					
2.01 Assessment of Needs		X			
2.02 Approval of Training		X			

2.03 Personnel		X			
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Dispatchers					
2.04 Dispatch Training		X			X
First Responders (non-transporting)					
2.05 First Responder Training		X			
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X			
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

C. COMMUNICATIONS

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment					
3.01 Communication Plan		X			X
3.02 Radios		X			X
3.03 Interfacility Transfer		X			X
3.04 Dispatch Center		X			
3.05 Hospitals		X			

3.06	MCI/Disasters		X			X
						X
Public Access:						
3.07	911 Planning/Coordination		X			
3.08	911 Public Education		X			X
Resource Management						
3.09	Dispatch Triage		X			X
3.10	Integrated Dispatch		X			

D. RESPONSE/TRANSPORTATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
4.01	Service Area Boundaries		X		
4.02	Monitoring		X	X	
4.03	Classifying medical Requests		X		
4.04	Prescheduled Responses		X		
4.05	Response Time Standards		X		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	X	
4.11	Specialty Vehicles		X		
4.12	Disaster Response		X		
4.13	Intercounty Response		X		
4.14	Incident Command System		X		

4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
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

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
5.01	Assessment of Capabilities	X			X
5.02	Triage & Transfer Protocols	X			
5.03	Transfer Guidelines	X			
5.04	Specialty Care Facilities	X			
5.05	Mass Casualty Management	X			
5.06	Hospital Evacuation	X			
Enhanced Level: Advanced Life Support					
5.07	Base Hospital Designation	X			
Enhanced Level: Trauma Care System					
5.08	Trauma System Design	X			
9	Public Input	X			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Enhanced Level: Pediatric Emergency Medical and Critical Care System					
5.10 Pediatric System Design		X			
5.11 Emergency Departments		X			
5.12 Public Input		X			
Enhanced Level: Other Specialty Care Systems					
5.13 Specialty System Design		X			X
5.14 Public Input		X			

F. DATA COLLECTION/SYSTEM EVALUATION

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

Enhanced Level: Trauma Care System					
6.10	Trauma System Evaluation		X		
6.11	Trauma Center Data		X		X

G. PUBLIC INFORMATION AND EDUCATION

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:					
7.01	Public Information Materials	X			
7.02	Injury Control	X			
7.03	Disaster Preparedness	X			
7.04	First Aid & CPR Training	X			
Universal Level:					
8.01	Disaster Medical Planning	X			
8.02	Response Plans	X			
8.03	Haz-Mat Training	X			
8.04	Incident Command System	X			
8.05	Distribution of Casualties	X			
8.06	Needs Assessment	X			
8.07	Disaster Communications	X			
8.08	Inventory of Resources	X			
8.09	DMAT Teams	X			
8.10	Mutual Aid Agreements	X			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
8.11 CCP Designation		X		X	
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X			
8.14 Hospital Plans		X			
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations					
8.19 Waiving Exclusivity		X			

SYSTEM ASSESSMENT

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities **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 of physicians with appropriate specialties 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:

William J. Koenig, M.D. has been the L.A. County EMS Agency Medical Director since August 2003. He is board certified in Emergency Medicine. He has had substantial experience in emergency medicine, practicing for over 25 years. His administrative experience in EMS systems is extensive, including but not limited to Chairman of the State Scope of Practice Committee, Medical Editor of JEMS Magazine, Chairman of the State EMS Commission, member of the Board of Directors of the Prehospital Care Research Forum, member of the Editorial Board of EMS Best Practices and Medical Director of the Paramedic Training Institute. 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:

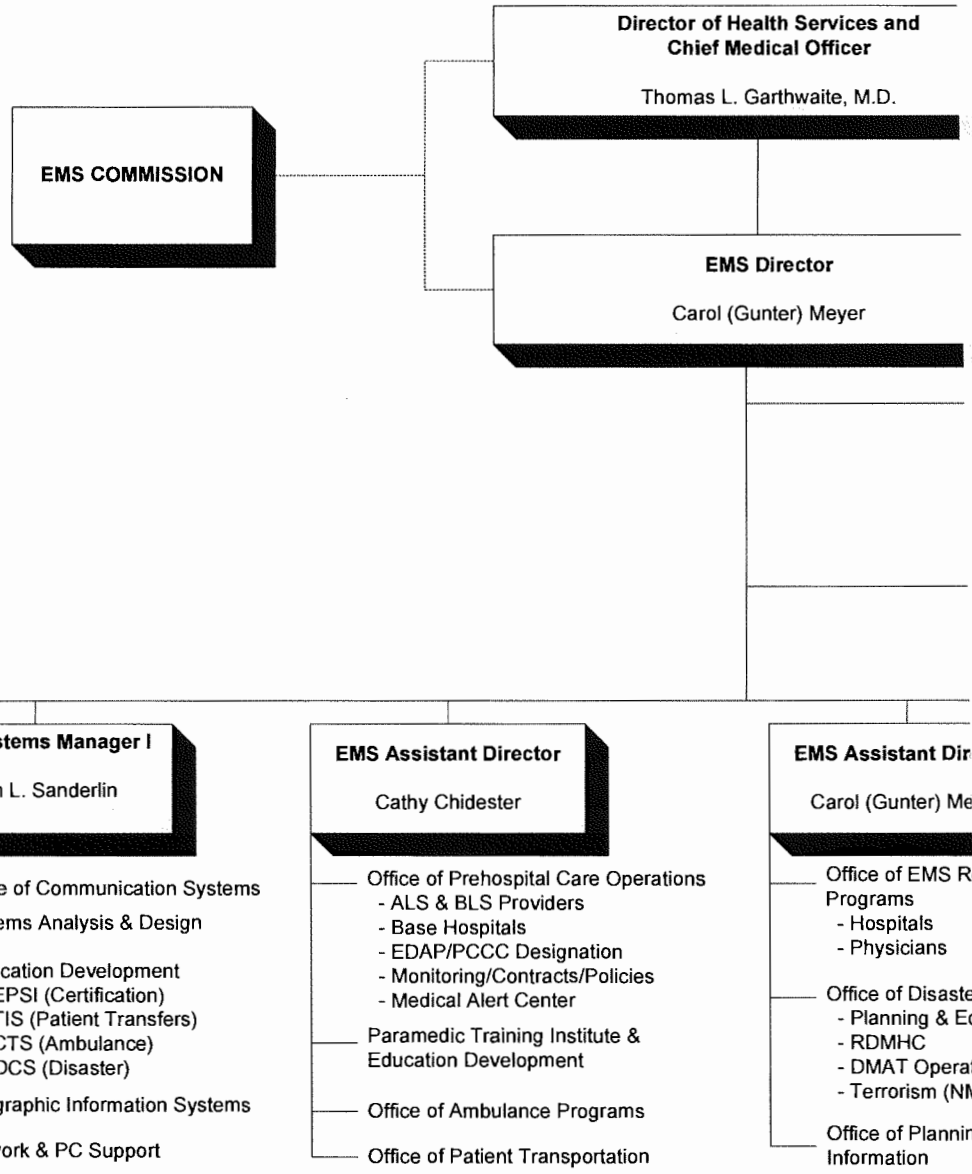
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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



LOS ANGELES COUNTY EMERGENCY MEDICAL



APPROVED: Carol (Gunter) Meyer

EFFECTIVE July 7, 2004

SYSTEM ASSESSMENT – STAFFING/TRAINING

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, Automated External Defibrillator (AED) Service Provider Program Requirements, defines the approval process for AED service providers in Los Angeles County. An AED service provider is an agency or organization which is approved by the EMS agency and is responsible for and authorizes EMT-Is or public safety personnel to operate an AED for the purpose of providing services to the general public. Public safety personnel include firefighters, lifeguards and peace officers.

Currently there are 54 approved providers encompassing fire departments, law enforcement agencies and businesses. These programs provide a report to the EMS Agency annually and site visits are performed biannually to ensure that equipment and reporting are up-to-date.

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 ASSESSMENT – RESPONSE/TRANSPORTATION

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 from the LEMSA's own fleet, from private contractors with whom contracts are in place, and from other operational areas in the Regional Disaster Medical/Health (RDMH) Region I. The LEMSA maintains agreements with other operational areas in Region I through the RDMH Coordinator for medical transportation services in a disaster. LA EMS has also actively participated in the statewide development of the Ambulance Strike Team concept.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is designated as the RDMHC for Region I and agreements are in place within Region I.

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 ASSESSMENT – FACILITIES/CRITICAL CARE

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, pediatric, 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 is engaged in ongoing discussions with the American Heart Association about the possible designation of cardiac receiving hospitals, and a field 12-lead EKG pilot program is in progress.

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.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Objective met.

OBJECTIVE:

No further objective required to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Other Specialty Care System

5.13 Specialty System Design

STANDARD:

- 5.13 Local EMS agencies developing specialty 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 intercounty 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' Medical Alert Center (MAC). This may include transfer to a facility outside of the County.

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

The LEMSA has identified a lack of neurosurgical services in the County. Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units, 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 was developed and approved by the EMSC; however, a lack of funding prohibited implementation in the late 1990's. The LEMSA continues to evaluate the potential specialty care centers based on new clinical info.

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.

Cardiopulmonary and poisoning emergencies are managed by all 79 basic receiving centers in the County. The LEMSA evaluated the feasibility of designating acute psychiatric receiving facilities in conjunction with local law enforcement and the Hospital Association of Southern California; however, that concept was never implemented.

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 ASSESSMENT – DISASTER MEDICAL RESPONSE

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 incoming patients. The DHS DOC arranges the transfer of evacuated patients to appropriate facilities.

All hospitals with a basic emergency department permit are expected to be capable of receiving and treatment patients with radiation and chemical contamination and injuries. Through Federal grant funding, the LEMSA has offered all hospitals personal protective equipment, training to ensure that hospitals are aware of haz-mat response requirements as a component of terrorism (CBRNE) preparedness and funding to purchase/install decontamination facilities. Sixty-two hospitals are equipped and have staff trained to respond to such an event. The LEMSA has undertaken a massive education program to improve the response of health care providers to haz-mat incidences.

COORDINATION WITH OTHER EMS AGENCIES:

A cooperative agreement between the counties in Region I has been developed through the RDMHC.

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 ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

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 inventory of appropriate disaster medical resources. These include:

- Current status of hospitals, including approved supplemental services
- Current list of approved ambulance companies in the County
- Current approved contracts with medical supply vendors
- Current approved contract with the American Red Cross to provide staff and blood
- List of home health agencies. Ensures that a disaster clause is included in contracts with home health agencies. Home health agencies are considered a staffing resource for shelters.

COORDINATION WITH OTHER AGENCIES:

The County participated in the development of standardized procedures for resource identification with the other counties in Region I and EMS Authority. These procedures are routinely evaluated through regional exercises.

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 ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

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 term Casualty Collection Points (CCPs) is no longer used. Field Treatment Sites (FTS) have replaced CCPs. FTS are sites pre-designated by county officials which are used for the assembly, triage, medical and austere medical treatment, relatively long-term holding and subsequent evacuation of casualties.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

The DRC program is just being implemented. The program needs will be identified as we move forward.

OBJECTIVE:

The LEMSA shall, within its capability, assist hospitals in obtaining disaster related supplies and equipment.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12 The local EMS in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

The term Casualty Collection Points is no longer used. The LEMSA has identified 11 Disaster Resource Centers

Communication with a DRC site will be accomplished through one of the following mechanisms, depending on what remains functioning: HEAR, ReddiNet, telephone or the Countywide Integrated Radio System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

No further needs identified.

OBJECTIVE:

No further objective needed to meet the standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level

8.12 Establishment of CCPs

STANDARD:

8.12 The local EMS in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

CURRENT STATUS:

The term Casualty Collection Points is no longer used. The LEMSA has identified 11 Disaster Resource Centers

Communication with a DRC site will be accomplished through one of the following mechanisms, depending on what remains functioning: HEAR, ReddiNet, telephone or the Countywide Integrated Radio System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

No further needs identified.

OBJECTIVE:

No further objective needed to meet the standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level

8.16 Prehospital Agency Plans

STANDARD:

8.16 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:

All prehospital providers and acute care 911 receiving hospitals have developed guidelines for the management of significant medical incidents. The LEMSA provides ongoing training programs to facilitate preparedness.

Primary provider agencies have adopted the Incident Command System and most hospitals have adopted and trained on the Hospital Emergency Incident Command System (HEICS). Hospitals were surveyed to assess their readiness for handling hazardous materials and radiation emergencies; then, the newly formed LEMSA Disaster Training Unit began Mass Casualty Decontamination Training. To date, over 700 personnel have been trained.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet the 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 of Los Angeles - EMS Agency
 Reporting Year: FY 2002-03

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 Los Angeles

A.	Basic Life Support (BLS)	1%
B.	Limited Life Support	0%
C.	Advanced Life Support (ALS)	<u>99%</u>

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 the EMS Agency reports to:

- a – Public Health Officer
- b – Health Services Agency Director/Administrator
- c – Board of Directors
- d – Other: Director and Chief Medical Officer, Dept. of Health Services

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

Implementation of exclusive operation areas (ambulance franchising)	✓
Designation of trauma centers/trauma care system planning	✓
Designation/approval of pediatric facilities	✓
Designation of other critical care centers	✓
Development of transfer agreements	✓
Enforcement of local ambulance ordinance	✓
Enforcement of ambulance service contracts	✓

Operation of ambulance service	✓
Continuing education	✓
Personnel training (including basic paramedic training)	✓
Operation of oversight of EMS dispatch center	N/A
Non-medical disaster planning	✓
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	✓
Administration of EMS Fund [Senate Bill (SB) 12/612]	✓
Other: RDMHC	
Other: HRSA Grant and other grant management	

4. EMS Agency budget for FY 2002-03:

A. EXPENSES

Salaries and benefits	<u>\$10,050,819</u>
Services & Supplies	<u>\$2,014,538</u>
-Contract services	
-Operations (e.g., copying, postage, facilities)	
-Travel	
Fixed Assets/Equipment	<u>\$198,849</u>
Indirect expenses	(not available)
Ambulance subsidy	
9-1-1 (Zone I only)	<u>\$171,780</u>
EMS Fund payments to physicians/hospital*	<u>\$12,684,927</u>
EMS Allocation Fund Payments to Physicians	<u>\$7,921,139</u>
Dispatch center operations (non-staff)	<u>N/A</u>
Training program operations (PTI)	(included in Services and Supplies)
Other: Hospital Resource and Administration Grant (HRSA)	<u>\$3,659,172</u>
TOTAL EXPENSES	<u>\$36,701,224</u>

*2002-03 actual data

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

RDMHC Block Grant	<u>\$72,885</u>
State general fund	<u>0</u>
County general fund	<u>\$5,886,653</u>
Other local tax funds (e.g., EMS district)	<u>0</u>
County contracts (e.g. multi-county agencies)	<u>0</u>
Certification fees	<u>\$291,710</u>
Training program approval fees	<u>0</u>
Training program tuition/Average daily attendance funds (PTI)	<u>\$662,648</u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>0</u>
Base hospital fees	<u>\$174,315</u>
Trauma center application fees	<u>\$20,000</u>
Trauma center designation fees	<u>\$461,020</u>
Pediatric facility approval fees	<u>0</u>
Pediatric facility designation fees	<u>0</u>
Other critical care center application fees	<u>0</u>
Ambulance service/vehicle fees	<u>0</u>
Contributions	<u>0</u>
EMS Fund (SB 12/612)*	<u>\$16,981,160</u>
EMS Allocation Fund	<u>\$7,921,139</u>
Other grants: HRSA Grant	<u>\$3,659,172</u>
Other revenue	<u>\$570,522</u>
TOTAL REVENUE	<u>\$36,701,224</u>

*2002-03 actual data

Note: this analysis does not include the DMAT, NMRT and MMRS Programs

5. Fee structure for FY 2003-04

We do not charge any fees

Our fee structure is:

First responder certification	<u>\$N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>\$75.00</u>
EMT-I recertification	<u>\$50.00</u>
EMT-defibrillation certification	--
EMT-defibrillation recertification	--
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-Paramedic accreditation	<u>\$265</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) certification	<u>\$100</u>
MICN/ARN recertification	<u>\$150</u>
EMT-I training program approval	--
EMT-II training program approval	--
Paramedic training program approval	--
MICN/ARN training program approval	--
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>\$20,000</u>
Trauma center designation (survey fee)	<u>\$32,930</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application	<u>N/A</u>

	New	Renewal
Ambulance service license (operator)	<u>\$1,435.39</u>	<u>\$244.34</u>
Ambulance vehicle permits	<u>\$373.86</u>	<u>\$339.55</u>
Other: Ambulette Operator	<u>\$1,435.39</u>	<u>\$244.34</u>
Other: Ambulette Vehicle Permit	<u>\$361.72</u>	<u>\$327.41</u>
Other:		

6. Complete the table on the following two pages for the EMS Agency staff for the fiscal year of 2003-04.

FISCAL YEAR 2003-04 MEASURE B UTILIZATION
(\$ in Millions)

<u>Stabilization Funding for Los Angeles County</u>	
<u>DHS Trauma Care</u>	\$140.0m
<p><i>Funds used for County hospital critical and urgent emergency care at the four County hospitals with Basic Emergency Department licensure, three of which are designated Trauma Centers*. Specifically, the funds will be used to offset emergency patients who are uninsured. Public hospitals are:</i></p> <ul style="list-style-type: none"> <i>LAC+USC Medical Center*</i> <i>Harbor-UCLA Medical Center*</i> <i>MLK/Drew Medical Center*</i> <i>Olive View Medical Center</i> 	
<u>Private Trauma Hospitals</u>	18.6m
<p><i>Funds used for reimbursement of designated non-County hospitals for indigent care. Private Trauma Centers are as follows:</i></p> <ul style="list-style-type: none"> <i>Children's Hospital Los Angeles</i> <i>Cedars-Sinai Medical Center</i> <i>Providence Holy Cross Medical Center</i> <i>Huntington Memorial Hospital</i> <i>Henry Mayo Newhall Memorial Hospital</i> <i>Long Beach Memorial Medical Center</i> <i>Northridge Hospital Medical Center</i> <i>St. Francis Medical Center</i> <i>St. Mary Medical Center</i> <i>UCLA Medical Center</i> 	
<u>Expansion of Trauma to Unserved Areas: Pomona, Baldwin Park/West Covina and Antelope Valley</u>	4.4m
<p><i>Hospitals in these areas are not able to participate in the trauma system at this time. In the interim, funds will be used to fund helicopter capabilities through public agency air transport (LA County Fire, LA County Sheriff's and LA City Fire). In the future, should a hospital in these geographic areas be prepared to enter the trauma system, funds will be reallocated to the trauma center(s).</i></p>	
<u>Bioterrorism</u>	6.0m
<p><i>Funds will be used to support Public Health infrastructure to handle bioterrorism as a component of an all-hazards approach.</i></p>	
<u>Administration</u>	1.0m
<p><i>Funds will be divided among the following County departments for administrative implementation of Measure B: Assessor, Auditor-Controller and Treasurer Tax Collector.</i></p>	
<u>Projected Proceeds</u>	<u>\$170.0m</u>

Table 2 – System Organization & Management (con't)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Agency	1	\$57.81	40.21%	For the entire worksheet:
Asst. Admin.Admin. Asst./Admin. Mgr.	Assistant Director	1	\$40.53	40.21%	a) % benefit provided by
ALS Coordinator/Field Coord. Training Coordinator	Training Coordinator	1	\$36.67	40.21%	Fiscal Services.
Program Coordinator/ Field Liaison (Non-clinical)	Program Director, Paramedic Training Institute	1	\$36.67	40.21%	b) Total working hours for
Trauma Coordinator	Trauma System Program Manager	1	\$35.54	40.21%	The entire year is \$2,088 hrs.
Medical Director	Medical Director	1	\$77.96	40.21%	For one month it is 174 hrs.
Other MD/Medical Consult Training Medical Director	Medical Director, PTI	1	\$69.94	40.21%	(2,088/12)
Disaster Medical Planner	Disaster Medical Officer	1	\$63.88	40.21%	c) Top salary based on the EMS Salary Detail
Dispatch Supervisor	Ambulance Program Coordinator	1	\$27.50	40.21%	Report FY 2003-04 as of May.
Medical Planner					
Data Evaluator/Analyst	TEMIS Sr. Program Head	1	\$38.78	40.21%	
QA/QI Coordinator	QI Coordinators, Providers and Hospitals	1	\$35.06	40.21%	
Public Information & Education Coordinator	Prehospital Certification, Risk Management and Investigations	1	46.94	40.21%	
Executive Secretary	Executive Secretary	1	\$25.04	40.21%	
Other Clerical	Assistant Staff Analyst	1	\$31.49	40.21%	
Data Entry Clerk	Data Entry Clerk	1	\$11.85	40.21%	
Other	EMS Commission Liaison	1	\$35.06	40.21%	

TABLE 3:
PERSONNEL/TRAINING

TABLE 3: SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

EMS System: Los Angeles County

Reporting Year: July 2003-June 2004

NOTE: Table 3 is to be reported by agency.

	EMT-I's	EMT-II's	EMT-PARAMEDIC	MICN	EMS DISPATCHERS
Total Certified	5123	N/A		668	N/A
Number newly certified this year	1443	N/A		111	N/A
Number recertified this year	1009	N/A		235	N/A
Total number of accredited personnel on July 1 of the reporting year			3108		
Number of certificate reviews resulting in:					
a) formal investigations					
b) Probation	58				
c) suspensions	0				
d) revocations	1				
e) denials	4				
f) denials of renewal	0				
g) no action taken	25				

1. Number of EMS dispatchers trained to EMSA standards: N/A
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 5362
 - b) Number of public safety (defib) certified (non-EMT-I) 1221
3. Do you have a first responder training program yes no

TABLE 4:
COMMUNICATIONS

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

EMS System: Los Angeles County Emergency Medical Services System

County: Los Angeles

Reporting Year: 2003

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

1. Number of primary Public Service Answering Points (PSAP) 100+ (92
responded)
2. Number of secondary PSAPs 17
3. Number of dispatch centers directly dispatching ambulances 34
4. Number of designated dispatch centers for EMS Aircraft 3
unofficial
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 800 MHz trunked – County Wide Integrated Radio System (CWIRS)
 - b. Other methods: ReddiNet and HEAR
 - c. Can all medical response units communicate on the same disaster communications system? Yes No (LA Regional Tactical Communications System—Coordinated through the Los Angeles County Sheriff's Dept.)
 - d. Do you participate in OASIS Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system? Yes No

TABLE 5:
RESPONSE/TRANSPORTATION

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

EMS System: Los Angeles County Emergency Medical Services System

Reporting Year: 2002

NOTE: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1.	Number of exclusive operating areas	<u>12</u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)	<u>100%</u>
3.	Total number of responses	<u>827,158*</u>
	a) number of emergency responses	
	b) Number of non-emergency responses	
4.	Total number of transports	<u>786,859*</u>
	a) Number of emergency transports	
	b) Number of non-emergency transports	

*Unable to break down emergent vs. non-emergent

Early Defibrillation Providers

5.	Number of public safety defibrillation providers	<u>27</u>
	a) Automated & semi-auto only; manual no longer used	
6.	Number of EMT-Defibrillation providers	<u>27</u>
	a) Automated & semi-auto only; manual no longer used	

Air Ambulance Services

7.	Total number of responses	<u>2193</u>
	a) Number of emergency responses	<u>2193</u>
	<u>Metro/Urban: 1104 Suburban/Rural: 680 Wilderness: 344</u>	
	b) Number of non-emergency responses	<u>(unavailable)</u>
8.	Total number of transports	
	a) number of emergency (scene) responses	<u>2193*</u>
	b) number of non-emergency responses	<u>(unavailable)</u>

*unable to differentiate from scene and non-emergency; in LA, the majority are considered scene

TABLE 5: SYSTEM RESOURCES AND OPERATIONS – Response/Transportation (cont'd)

SYSTEM STANDARD RESPONSE TIMES (90th PERCENTILE)

	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder	4.5*	3 min*	8.5 – 30 min*	4.5 – 30 min*
2. Early defibrillation responder	3.55 min*	4.87*	8.5 min – 30 min*	3.55 – 30 min*
3. Advanced life support responder	4.48*	7.61*	11.41 min – 30 min*	4.48 – 30 min*
4. Transport Ambulance	5.07*	Not reported**	5 – 30 min*	5.07 – 30 min*

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

**The only agency that reported suburban/rural figures does not transport.

TABLE 6:
FACILITIES/CRITICAL CARE

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

EMS System: Los Angeles County Emergency Medical Care System

Reporting Year: 2002

NOTE: Table 6 is to be reported by agency.

Trauma care system

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>12,641</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>17,621</u>
c) Number of major trauma patients transferred to a trauma center	<u>419</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>1,002</u>

Emergency Departments

Total number of emergency departments

a) Number of referral emergency departments	<u>29</u>
b) Number of standby emergency services	<u>17</u>
c) Number of basic emergency services	<u>77</u>
d) Number of comprehensive emergency services	<u>2</u>

Receiving Hospitals

a) Number of receiving hospitals with written agreements	<u>0</u>
b) Number of base hospitals with written agreements	<u>21</u>

TABLE 7:
DISASTER MEDICAL

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

EMS System: Los Angeles County Emergency Medical Services System

County: Los Angeles

Reporting Year: 2004

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

SYSTEM RESOURCES

1. Casualty Collection Points (CCP)
 - a. Where are your CCPs located? (see attached map for DRC's)
 - b. How are they staffed? DMATs, hospital personnel, Medical Reserve Corps.
 - c. Do you have a supply system for supporting them for 72 hours? yes no

2. CISD
Do you have a CISD provider with 24 hour capability? yes no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes no
 - b. For each team, are they incorporated into your local response plan? yes no
 - c. Are they available for statewide response? yes no
 - d. Are they part of a formal out-of-state response system? yes no

4. Hazardous Materials
 - a. Do you have any Hazmat trained medical response teams? yes no
 - b. At what Hazmat level are they trained? The NMRT-West is technician level; hospitals are at the hospital level
 - c. Do you have the ability to do decontamination in an emergency room? yes no
 - d. Do you have the ability to do decontamination in the field? yes no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
(The Los Angeles County EOC and the Regional Disaster Medical/Health Coordinator)

3. Have you tested your MCI Plan this year in a:
 - a. real event? yes no
 - b. exercise? Numerous exercises are planned yes no

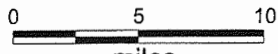
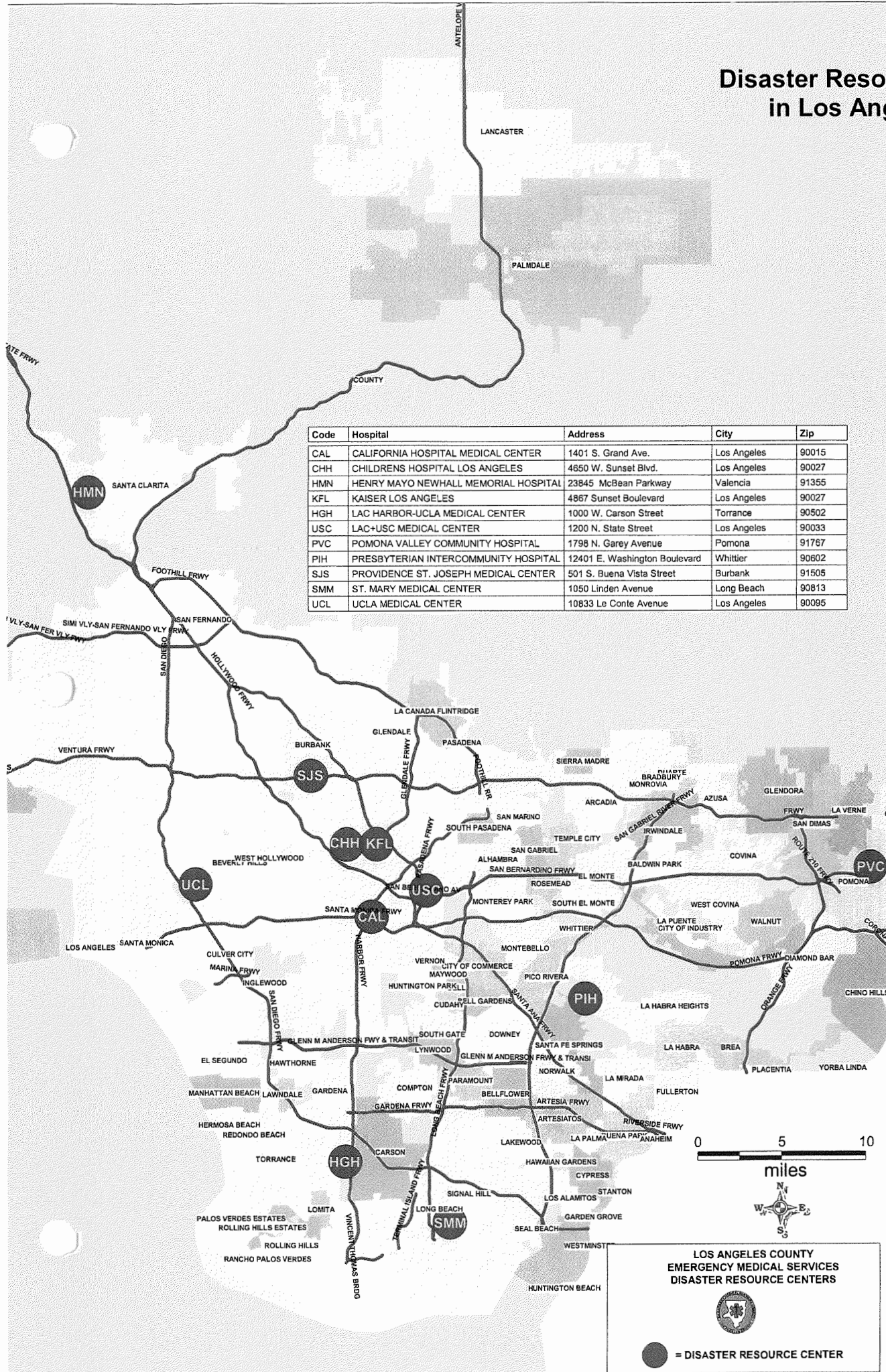
4. List all the counties with which you have a written medical mutual aid agreement.
Orange, Riverside, San Bernardo, Santa Barbara, Ventura, San Luis Obispo, San Diego, Inyo, Mono and Imperial counties.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no
6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? (Community Clinics Association) yes no
7. Are you part of a multi-county EMS system for disaster response yes no
8. Are you a separate department or agency? yes no
9. If not, to whom do you report? The Director and Chief Medical Officer of the Department of Health Services
10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?
(Not applicable) yes no

DISASTER RESOURCE CENTERS IN LOS ANGELES COUNTY


<u>FACILITY</u>	<u>CONTACT</u>	<u>TELEPHONE NUMBER</u>
California Hospital Medical Center	Mark Meyers, President	213-742-5778
Children's Hospital Los Angeles	Walter W. Noce, Jr., President	323-669-2450 X 2301
Henry Mayo Newhall Memorial Hospital	Roger Seaver, President & CEO	661-253-8011
Kaiser Foundation, Los Angeles	Anthony Armada, Senior VP	323-783-8101
LAC Harbor-UCLA Medical Center	Tecla Mickoseff, Administrator	310-328-9624
LAC+USC Medical Center	Pete Delgado, Administrator	323-226-6871
Pomona Valley Community Hospital	Richard Yochum, President & CEO	909-865-9885
Presbyterian Intercommunity Hospital	Daniel Adams	562-698-0811 X 2411
Providence St. Joseph Medical Center	Arnold R. Schaffer, CEO	818-238-2806
St. Mary Medical Center	Tanya Field, CEO	562-491-9801
UCLA Medical Center	John Stone, Interim CEO	310-825-5041

Disaster Resource Centers in Los Angeles County

Code	Hospital	Address	City	Zip
CAL	CALIFORNIA HOSPITAL MEDICAL CENTER	1401 S. Grand Ave.	Los Angeles	90015
CHH	CHILDRENS HOSPITAL LOS ANGELES	4650 W. Sunset Blvd.	Los Angeles	90027
HMN	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	23845 McBean Parkway	Valencia	91355
KFL	KAISER LOS ANGELES	4867 Sunset Boulevard	Los Angeles	90027
HGH	LAC HARBOR-UCLA MEDICAL CENTER	1000 W. Carson Street	Torrance	90502
USC	LAC+USC MEDICAL CENTER	1200 N. State Street	Los Angeles	90033
PVC	POMONA VALLEY COMMUNITY HOSPITAL	1798 N. Garey Avenue	Pomona	91767
PIH	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 E. Washington Boulevard	Whittier	90602
SJS	PROVIDENCE ST. JOSEPH MEDICAL CENTER	501 S. Buena Vista Street	Burbank	91505
SMM	ST. MARY MEDICAL CENTER	1050 Linden Avenue	Long Beach	90813
UCL	UCLA MEDICAL CENTER	10833 Le Conte Avenue	Los Angeles	90095



**LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES
DISASTER RESOURCE CENTERS**



● = DISASTER RESOURCE CENTER

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Alhambra Fire Dept. 301 N. First St. Alhambra, CA 91801 626-457-8961			Primary Contact: Chief Ray Mosack, EMS Director 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes -SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>40</u> BLS _____ EMT-D _____ LALS <u>34</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment units: 3 Extension units: 1

Name, Address & Telephone: Ambuserve Ambulance 13105 S. Crenshaw Blvd. Hawthorne, CA 90250 310-644-0500			Primary Contact: Melissa Harris, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>57</u> BLS _____ EMT-D _____ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Americare Ambulance Service 820 W. Lomita Blvd. Harbor City, Ca 90710 310-835-9390			Primary Contact: Scott Smith, COO		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue
If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>97</u> BLS ____ EMT-D ____ LALS ____ ALS		Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____
If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 29			
Name, Address & Telephone: American Medical Response 20101 Hamilton Ave., Suite 300 Torrance, CA 90502 310-851-7000			Primary Contact: Tom Williams, Vice President of Operations		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue
If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>1000</u> BLS ____ EMT-D ____ LALS <u>115</u> ALS		Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: <u>publicly held</u> company
If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 23 BLS: 246 Extension Unit: 1			

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: APT Ambulance & Medical Transportation 1227 S. La Brea Ave. Inglewood, CA 90301 310-846-4000			Primary Contact: John Baer, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 35 BLS ____ EMT-D ____ LALS 5 ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 2 BLS: 25

Name, Address & Telephone: Arcadia Fire Dept. 710 S. Santa Anita Ave. Arcadia, CA 91006 626-574-5100			Primary Contact: Chief Tony Trabbie, EMS Coordinator 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 53 PS ____ PS-Defib 48 BLS ____ EMT-D ____ LALS 25 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Extension Unit: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Beverly Hills Fire Dept. 445 N. Rexford Dr. Beverly Hills, CA 90210 310-281-2700			Primary Contact: Chief Stan Speth, EMS Coordinator 310-281-2703 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___75___ PS ___ PS-Defib ___ BLS ___75___ EMT-D ___ LALS ___18___ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment units: 3

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: The Boeing Company Palmdale/Edwards Air Force Base 1500 E. Avenue M Palmdale, CA 93550 661-272-4427			Primary Contact:: Karen Woodside, Health Services 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS <u>25-30</u> PS-Defib ___ BLS ___ EMT-D ___ LALS ___ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> county <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Plant 42 USAF EMT Ambulance

Name, Address & Telephone: Bowers Ambulance Service 3355 E. Spring St. Long Beach, CA 90806-2466 562-988-6460			Primary Contact:: Kenneth R. Arnold, CEO/President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ___ PS ___ PS-Defib <u>57</u> BLS ___ EMT-D ___ LALS <u>8</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 3 BLS: 16

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Burbank Fire Dept. 311 E. Orange Grove Burbank, CA 91502 818-238-3411			Primary Contact: Tom Lenahan, EMS Coordinator		
911 Responder: yes					
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>110</u> EMT-D ____ LALS <u>38</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 3 paramedic engine: 1 extension units: 11
Name, Address & Telephone: California City Fire Dept. Air Operations 20890 Hacienda Blvd. California City, CA 93505 760-373-4841			Primary Contact: Chief Michael Antonucci		
911 Responder: yes					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>15</u> BLS ____ EMT-D ____ LALS <u>5</u> ALS (plus 10 part time ALS personnel)
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: public agency with privately funded helicopter	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none in LA County. Helicopter available for transport in Antelope Valley area.

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Chevron Fire Department 324 W. El Segundo Blvd. El Segundo, CA 90245 310-615-5751			Primary Contact: Ken Ferguson, Battalion Chief 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ 20 ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0 Assessment Engines: 2 Extension units: 4

Name, Address & Telephone: City of Vernon Fire Department 4305 Santa Fe Avenue Vernon, CA 90058 323-583-8811 X 280			Primary Contact: Mike Wilson, Battalion Chief 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS ____ 78 EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Compton Fire Dept. 201 S. Acacia Ave. Compton, CA 90220 310-605-6278			Primary Contact: Chief Jon Thompson, Director of EMS 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ 10 ____ BLS ____ 70 ____ EMT-D ____ ____ LALS ____ 23 ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2

Name, Address & Telephone: Culver City Fire Dept. 9770 Culver Blvd. Culver City, CA 90232 310-253-5900			Primary Contact: Chief David White, EMS Coordinator 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ ____ BLS ____ 34 ____ EMT-D ____ ____ LALS ____ 29 ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment unit: 4 Extension unit: 3

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Downey Fire Dept. 12222 Paramount Blvd. Downey, CA 90242 562-904-7344			Primary Contact: Capt. Brad Van Ert, EMS Coordinator		
911 Responder: yes					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS 40 PS-Defib BLS EMT-D LALS 26 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Extension units: 5 BLS Transport: 1

Name, Address & Telephone: El Segundo Fire Dept. 314 Main St. El Segundo, CA 90245 310-524-2395			Primary Contact: Capt. John Bibee, Paramedic Coordinator		
911 Responder: yes					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: PS PS-Defib BLS 38 EMT-D LALS 16 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Extension unit: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Emergency Ambulance Service, Inc. 3200 E. Birch St., Suite A Brea, CA 92821 714-990-1742			Primary Contact: Phil Davis, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 150 BLS ____ EMT-D ____ LALS 4 LS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 2 BLS: 27
Name, Address & Telephone: Event Medical Services, Inc. 10765 Noel St. Los Alamitos, CA 90720-2547 562-493-2070			Primary Contact: Dean Grose, President 911 Responder: no (contract service only)		
Written Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 60 BLS 30 EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 10

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Gerber Ambulance Service P.O. Box 3487 Torrance, CA 90510 310-533-1133			Primary Contact: Robert H. Gerber, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>60</u> BLS <u>30</u> EMT-D ____ LALS <u>18</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 2 BLS 17
Name, Address & Telephone: Glendale Fire Dept. 421 Oak St. Glendale, CA 91204 818-548-6470			Primary Contact: Battalion Chief Wright, EMS Manager 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>145</u> EMT-D ____ LALS <u>46</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 4 Assessment Units: 2 Extension Units: 10

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Guardian Ambulance Co. 1854 E. Corson St., Suite 1 Pasadena, CA 91107 626-792-3688			Primary Contact: Lawrence Smith, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 20 _____ BLS _____ EMT-D _____ LALS _____ 2 _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 2 BLS: 8

Name, Address & Telephone: Huntington Ambulance LLC 16591 S. Pacific Avenue Sunset Beach, CA 90742 562-904-1550			Primary Contact: Stacey O'Bryan, Manager, 714-325-0-363 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ 10 _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 10

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Hall Ambulance Service 1001 21 st St. Bakersfield, CA 93301 661-322-8741			Primary Contact: Harvey Hall, President 911 Responder: Not in LA County		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS <u>38</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ALS: 9 BLS 34
Name, Address & Telephone: Hermosa Beach Fire Dept. 540 Pier Ave. Hermosa Beach, CA 90254 310-376-2479			Primary Contact: Paul Hawkins, Paramedic Coordinator 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <u>40</u> PS ____ PS-Defib <u>28</u> BLS ____ EMT-D ____ LALS <u>14</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Paramedic Engine: 1 Extension Engine: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: La Verne Fire Dept. 2061 Third St. La Verne, CA 91750 909-596-5991			Primary Contact: Chief John Breaux 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 34 PS _____ PS-Defib 11 BLS _____ EMT-D _____ LALS 20 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment Units: 2

Name, Address & Telephone: Long Beach Fire Dept. 925 Harbor Blvd. Long Beach, CA 90802 562-570-2500			Primary Contact: Cathy Ord, EMS Director 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib 290 BLS 290 EMT-D _____ LALS 160 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 8 Assessment Units: 7 Boat: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Los Angeles City Fire Dept. 200 N. Main St. Los Angeles, CA 90012 213-485-7153			Primary Contact: Chief Dan McCarthy, Paramedic Coordinator 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>2626</u> EMT-D ____ LALS <u>750</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 73 Air: 1 Assessment Units: 39 Paramedic Engines: 4 Extension Units: 2 Fire Boat: 1
Name, Address & Telephone: Los Angeles County Fire Dept. 1320 N. Eastern Ave. Los Angeles, CA 90063 323-881-2485			Primary Contact: Assistant Chief Michael T. Metro, EMS Division 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>2200</u> EMT-D ____ LALS <u>800</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Helicopters: 3 Assessment Units: 16 Paramedic Engines: 5 Rescue Squads: 64 Baywatch (boats): 2

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Los Angeles County Sheriff's Dept. Emergency Services Detail 130 S. Fetterly Ave. Los Angeles, CA 90022 323-264-7084			Primary Contact: Sgt. Jack Ewell, EMS & Paramedic Coordinator 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input checked="" type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>15</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Helicopter: 1 All Terrain Trucks: 3
Name, Address & Telephone: Manhattan Beach Fire Dept. 400 15 th Street Manhattan Beach, CA 90266 310-802-5203			Primary Contact: Chief Dennis Groat 911 Responders: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS <u>23</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Paramedic Engines: 2

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: MedReach, Inc. 2370 W. Carson St., Suite 200 Torrance, CA 90501 310-328-4463			Primary Contact: Robert Aragon, Operations Manager 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ 22 BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 5
Name, Address & Telephone: Mercy Air Service, Inc. 1670 Miro Way Rialto, CA 92376 909-829-7001			Primary Contact: Roy Cox, Program Director 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ 40 ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Monrovia Fire Dept. 141 E. Lemon St. Monrovia, CA 91016 626-256-8100			Primary Contact: Chief Sam DiGiovanna 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>40</u> EMT-D ____ LALS <u>18</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Rescue Squad: 1 Paramedic Engine: 1
Name, Address & Telephone: Westmed Ambulance DBA: McCormick Ambulance 240 S. Sepulveda Blvd., Suite 201 Manhattan Beach, CA 90266 310-798-3300			Primary Contact: Joe Chidley, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>40</u> BLS ____ EMT-D ____ LALS <u>6</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 BLS Ambulances 29

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Montebello Fire Dept. 600 N. Montebello Blvd. Montebello, CA 90640 323-887-4510			Primary Contact: Chief Jim Cox 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 77 PS _____ PS-Defib 76 BLS _____ EMT-D ____ LALS 37 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Rescue Squads: 2 Paramedic Engines: 7 Assessment Units: 1 Extension Units: 2
Name, Address & Telephone: Monterey Park Fire Dept. 320 W. Newmark Ave. Monterey Park, CA 91754 626-307-1270			Primary Contact: Chief Tim Murphy 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: 55 PS _____ PS-Defib 22 BLS _____ EMT-D ____ LALS 33 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment Units: 2

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Pasadena Fire Dept. 199 S. Los Robles, Suite 550 Pasadena, CA 91101 626-744-4655			Primary Contact: Chief Dennis Downs 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>117</u> EMT-D ____ LALS <u>50</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 4 Paramedic Engines: 3 Extension Units: 6 Bicycle Units: 2
Name, Address & Telephone: Priority One Medical Transport 8540 Archibald St., Bldg. 18-D Rancho Cucamonga, CA 91730 800-600-3370			Primary Contact: Michael Parker, President/CEO 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS ____ EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Redondo Beach Fire Dept. 401 S. Broadway St. Redondo Beach, CA 90277 310-318-0663			Primary Contact: Don Herr, Paramedic Coordinator		
911 Responder: yes					
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib 45 BLS ____ EMT-D ____ LALS 22 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Assessment Units: 2 Boat: 1

Name, Address & Telephone: San Gabriel Fire Dept. P.O. Box 130 San Gabriel, CA 91778-0130 626-308-2880			Primary Contact: Chief Joe Nestor		
911 Responder: yes					
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS 2 PS-Defib ____ BLS 17 EMT-D ____ LALS 14 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Assessment Units: 1 Extension Unit: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: San Marino Fire Dept. 2200 Huntington Drive San Marino, CA 91108 626-300-0735			Primary Contact: Cliff Hadsell, Division Chief 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS <u>20</u> PS-Defib _____ BLS _____ EMT-D _____ LALS <u>17</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Assessment Unit: 1

Name, Address & Telephone: Santa Fe Springs Fire Dept. 11300 Greenstone Ave. Santa Fe Springs, CA 90670 562-944-9713			Primary Contact: Chief Neil Welland 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>45</u> EMT-D _____ LALS <u>12</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Paramedic Engine: 1 Extension Units: 2

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Santa Monica Fire Dept. 333 Olympic Drive Santa Monica, CA 90401 310-458-8651			Primary Contact: Bruce Davis, Paramedic Coordinator 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS <u>62</u> EMT-D _____ LALS <u>50</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 Paramedic Engines: 4
Name, Address & Telephone: Schaefer Ambulance Service 4627 Beverly Blvd. Los Angeles, CA 90004 800-472-4233			Primary Contact: James H. McNeal, President/CEO 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib <u>91</u> BLS _____ EMT-D _____ LALS <u>32</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 8

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Sierra Madre Fire Dept. 242 W. Sierra Madre Blvd. Sierra Madre, CA 91024 626-355-1401			Primary Contact: Chief Roger E. Lowe 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>31</u> EMT-D ____ LALS ____ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 BLS Transports
Name, Address & Telephone: Six Flags Magic Mountain Health Services 26101 Magic Mountain Parkway Valencia, CA 91355 661-255-4567			Primary Contact: Cathy Lahey, EMT Supervisor 661-255-4567 911 Responder:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>32</u> BLS ____ EMT-D ____ LALS <u>4</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: South Pasadena Fire Dept. 817 Mound Ave. South Pasadena, CA 91030 626-403-7300			Primary Contact: Mike Brown, Paramedic Coordinator 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ 13 BLS ____ EMT-D ____ LALS ____ 12 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 1 Extension Unit: 1
Name, Address & Telephone: Torrance Fire Dept. 1701 Crenshaw Blvd. Torrance, CA 90501 310-781-7042			Primary Contact: Jerry Strouse, Paramedic Coordinator 911 Responder: yes		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS <u>156</u> PS-Defib ____ BLS <u>104</u> EMT-D ____ LALS <u>48</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none ALS non-Transport Squads: 4 Assessment Units: 2 Extension Units: 7

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: UCLA Emergency Medical Services 601 Westwood Plaza Los Angeles, CA 90024 310-206-8886			Primary Contact: Kurt Kainsinger, EMS Manager 911 Responder: no		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>22</u> EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: campus response only	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input checked="" type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Number of ambulances: 1 BLS non-transporting ambulance

Name, Address & Telephone: Warner Bros. Fire Dept. 4000 Warner Blvd., Bldg. #30 Burbank, CA 91522 818-954-1262			Primary Contact: Chuck Lisi, Chief 818-954-5056 911 Responder:		
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib ____ BLS <u>12</u> EMT-D ____ LALS ____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 0

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2003

Name, Address & Telephone: Westmed Ambulance 5462 2 nd St. Irwindale, CA 91706-2000 888-331-1420			Primary Contact: Tom Millsap, President 911 Responder: no		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>250</u> BLS ____ EMT-D ____ LALS <u>16</u> ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: 2 BLS ambulances: 29
Name, Address & Telephone: West Covina Fire Dept. P.O. Box 1440 West Covina, CA 91793 626-338-8800			Primary Contact: Alex Rodriguez, Assistant Chief 911 Responder: yes		
Written Contract: <input checked="" type="checkbox"/> Yes - SFTP <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS ____ PS-Defib <u>35</u> BLS ____ EMT-D ____ LALS <u>37</u> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> federal	System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: none Paramedic Engines: 5

TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 2003-04

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 93536-5426		Dr. Karen W. Cowell, RN, PhD Office 661-722-6402 Fax: 661-722-6403 e-mail: kcowell@avc.edu
Student Eligibility*: <p style="text-align: center;"><u>Open</u></p>	Cost of Program: <p style="text-align: center;"><u>Basic \$52.00</u></p> <p style="text-align: center;"><u>Refresher \$95.00</u></p>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: 67 Refresher: 0 Cont. Education: N/A Expiration date: 9/30/98 Number of courses: 9 Initial training: 9 Refresher: 0 Cont. Education: N/A

Training Institution Name/Address		Contact Person/Telephone No.
Antelope Valley Medical College 44201 10 th St. West, Suite 120 Lancaster, CA 93534		Marco Johnson Office: 661-726-1911 Fax: 661-726-5158
Student Eligibility*: <p style="text-align: center;"><u>Open</u></p>	Cost of Program: <p style="text-align: center;">Basic \$1000.00</p> <p style="text-align: center;">Refresher \$125.00</p>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

* **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:** 2003-04

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 R.O.P. 1156 East Avenue S Palmdale, Ca 93550		Lindy Smith/Betsy McKinstry Office: 661-575-1026 Fax: 661-575-1037
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: <u>\$140.00</u> Refresher: <u>unknown</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Beverly Hills Fire Department 440 N. Rexford Dr. Beverly Hills, CA 90210		Dean Viana 310-281-2703
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: <u>None</u> Refresher:	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>N/A</u> Expiration date: <u>1/31/00</u> Number of courses: <u>None reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

* **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:** 2003-04

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 Dept. 353 East Olive Avenue Burbank, CA 91501		Michael Boufford 818-238-3450
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: <u>None</u> Refresher: _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: <u>pending</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Business Industry School 3721 W. Washington Blvd. Los Angeles, CA 90018		
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: <u>None</u> Refresher: _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>112</u> Refresher: <u>5</u> Cont. Education: <u>0</u> Expiration date: <u>Pending</u> Number of course: <u>6</u> Initial training: <u>5</u> Refresher: <u>1</u> Cont. Education: <u>0</u>

* **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:** 2003-04

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 Alondra Blvd. Norwalk, Ca 90650		Jenine Nolan Office: 562-860-2451 Ext. 2550 Fax: 562- 467-5077 e-mail: jnolan@cerritos.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: <u>\$90.00</u> Refresher <u>\$120.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>47</u> Refresher: <u>50</u> Cont. Education: <u>N/A</u> Expiration date: <u>3/31/01</u> Number of courses: <u>5</u> Initial training: <u>3</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Citrus College 1000 W. Foothill Blvd. Glendora, CA 91640-1899		Marilyn Collins, R.N. 818-914-8720
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: <u>\$78.00</u> Refresher <u>\$26.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>73</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/3/02</u> Number of courses: <u>6</u> Initial training: <u>4</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>

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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:** 2003-04

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 N. Rockwell Canyon Rd. Valencia, CA 91355		Sue Albert Office: 661-362-3366 Fax: 661-362-5438 e-mail: sue.albert@canyons.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$82.50</u> Refresher <u>\$98.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>97</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/98</u> Number of courses: <u>4</u> Initial training: <u>4</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
College of the Oceans 272 S. Fries Avenue Wilmington, CA 90744-6399		
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$3200.00</u> Refresher <u>\$75.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>65</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>1/31/00</u> Number of courses: <u>8</u> Initial training: <u>8</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

*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:** 2003-04

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		Reena Singh 310-763-5718
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>32</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>7/30/00</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Culver City Fire Department 9770 Culver Blvd. Culver City, CA 90232-0507		Steve Rankin 213-202-5800
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>N/A</u> Expiration date: <u>9/30/00</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

*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: 2003-04

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/UCLA Paramedic School		
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$550.00</u> Refresher <u>\$125.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>72</u> Refresher: <u>149</u> Cont. Education: <u>0</u> Expiration date: <u>3/31/96</u> Number of courses: <u>12</u> Initial training: <u>5</u> Refresher: <u>7</u> Cont. Education: <u>0</u>
Training Institution Name/Address		Contact Person/Telephone No.
Downey Fire Department 12222 Paramount Blvd. Downey, CA 90241		Chief Mark Gillaspie 562-904-7300
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher <u>_____</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>Pending</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

*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:** 2003-04

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 Ave. West Covina, CA 91790		
Student Eligibility*: Open	Cost of Program: Basic None Refresher ____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>30</u> Refresher: <u>70</u> Cont. Education: <u>N/A</u> Expiration date: <u>02/28/99</u> Number of courses: <u>16</u> Initial training: <u>6</u> Refresher: <u>10</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$60.00</u> Refresher <u>\$15.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>49</u> Refresher: <u>7</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>7</u> Initial training: <u>4</u> Refresher: <u>3</u> Cont. Education: <u>N/A</u>

*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:** 2003-04

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

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*: <p style="text-align: center;"><u>Open</u></p>	Cost of Program: Basic: <u>\$10.00</u> Refresher <u>\$10.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>42</u> Refresher: <u>7</u> Cont. Education: <u>0</u> Expiration date: <u>3/15/99</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>0</u>

Training Institution Name/Address		Contact Person/Telephone No.
EMS Training Center 7946 Cambridge Ave. Rancho, Cucamonga, CA 91730		Debbie Notturmo 909-941-7950
Student Eligibility*: <p style="text-align: center;"><u>Open</u></p>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>Pending</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

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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:** 2003-04

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Training Institution Name/Address		Contact Person/Telephone No.
Glendale Community College 1500 N. Verdugo Rd. Glendale, CA 91020		818-249-1005
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$200.00</u> Refresher <u>\$80.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>57</u> Refresher: <u>28</u> Cont. Education: <u>N/A</u> Expiration date: <u>8/31/00</u> Number of courses: <u>4</u> Initial training: <u>4</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
La Puente Valley R.O.P. 18501 E. Gale Avenue, Suite 100 Industry, CA 91748		David Wolf Office: 626-810-3300 Fax: 626-581-9107 e-mail: davidwolf@ocfa.org
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$20.00</u> Refresher <u>\$20.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>36</u> Refresher: <u>6</u> Cont. Education: <u>0</u> Expiration date: <u>12/14/95</u> Number of courses: <u>3</u> Initial training: <u>2</u> Refresher: <u>1</u> Cont. Education: <u>0</u>

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TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 2003-04

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Training Institution Name/Address		Contact Person/Telephone No.
La Verne Fire Dept. 2061 3 rd St. La Verne, CA 91750		Kevin Palm 909-596-5991
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher <u> </u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>14</u> Cont. Education: <u>N/A</u> Expiration date: <u>4/30/00</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Long Beach City College 4901 E. Carson St. Long Beach, CA 90808		Jim Steele 562-918-4166
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>None</u> Refresher <u> </u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>46</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>4/30/00</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

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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:** 2003-04

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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*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>3/1/96</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

Training Institution Name/Address		Contact Person/Telephone No.
Long Beach Fire Dept. 925 Harbor Plaza, Suite 100 Long Beach, CA 90802		EMS Coordinator 562-570-2558
Student Eligibility*: <u>Fire Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>7</u> Refresher: <u>59</u> Cont. Education: <u>N/A</u> Expiration date: <u>9/30/98</u> Number of courses: <u>6</u> Initial training: <u>1</u> Refresher: <u>5</u> Cont. Education: <u>N/A</u>

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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:** 2003-04

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Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles City Fire Dept. 1700 Stadium Way, Room 241 Los Angeles, CA 90012-1404		Captain Phillip Fligiel 213-485-8004
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>1130</u> Cont. Education: <u>N/A</u> Expiration date: <u>3/31/00</u> Number of courses: <u>48</u> Initial training: <u>0</u> Refresher: <u>48</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County/EMS Agency/Paramedic Training Institute Paramedic Training Institute 5555 Ferguson Drive, Suite 220 Commerce, CA 90022		Terry Crammer 323-890-7506
Student Eligibility*:	Cost of Program:	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

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TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 2003-04

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Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Fire Dept. 5801 S. Eastern Ave. Los Angeles, CA 90040		Heather Davis, EMT-P 313-881-2254
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher <u>None</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>33</u> Refresher: <u>2378</u> Cont. Education: <u>N/A</u> Expiration date: <u>31/31/00</u> Number of courses: <u>2</u> Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Lifeguards 2300 Ocean Front Walk Venice, CA 90291		Steven Powell 310-577-5709
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher <u>_____</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>75</u> Cont. Education: <u>N/A</u> Expiration date: <u>8/31/00</u> Number of courses: <u>4</u> Initial training: <u>0</u> Refresher: <u>4</u> Cont. Education: <u>N/A</u>

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TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

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Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County R.O.P. 9300 E. Imperial Highway Downey, CA 90242-2890		Karin Lyon Reynoso, R.N. Office 562-922-6728 Fax: 562-922-8949 e-mail: ReynosoKarin@lacoed.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$840</u> Refresher <u>\$125.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>163</u> Refresher: <u>28</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/98</u> Number of courses: <u>15</u> Initial training: <u>12</u> Refresher: <u>3</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Sheriff's Dept. – ESD 130 S. Fetterly Los Angeles, CA 90022		Deputy Darrel Airhart 323-261-7084
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

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Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County Sheriff's Dept – Reserves Forces Bureau 11515 S. Colima Rd., #A-104 Whittier, CA 90604		William Schuessler 562-946-7871
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>46</u> Cont. Education: <u>N/A</u> Expiration date: <u>10/31/00</u> Number of courses: <u>7</u> Initial training: <u>0</u> Refresher: _____ Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744-2397		Wendy W. Hollis, R.N., MN Office: 310-233-4262 Fax: 310-233-4683 e-mail: hollisww@lahc.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$44.00</u> Refresher <u>\$22.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>20</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>4</u> Initial training: <u>3</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Pierce College 6201 Winnetka Ave. Woodland Hills, CA 91344		Carol Delgado, R.N. 818-719-6477
Student Eligibility* <u>Open</u>	Cost of Program: Basic <u>\$197.00</u> Refresher <u>\$60.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>64</u> Refresher: <u>17</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>5</u> Initial training: <u>3</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Valley College 5800 Fulton Ave. Van Nuys, CA 91401-4096		Dr. Alan Cowen Office 818-947-2982 Fax: 818 947-2610 e-mail: cowenar@lavc.edu
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic None Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>12/07/95</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

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Training Institution Name/Address		Contact Person/Telephone No.
School of Emergency Medical training 2669 N. Myrtle St., Suite 207 Long Beach, CA 90806		Jeff Gold 714-377-0252
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$325.00</u> Refresher <u>\$100.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>*New Program</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Manhattan Beach Fire Dept. 400 15 th St. Manhattan Beach, CA 90266		Battalion Chief Ken Shuck 310-802-5203
Student Eligibility*:	Cost of Program:	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

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Training Institution Name/Address		Contact Person/Telephone No.
Monrovia Fire Dept. 415 S. Ivy Ave. Monrovia, CA 91016-2888		Captain Mike Cate 626-256-8100 Ext 1106
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>12/07/95</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

Training Institution Name/Address		Contact Person/Telephone No.
Montebello Fire Dept. 600 N. Montebello Blvd. Montebello, CA 90640		Captain Conrad Lopez 313 887-4510
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>8/31/00</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
Mount San Antonio College 1100 N. Grand Ave. Walnut, CA 91789		Stephen Williams, R.N., MEd. 909-594-5611, Ext. 4657
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$167.00</u> Refresher <u>\$76.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>72/33</u> Refresher: <u>3</u> Cont. Education: <u>N/A</u> Expiration date: <u>4/30/00</u> Number of courses: <u>7/3</u> Initial training: <u>6/3</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
North Valley Occupational Center – Aviation Center 11450 Sharp Avenue Mission Hills, CA 91345		Katherine Carroll 818-365-9645 Ext. 446
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$45.00</u> Refresher <u>\$40.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>188</u> Refresher: <u>31</u> Cont. Education: <u>N/A</u> Expiration date: <u>6/19/99</u> Number of courses: <u>11</u> Initial training: <u>6</u> Refresher: <u>5</u> Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
Pasadena City College 1570 E. Colorado Blvd. Pasadena, CA 91106		Kathleen Winston/David White Office: 626-585-7325 Fax: 626-585-7977 e-mail: kmwinston@pasadena.edu Dxwhite@ix.netcom.com
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$65.00</u> Refresher <u>Tuition</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>159</u> Refresher: <u>38</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>6</u> Initial training: <u>5</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Pasadena Fire Dept. 199 S. Los Robles Ave., Suite 550 Pasadena, CA 91101		Mike Barilla 626-744-4745
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher <u>_____</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>N/A</u> Expiration date: <u>8/31/00</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
Rio Hondo College 3600 Workman Mill Road Whittier, CA 90601		Tracy Rickman Office 562-941-4082 Fax: 562-692-2557 e-mail: trickman@riohondo.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$138.00</u> Refresher \$45.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>67</u> Refresher: <u>35</u> Cont. Education: <u>N/A</u> Expiration date: <u>8/31/00</u> Number of courses: <u>4</u> Initial training: <u>2</u> Refresher: <u>2</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
San Marino Fire Dept. 2200 Huntington Drive San Marino, CA 91108		Capt. James Anderson 626-300-0735
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>9</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>1</u> Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
Santa Fe Springs Fire Dept. 11300 Greenstone Ave. Santa Fe Springs, CA 90670		Capt. Robert Yellen 562-906-3834
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic None Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

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*: <u>Open</u>	Cost of Program: Basic High School – <u>No Charge</u> <u>Adult \$100.00</u> Refresher <u>\$50.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>47</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u> Expiration date: <u>9/30/98</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: <u>0</u> Cont. Education: <u>N/A</u>

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Training Institution Name/Address		Contact Person/Telephone No.
San Gabriel Fire Dept. 1303 South Del Mar San Gabriel, CA 91176		Battalion Chief Michael Terry 626-308-2880
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: <u>0</u> Expiration date: <u>12/07/95</u> Number of courses: Initial training: Refresher: Cont. Education: <u>0</u>

Training Institution Name/Address		Contact Person/Telephone No.
Santa Monica Fire Department 1444 7 th Street Santa Monica, CA 90401		Capt. Bruce Davis 310-458-8658
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: <u>10/31/98</u> Number of courses: <u>None Reported</u> Initial training: Refresher: Cont. Education: <u>N/A</u>

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NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address		Contact Person/Telephone No.
Sierra Madre Fire Dept. 242 W. Sierra Madre Blvd. Sierra Madre, CA 91204		
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$200.00</u> Refresher <u>\$80.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>19</u> Cont. Education: <u>N/A</u> Expiration date: <u>8/31/00</u> Number of courses: <u>3</u> Initial training: <u>0</u> Refresher: <u>3</u> Cont. Education: <u>0</u>

Training Institution Name/Address		Contact Person/Telephone No.
Torrance Fire Dept. 1701 Crenshaw Blvd. Torrance, CA 90501		
Student Eligibility*:	Cost of Program:	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

*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:** 2003-04

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address		Contact Person/Telephone No.
Tri-Cities R.O.P. 9401 South Painter Ave. Whittier, CA 90605		Faye Munoz Office 562-698-9571 Fax: 562-945-0687 e-mail: fmunoz@crop.kiz.ca.us
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>None</u> Refresher _____	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>85</u> Refresher: <u>18</u> Cont. Education: <u>N/A</u> Expiration date: <u>7/11/1999</u> Number of courses: <u>16</u> Initial training: <u>8</u> Refresher: <u>8</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
UCLA Center for Prehospital Care 11303 W. Washington Blvd., Suite 200 Los Angeles, CA 90066		John Bretz, Registration Coordinator Office: 310-572-2060 Fax: 310-572-2070 e-mail: jbretz@mednet.ucla.edu
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic <u>\$560.00</u> Refresher <u>\$75.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

*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:** 2003-04

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address		Contact Person/Telephone No.
UCLA Emergency Medical Center 924 Westwood Blvd., #720 Los Angeles, CA 90024		Baxter Laron, EMT-P 310-206-0176
<u>Open</u>	Cost of Program: Basic \$325.00 Refresher <u>\$175.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>423</u> Refresher: <u>151</u> Cont. Education: <u>N/A</u> Expiration date: <u>12/31/00</u> Number of courses: <u>63</u> Initial training: <u>48</u> Refresher: <u>15</u> Cont. Education: <u>N/A</u>

Training Institution Name/Address		Contact Person/Telephone No.
Valley Presbyterian Hospital 15107 Van Owen St. Van Nuys, CA 91409		Fred Miller 818-782-3606
Student Eligibility*: <u>Open</u>	Cost of Program: Basic <u>\$350.00</u> Refresher <u>\$125.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>96</u> Refresher: <u>158</u> Cont. Education: <u>0</u> Expiration date: Number of courses: <u>20</u> Initial training: <u>9</u> Refresher: <u>11</u> Cont. Education: <u>0</u>

*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:** 2003-04

NOTE: Table 9 is to be completed by county. Make copies to add pages as needed.

Training Institution Name/Address		Contact Person/Telephone No.
West Valley Occupational Center 6200 Winnetka Avenue Woodland Hills, CA 91367		Cathy Bandy or Anyola DeMascio Office: 818-346-3540 Fax: 818-883-8973
Student Eligibility*: <p style="text-align: center;"><u>Open</u></p>	Cost of Program: Basic <u>\$75.00</u> Refresher <u>\$50.00</u>	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: Number of course: Initial training: Refresher: Cont. Education:

*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 10: RESOURCES DIRECTORY – Facilities

EMS System: Los Angeles Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Alhambra Community Hospital 100 S. Raymond Ave. Alhambra, CA 91801 626-570-1606		Primary Contact: Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

Name, address & telephone: Antelope Valley Medical Center 1600 W. Avenue J Lancaster, CA 93534 661-949-5000		Primary Contact: Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
			If Trauma Center, what Level:**** _____

Name, Address & Telephone: Barlow Hospital 2000 Stadium Way Los Angeles, CA 90026 213-250-4200		Primary Contact: Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Bellflower Medical Center 9542 E. Artesia Blvd. Bellflower, CA 90706 562-925-8355		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Beverly Hospital 309 W. Beverly Blvd. Montebello, CA 90640 323-726-1222		Primary Contact:		Emergency Department Director	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Brotman Medical Center 3828 Delmar Terrace Culver City, CA 90231 310-836-7000		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes		PICU:*** <input type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, Address & Telephone:		California Hospital Medical Center 1401 S. Grand Avenue Los Angeles, CA 90015 213-748-2411		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes		PICU:*** <input type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** N/A	

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Casa Colina Rehabilitation Center 255 E. Bonita Ave. Pomona, CA 91767 909-596-7733		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Cedars Sinai Medical Center 8700 Beverly Blvd. Los Angeles, CA 90048 310-855-5000		Primary Contact: Prehospital Care Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center*: Pediatric Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:**** 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Centinela Hospital Medical Center 555 E. Hardy St. Inglewood, CA 90301 310-673-4660		Primary Contact: Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
			If Trauma Center, what Level:**** _____

Name, address & telephone: Childrens Hospital Los Angeles 4650 Sunset Blvd. Los Angeles, CA 90027 323-660-2450		Primary Contact: Emergency Department Director	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* Pediatric Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
			If Trauma Center, what Level:**** <u> 1 </u>

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

Name, Address & Telephone: Citrus Valley Medical Center Inter-Community Campus 210 West San Bernardino Road Covina, CA 91723 626-331-7331		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Citrus Valley Medical Center Queen of the Valley Campus 1115 S. Sunset Ave. West Covina, CA 91790 626-962-4011		Primary Contact: Prehospital Care Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		City of Hope National Medical Center 1500 E. Duarte Road Duarte, CA 91010 818-359-8111		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		City of Angels Medical Center 1711 W. Temple Los Angeles, CA 90026 213-989-6100		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 562-868-3751		Primary Contact: Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If Trauma Center, what Level:**** _____			

Name, address & telephone: Community Hospital of Gardena 1246 W. 155 th St. Gardena, CA 90247-4062		Primary Contact: Emergency Department Director	
		ED CLOSED 7/26/04	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If Trauma Center, what Level:**** _____			

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Community Hospital Long Beach 1720 Termino Avenue Long Beach, CA 90804 562-498-1000		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes		PICU:*** <input type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, Address & Telephone:		Community & Mission Hospital of Huntington Park 2623 E. Slauson Ave. Huntington Park, CA 90255-2900 323-583-1931		Primary Contact:		Chief Executive Officer	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input checked="" type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes		PICU:*** <input type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

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: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Daniel Freeman Memorial Hospital 333 N. Prairie Ave. Inglewood, CA 90301 310-674-7050		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Doctors Hospital of West Covina 725 S. Orange Ave. West Covina, CA 91790 626-338-8481		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

Name, Address & Telephone: Downey Regional Medical Center 11500 Brookshire Ave. Downey, CA 90241 562-904-5000		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 323-268-5514		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		East Valley Hospital 150 W. Route 66 Glendora, CA 91740 626-335-0231		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone: ELAStar Community Hospital 319 N. Humphreys Ave. Los Angeles, CA 90022 323-266-6500		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

Name, Address & Telephone: Encino Tarzana Regional Medical Center Encino Campus 16237 Ventura Blvd. Encino, CA 91436 818-995-5000		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Encino Tarzana Regional Medical Center Tarzana Campus 18321 Clark St. Tarzana, CA 91357 818-881-0800		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Foothill Presbyterian Hospital 250 S. Grand Ave. Glendora, CA 91749 626-963-8411		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Garfield Medical Center 525 N. Garfield Ave. Monterey Park, CA 91754 626-573-2222		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Glendale Adventist Medical Center 1509 E. Wilson Terrace Glendale, CA 91206 818-409-8000		Primary Contact:		Prehospital Care Coordinator	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input checked="" type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Glendale Memorial Hospital & Health Center 1420 S. Central Ave. Glendale, CA 91204 818-502-1900		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Good Samaritan Hospital 616 S. Witmer St. Los Angeles, CA 90017 213-977-2121		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Greater El Monte Community Hospital 1701 Santa Anita Ave. South El Monte, CA 91733 626-579-7777		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, Address & Telephone:		Henry Mayo Newhall Memorial Hospital 23845 West McBean Parkway Valencia, CA 91355 661-253-8000		Primary Contact:		Prehospital Care Coordinator	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input checked="" type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> yes		Pediatric Trauma Center:	
<input type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input type="checkbox"/> no		<input type="checkbox"/> yes	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input checked="" type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		Hollywood Community Hospital 6245 DeLongpre Ave. Hollywood, CA 90028 323-462-2271		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, address & telephone:		Huntington Memorial Hospital 100 W. California Blvd. Pasadena, CA 91109 626-397-5000		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (not a PTC)	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> II </u>							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Kaiser Foundation – Baldwin Park 1011 Baldwin Blvd. Baldwin Park, CA 91706 626-851-1011		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Kaiser Foundation - Bellflower 9400 E. Rosecrans Ave. Bellflower, CA 90706 562-461-3000		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Kaiser Foundation – Harbor City 25825 S. Vermont Ave. Harbor City, CA 90710 310-325-5111		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Kaiser Foundation – Los Angeles 4867 Sunset Blvd. Los Angeles, CA 90027 323-783-4011		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		Kaiser Foundation – Panorama City 13652 Cantara Street Panorama City, CA 91402 818-375-2000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, address & telephone:		Kaiser Foundation – West Los Angeles 6041 Cadillac Ave. Los Angeles, CA 90034 323-857-2000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		Kaiser Foundation – Woodland Hills 5601 De Soto Ave. Woodland Hills, CA 91367 818- 719-2000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Kindred Hospital of Los Angeles 5525 W. Slauson Los Angeles, CA 90056-1067 310-642-0325		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		LAC Harbor-UCLA Medical Center 1000 West Carson Street Torrance, CA 90502 310-222-2345		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center*: Pediatric Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> I </u>							

Name, Address & Telephone:		LAC Martin Luther King Jr./ Charles R. Drew Medical Center 12021 S. Wilmington Ave. Los Angeles, CA 90053 310-668-4321		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center*: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (Not a Pediatric Trauma Center)	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> II </u>							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		LAC Olive View/UCLA Medical Center 14445 Olive View Drive Sylmar, CA 91342 818-364-1555		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, Address & Telephone:		LAC - Rancho Los Amigos Hospital 7601 Imperial Highway Downey, CA 90242 562-401-6554		Primary Contact:		Chief Executive Officer	
Written Contract:		Referral emergency service <input checked="" type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: LAC+USC Medical Center 1200 N. State St. Los Angeles, CA 90033 323-226-2622		Primary Contact: Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* Pediatric Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
			If Trauma Center, what Level:**** <u> 1 </u>

Name, address & telephone: LAC+USC Women's & Children's Hospital 1240 N. Mission Rd. Los Angeles, Ca 90033 323-226-7441		Primary Contact: Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
			If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Lakewood Regional Medical Center 3700 South St. Lakewood, CA 90712 562-531-2550		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: Lancaster Community Hospital 43830 N. 10 th Street West Lancaster, CA 93534 661-948-4781		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Lincoln Hospital Medical Center 443 S. Soto St. Los Angeles, CA 90033 213-261-1181		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: Little Company of Mary Hospital 4101 Torrance Blvd. Torrance, CA 90503 310-540-7676		Primary Contact: Prehospital Care Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Long Beach Memorial Medical Center 2801 Atlantic Ave. Long Beach, CA 90806 562-933-2000		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* Pediatric Trauma Center <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> II </u>							

Name, Address & Telephone:		Los Angeles Community Hospital 4081 E. Olympic Blvd. Los Angeles, CA 90023-3330		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 Ave. Norwalk, CA 90650 562-863-4763		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: Los Angeles Metro Medical Center 2231 S. Western Ave. Los Angeles, CA 90018-1302		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

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: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Methodist Hospital of Southern Calif. 300 W. Huntington Drive Arcadia, CA 91007 626-445-4441		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone: Midway Medical Center 5925 San Vicente Blvd. Los Angeles, CA 90019 323-938-3161		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

Name, Address & Telephone: Mission Community Hospital 14850 Roscoe Blvd. Panorama City, CA 91402 818-787-2222		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		Monrovia Community Hospital 323 S. Heliotrope Ave. Monrovia, CA 91016-2900		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, address & telephone:		Monterey Park Hospital 900 S. Atlantic Blvd Monterey Park, CA 91754 626-570-9000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

Name, Address & Telephone:		Motion Picture & Television Hospital 23388 Mulholland Dr. Woodland Hills, CA 91364 818-876-1888		Primary Contact:		Chief Executive Officer	
Written Contract:		Referral emergency service <input checked="" type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, Address & Telephone:		Northridge Hospital Medical Center Roscoe Campus 18300 Roscoe Blvd. Northridge, CA 91328 818-885-8500		Primary Contact:		Prehospital Care Coordinator	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Trauma Center:*	
<input checked="" type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes	
<input type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:**		PICU:***		Burn Center:		Trauma Center:	
<input checked="" type="checkbox"/> yes		<input checked="" type="checkbox"/> yes		<input type="checkbox"/> yes		<input checked="" type="checkbox"/> yes	
<input type="checkbox"/> no		<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Northridge Hospital Medical Center Sherman Way Campus 14500 Sherman Circle Drive Van Nuys, CA 91405 818-997-0101		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Orthopedic Hospital 2400 S. Flower St. Los Angeles, CA 90007 213-742-1000		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 St. Los Angeles, Ca 90012 213-624-8411		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Pacific Hospital of Long Beach 2776 Pacific Avenue Long Beach, CA 90806 562-595-1911		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Pacifica Hospital of the Valley 9449 San Fernando Road Sun Valley, CA 91352 818-767-3310		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Pomona Valley Hospital Medical Center 1798 N. Garey Ave. Pomona, CA 91767 909-623-8715		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:*	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone: Presbyterian Intercommunity Hospital 12401 E. Washington Blvd. Whittier, CA 90602 562-698-0811		Primary Contact: Prehospital Care Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: Providence Holy Cross Medical Center 15031 Rinaldi St. Mission Hills, CA 91345 818-365-8051		Primary Contact: Prehospital Care Coordinator		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center, what Level:**** _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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Providence St. Joseph Medical Center 501 S. Buena Vista St. Burbank, CA 91505 818-843-5111		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Trauma Center:*	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Queen of Angels/Hollywood Presbyterian Medical Center 1300 N. Vermont Ave. Los Angeles, CA 90027 323-413-3000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Trauma Center:*	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Robert F. Kennedy Medical Center 4500 W. 116 th St. Lynwood, CA 90262 310-349-4000		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		St. Francis Medical Center 3630 E. Imperial Highway Lynwood, CA 90262 310-900-7301		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> II </u>							

- * 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 Emergency Medical Services County: Los Angeles Reporting Year: 2004

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

Name, address & telephone:		St. John's Health Center 1328 22 nd St. Santa Monica, CA 90404 310-829-5511		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		St. Mary Medical Center 1050 Linden Ave. Long Beach, CA 90813 562-491-9000		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* Pediatric Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** <u> II </u>							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 909-599-6811		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: San Gabriel Valley Medical Center 438 W. Las Tunas Drive San Gabriel, CA 91776 626-289-5454		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Santa Monica-UCLA Medical Center 1250 16 th St. Santa Monica, CA 90404 310-319-4000		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		Little Company of Mary/San Pedro Hospital 1300 W. 7 th St. San Pedro, CA 90732 310-832-3311		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: San Vicente Hospital 6000 San Vicente Blvd. Los Angeles, CA 90036 323-937-2504		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: Sherman Oaks Community Hospital 4929 Van Nuys Blvd. Sherman Oaks, CA 91403 818-981-7111		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		Shriners Hospital – Los Angeles 3160 Geneva St. Los Angeles, CA 90020 213-388-3151		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, address & telephone:		Specialty Hospital of Southern California 845 N. Lark Ellen Ave. West Covina, CA 91791-1069		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: St. Vincent Medical Center 2131 W. 3 rd St. Los Angeles, CA 90057 213-484-7111		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

Name, address & telephone: Suburban Medical Center 16453 S. Colorado Ave. Paramount, CA 90723 562-531-3110		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP: ** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level: **** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Temple Community Hospital 235 N. Hoover St. Los Angeles, CA 90004 213-382-7252		Primary Contact: Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
If Trauma Center, what Level:**** _____			

Name, Address & Telephone: Torrance Memorial Medical Center 3330 W. Lomita Blvd. Torrance, CA 90505 310-325-9110		Primary Contact: Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone:		Tri-City Regional Medical Center 21530 S. Pioneer Blvd. Hawaiian Gardens, CA 90716 562-860-0401		Primary Contact:		Emergency Department Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		UCLA Medical Center 10833 Le Conte Ave. Los Angeles, CA 90095 310-825-9111		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Pediatric Critical Care Center:* Pediatric Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
If Trauma Center, what Level:**** 1							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone:		USC – Kenneth Norris Jr. Cancer Center 1441 Eastlake Ave. Los Angeles, CA 90033-0804 213-764-3000		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

Name, Address & Telephone:		USC - University Hospital 1500 San Pablo St. Los Angeles, CA 90089 323-442-8500		Primary Contact:		Chief Executive Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
If Trauma Center, what Level:**** _____							

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, address & telephone: Valley Presbyterian Hospital 15107 Van Owen St. Van Nuys, CA 91405 818-782-6600		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, Address & Telephone: Van Nuys: Hollywood Hospital of Van Nuys 15220 Van Owen St. Los Angeles, CA 91405 818-787-0123		Primary Contact: Chief Executive Officer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input checked="" type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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

Name, Address & Telephone: Verdugo Hills Hospital 1812 Verdugo Blvd. Glendale, CA 91208 818-790-7100		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

Name, address & telephone: West Hills Hospital & Medical Center 7300 Medical Center Drive West Hills, CA 91307 818-676-4000		Primary Contact: Emergency Department Director		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center, what Level:**** _____

- * 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 Emergency Medical Services

County: Los Angeles

Reporting Year: 2004

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 323-268-5000		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Trauma Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes		PICU:*** <input checked="" type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input type="checkbox"/> no		<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

Name, address & telephone:		Whittier Hospital Medical Center 9080 Colima Road Whittier, CA 90605 562-945-3561		Primary Contact:		Emergency Department Director	
Written Contract:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Critical Care Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes	
<input checked="" type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes		PICU:*** <input type="checkbox"/> yes		Burn Center: <input type="checkbox"/> yes		Trauma Center: <input type="checkbox"/> yes	
<input type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> 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

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Alhambra Fire/Police Department 2111 S. First Street Alhambra, CA 91801 Police Dispatch: 626-570-5168; Fire Dispatch 626-570-5124		Primary Contact:	Communications Supervisor Lt. Don Creighton 626-300-1502
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: budgeted for 14, 12 current full-time employees plus 3 part-time		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	Number of personnel providing services: 12 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		American Medical Response 20101 Hamilton Ave., Suite 300 Torrance, CA 90502 310-851-7000		Primary Contact:	Lance Lawson, Director of Communication LA/Metro Area 310-851-7032
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services:		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	Number of personnel providing services: 80 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Americare Ambulance Service 820 W. Lomita Blvd. Harbor City, CA 90710 310- 835-9390		Primary Contact:	Scott Smith, COO
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 15 Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		APT Ambulance 1227 S. La Brea Ave. Inglewood, CA 90301 310-846-4000		Primary Contact:	J. J. Mendes
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 6 BLS ____ LALS ____ Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Avalon Fire/Sheriff's Dept. 215 Sumner Avalon, CA 310-510-0174		Primary Contact:	Watch Commander
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: one person per shift 24/7 ___ 1 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal (dispatches every agency on the island including fire, police, search & rescue and the two Baywatch boats)		

Name, Address & Telephone:		Beverly Hills Fire/Police Dept. 464 N. Rexford Drive Beverly Hills, Ca 90210 310-550-4900		Primary Contact:	Theresa Taylor, Communications Manager
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ___ 13 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Bowers Ambulance 3355 E. Spring St. Long Beach, CA 90306		Primary Contact: Tina Beauregard 562-988-6462	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 17 full time, 3 part time		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<u>20</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
			If public: <input type="checkbox"/> city	<input type="checkbox"/> county	<input type="checkbox"/> state <input type="checkbox"/> fire district
			<input type="checkbox"/> Federal		

Name, Address & Telephone:		Culver City Fire Dept. 4045 Duquesne Culver City, CA 310-253-6248		Primary Contact: Joe D'Anjou	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services:		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u>12</u> Other
			If public: <input checked="" type="checkbox"/> city	<input type="checkbox"/> county	<input type="checkbox"/> state <input type="checkbox"/> fire district
			<input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services County: Los Angeles Reporting Year: 2004

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

Name, Address & Telephone:		Gerber Ambulance Service 1907 Border Ave. Torrance, CA 90501 310-533-1133		Primary Contact:	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ____ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS 6 Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Downey Fire Communications Center 12222 Paramount Blvd. Downey, Ca 90242 562-904-7333		Primary Contact: Chief Turner **Dispatcher for: Downey Fire, Montebello Fire, Santa Fe Springs Fire, Compton Fire	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: __ 8 __ EMD Training ____ EMT-D ____ ALS ____ BLS ____ LALS ____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Emergency Ambulance Service 3200 E. Birch St., Suite A Brea, CA 92821-6258 714-990-1742	Primary Contact: Phil Davis, President
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal

Name, Address & Telephone:		Guardian Ambulance Service 1854 E. Corson Pasadena, CA 91107 626-405-8848	Primary Contact: Catherine Jackuback, CFO
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: ___ EMD Training ___ EMT-D ___ ALS 4 BLS ___ LALS ___ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		La Verne Fire/Police Dept. 2061 Third St. La Verne, CA 91750 909-593-1303		Primary Contact: Bill Witzka or on-duty watch commander	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ___ 7 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Long Beach Fire Dept. 925 Harbor Plaza Long Beach, CA 90802 562-591-7631		Primary Contact: Liz Battle	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ___ 18 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Los Angeles City Fire Operations Control Division 200 N. Main St. Los Angeles, CA 90012 213-485-6180		Primary Contact: Capt. Tom Somers	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>66</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Los Angeles County Fire Department 1320 N. Eastern Ave. Los Angeles, CA 90063 213-881-2401		Primary Contact: Captain Hazelton 323-881-6156	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: <u>90</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input checked="" type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		McCormick/Westmed Ambulance 5462 2 nd St. Irwindale, CA 91706 888-331-1420		Primary Contact: Joe Chidley	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 2 dispatchers are in EMD training; one has completed training		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	1 EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Mercy Air Service, Inc. Flight Comm Dispatch Center 1670 Miro Way Rialto, CA 92387 909-829-7080		Primary Contact: Roy Cox, Program Director	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services:		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	___ EMD Training ___ EMT-D ___ ALS 15 BLS ___ LALS ___ Other If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Medreach Ambulance, Inc. P.O. Box 3001 Torrance, CA 90510 310-781-9395		Primary Contact: Robert Aragon, Operations Manager	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 6 BLS LALS Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Redondo Beach Fire/Police 401 S. Broadway Redondo Beach, CA 90277 310-318-0663		Primary Contact: Chief Dan Madrigal, Operations Division	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 4 on-duty dispatchers and one supervisor 24/7 ____ EMD Training ____ EMT-D ____ ALS 4 BLS LALS Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		South Bay Regional Communications Center 12227 S. Hawthorne Way Hawthorne, CA 90250 310-973-1802		Primary Contact: Janey Hall, Operations Manager **Dispatches for: Hermosa Beach Fire, Manhattan Beach Fire Departments	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: budgeted for 55 but 35 currently working		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<input checked="" type="checkbox"/> 35 EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
			If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Santa Monica Fire Dept. 1444 7 th St. Santa Monica, CA 90401 310-458-8652		Primary Contact: Suzanne Post	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services:		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	<input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 4 BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
			If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		Schaefer Ambulance Service, Inc. 4627 W. Beverly Blvd. Los Angeles, CA 90004 800-582-2258 x 620		Primary Contact: David King, Dispatch Supervisor	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: ____ EMD Training ____ EMT-D ____ ALS 8 BLS LALS Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

Name, Address & Telephone:		Torrance Fire Dept. 1701 Crenshaw Blvd. Torrance, CA 90501 310-781-7000		Primary Contact: Capt. Leigh MacArthur, Training Officer	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 6 full time; 6 part time __12__ EMD Training ____ EMT-D ____ ALS ____ BLS LALS Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone: Verdugo Fire Dispatch 421 Oak St. Glendale, CA 91204 818-956-4800		Primary Contact: Rick Kaufman – 818-548-4820 **Dispatches for: Pasadena Fire, South Pasadena Fire, Burbank Fire, Glendale Fire, Arcadia Fire, Monrovia Fire, San Gabriel Fire, San Marino Fire, Sierra Madre Fire, Monterey Park Fire	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 4 day, 3 night dispatchers 7 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal

Name, Address & Telephone: Warner Bros. Fire Dept. 4000 Warner Blvd., Bldg. 30 Burbank, CA 91522 818-954-1248		Primary Contact: Security	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of personnel providing services: 8 EMD Training EMT-D ALS BLS LALS Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2004

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

Name, Address & Telephone:		West Covina Fire Dept./Police 1435 W. Puente Ave. West Covina, CA 91790 626-939-8580		Primary Contact: Clay Durbin, Communications Supervisor	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of personnel providing services: 17 full time, 3 part time		
			20 EMD Training ___ EMT-D ___ ALS		
			BLS LALS Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal		

TABLE 11a: RESOURCES DIRECTORY – Disaster Medical Responders

EMS System: Los Angeles

County: Los Angeles

Date: July 2004

NOTE: Information on Table 11a is to be completed for each county:

County Office of Emergency Services (OES) Coordinator:

Alternate's Name:

Constance Perrett

Bob Garrott

Work Telephone No: 323-980-2261

Work Telephone No.: 323-980-2269

Home Telephone No: 909-596-8296

Home Telephone No.: 323-291-5339

Office Pager No.: 213-508-3350

Office Pager No.: 213-508-4750

FAX No.: 323-881-6897

FAX No.: 323-881-6897

24-hr No.: 213-792-587 (cell)

24-hr No.: 213-792-5093 (cell)

County EMS disaster Medical Services (DMS) Coordinator:

Alternate's Name:

Carol (Gunter) Meyer

Larry Smith

Work Telephone: 323-890-7583

Work Telephone No.: 323-890-7559

Home Telephone No.: 562-592-6300

Home Telephone No.: 310-479-6215

Office Pager No.: 213-208-0594

Office Pager No.: 323-659-7825

FAX No.: 323-890-8536

FAX No.: 323-869-8065

24-hr No.: 323-890-7601 (MAC)

24-hr No. 323-659-7825

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contract. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11a: RESOURCES DIRECTORY – Disaster Medical Responders

EMS System: Los Angeles

County: Los Angeles

Date: July 2004

NOTE: Information on Table 11a is to be completed for each county:

County Health Officer's Name:

Jonathan Fielding, MPH, M.D.

Work Telephone No.: 213-240-8117

Home Telephone No.: 310-394-6040

Office Pager No.: 888-855-4813

FAX No.: 213-975-1273

24-hr No.: 213-974-1234

Medical/Health EOC telephone no.: 323-890-7601

Amateur Radio contact name: _____

Who is the RHC for your region? LA County

Alternate's Name:

Robert Kim-Farley, MPH, M.D.

Work Telephone No.: 213-250-8685

Home Telephone No. 818-783-4606

Office Pager No.: 213-208-0571

FAX No.: 213-481-9853

24-hr No.: 213-974-1234

Medical/Health DOC FAX No.: 323-890-8732

Medical/Health radio frequency used: 147,270 Mhz (2 meter)

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contract. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY – Disaster Medical Responders (con't)

OES Region: Southern Region

County: Los Angeles

Date: July 2004

NOTE: Information on Table 11b is to be completed by counties with RDMHC projects.

Regional (OES) Coordinator:

Alternate's Name:

Stephen J. Sellers, Regional Administrator

Keith Harrison, Deputy Administrator

Work Telephone No: 562-795-2910

Work Telephone No.: 562-695-2911

FAX No.: 562-795-2877

FAX No. 562-795-2963

e-mail: Stephen Sellers@oes.ca.gov

e-mail: Keith Harrison@oes.ca.gov

24 Hour Notification – State Warning Center: (916) 262-1621

Regional Disaster Coordinator:

Alternate's Name:

Carol (Gunter) Meyer

Jim Eads RDMHS

Work Telephone: 323-890-7583

Work Telephone No.: 323-890-7519

Home Telephone No.: 562-592-6300

Home Telephone No.: 805-583-1749

Office Pager No.: 213-208-0594

Office Pager No.: 213-208-0629

FAX No.: 323-890-8536

FAX No.: 323-869-8065

24-hr No.: 323-890-7601 (MAC)

24-hr No. 213-276-0691 (cell)

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contract. Therefore, please submit name and telephone number changes to Table 11 as they occur.

LOS ANGELES COUNTY - 8/2/2001

Name of Zone	Zone Description	Current Provider	Provider Type Public/Private	Exclusivity Status Exclusive vs Nonexclusive	Type of Exclusivity Ambulance, ALS or LALS	Method of Exclusivity Competitive Process vs Grandfathered	Population
Area 1	Agoura Hills, Calabasas, Hidden Hills, Malibu & Westlake Village	AMR - Central	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	83,567
Area 2	Carson, Lawndale, West Hollywood	AMR - Central	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	429,967
Area 3	Balwin Park, El Monte, Industry (part), Rosemead, South El Monte, & Temple City	AMR - San Gabriel Valley	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	423,339
Area 4	Azusa, Bradbury, Claremont, Duarte, Glendora, Inwindale, La Canada-Flintridge, San Dimas Monrovia	AMR-San Gabriel Valley	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	393,409
Area 5	Bell (part), Commerce, Maywood Pico River, Montebello	AMR- Metro South	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	311,142
Area 6	Bell (part), Bell Gardens, Cudahy, Huntington Park, Paramount, & South Gate	AMR- Metro South	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	429,556
Area 7	Diamond Bar, La Habra Heights, Industry (part), La Puente & Walnut	AMR-San Gabriel Valley Sub: La Habra Fire Dept.	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	373,293
Area 8	Artesia, Bellflower, Cerritos, Norwalk, Hawaiian Gardens, Lakewood	AMR-Metro South	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	348,865

LOS ANGELES CO. (CONTINUED)

Name of Zone	Zone Description	Current Provider	Provider Type Public/Private	Exclusivity Status Exclusive vs Nonexclusive	Type of Exclusivity Ambulance, ALS or LALS	Method of Exclusivity Competitive Process vs Grandfathered	Population
Area 9	Lomita, Palos Verdes Estates, Rancho Palos Verdes, Rolling Hills, & Rolling Hills Estates Redondo Beach	AMR-Central Sub: McComick	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	168,154
Area 10A	Santa Clarita	AMR-Antelope Valley Sub: Hall	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	200,063
Area 10B	Lancaster, Palmdale	AMR-Antelope Valley Sub: Hall	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	300,320
Area 11	La Mirada, Whittier Santa Fe Springs	AMR- Metro South	Private	Exclusive	Emergency Ambulance Transport Only	Competitive Process	247,609
Alhambra	Alhambra	Alhambra Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	88,500
Arcadia	Arcadia	Arcadia Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	52,100
Avalon	Avalon	County Fire Dept. of Beaches & Harbors	Public	Exclusive	Emergency Ambulance Transport Only	Grandfathered	3,400
Beverly Hills	Beverly Hills	Beverly Hills Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	33,300
Burbank	Burbank	Burbank Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	101,400
Culver City	Culver City	Culver City Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	40,500
Downey	Downey	Downey Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	97,600
El Segundo	El Segundo	El Segundo Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	16,050
Gardena	Gardena	Gardena Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	56,800
Glendale	Glendale	AMR-San Fernando Valley	Private	Exclusive	Emergency Ambulance Transp	Grandfathered	193,500
Hermosa Beach	Hermosa Beach	Hermosa Beach Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	18,700
Inglewood	Inglewood	Inglewood Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	116,000
La Verne	La Verne	La Verne Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	32,300
Long Beach	Long Beach, Signal Hill	Long Beach Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	446,575
Los Angeles	Los Angeles, San Fernando	Los Angeles Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	3,661,700
Lynwood	Lynwood	AMR SC	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	65,900
Manhattan Beach	Manhattan Beach	Manhattan Beach Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	33,900
Monterey Park	Monterey Park	Monterey Park Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	64,000
Pasadena	Pasadena	Pasadena Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	137,100
San Gabriel	San Gabriel	San Gabriel Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	39,600
San Marino	San Marino	San Marino Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	13,400
Santa Monica	Santa Monica	Santa Monica Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	90,300
Sierra Madre	Sierra Madre	Sierra Madre Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	11,150
South Pasadena	South Pasadena	South Pasadena Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	24,850
Torrance	Torrance	Torrance Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	139,800
Vernon	Vernon	AMR-Metro South	Private	Exclusive	Emergency Ambulance Transp	Grandfathered	80
West Covina	West Covina	West Covina Fire Dept.	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	101,900
Compton	Compton	MedTrans Sub: Compton FD	Public	Exclusive	Emergency Ambulance Transp	Grandfathered	93,300
Covina	Covina	Covina Fire Dept.	Public	Exclusive	Ambulance	Grandfathered	45,950
Hawthorne	Hawthorne	McComick Ambulance Serv.	Private	Exclusive	Ambulance	Grandfathered	76,700
San Fernando	San Fernando	City of LA Fire Dept.	Public	Exclusive	Ambulance	Grandfathered	17,731
Signal Hill	Signal Hill	City of Long Beach Fire Dept.	Public	Exclusive	Ambulance	Grandfathered	
Pomona	Pomona	Schaefer	Public	Exclusive	Ambulance	Grandfathered	139,800

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
 SACRAMENTO, CA 95814-7043
 (916) 322-4336 FAX (916) 324-2875



February 10, 2005

Carol Meyer
 EMS Director
 Los Angeles County EMS Agency
 5555 Ferguson Drive, Suite 220
 Commerce, CA 90022

Carol
 Dear Ms. Meyer:

We have completed our review of *Los Angeles's 2004 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

SECTION	COMMENT
1.19 Policies, Procedures, Protocols	Standard is partially met - As stated in the Summary of Changes LA needs to develop medical dispatch and dispatch triage guidelines. Note: Table 1 states standard was met. Please change to partially met.
1.22 Reporting of Abuse	Standard is partially met - LA has a mechanism for reporting child and elder abuse but needs a mechanism for reporting suspected SIDS deaths. Note: Table 1 states standard was met. Please change to partially met.
1.24 ALS System	Standard is partially met - All ALS providers need to have written agreements with the local EMS agency. Note: Table 1 states standard was met. Please change to partially met.
4.05 Response Time Standards	Standard is partially met - As stated in LA's Objectives, the LEMSA needs to evaluate the response time performance of primary provider agencies to determine whether the state standards are met. Note: Table 1 states standard was met. Please change to partially met.
4.09 Air Dispatch Center	Standard is partially met - As stated in the Summary of Changes and Objectives, LEMSA needs to designate dispatch centers to coordinate air ambulance or rescue aircraft. Note: Table 1 states standard was met. Please change to partially met.

Carol Meyer
February 10, 2005
Page 2

These comments are for your information and may be addressed in your annual update. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard E. Watson". The signature is written in a cursive style with a large initial "R".

Richard E. Watson
Interim Director

REW:SS

Attachments