

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

2005-2006 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 2006 Annual Work Plan which provides updated information on the status of the system and the EMS Agency's progress toward meeting long-range goals. The data in Tables 2 and 3 are for Fiscal Year 2004-05; Tables 8 through 11b are reported for 2005-2006. The Plan meets all requirements set forth in the *Annual Update Workplan Format*.

Since the last Workplan was submitted, Los Angeles County has had fewer receiving hospitals leaving the system; three withdrew in 2004, one in 2005 (Suburban Medical Center) and one is pending in 2006 (Centinela Freeman Regional Medical Center – Memorial Campus). Tenet Healthcare Corporation sold the majority of the 18 hospitals it put on the market in January 2004. Martin Luther King/Drew Medical Center, under the Board-approved MetroCare Plan, will be managed temporarily by Harbor-UCLA and will downsize to 45 beds in March 2007, re-expanding to 114 beds by November 2007. One hospital, California Hospital Medical Center, opened as a trauma center and a base hospital. Century City Doctors Hospital closed in 2004 but re-opened as a full-service hospital in April 2006.

The LEMSA has successfully added two new Standing Field Treatment Protocol providers, all County air ambulance operations have successfully completed a Committee on Accreditation of Medical Transport Systems (CAMTS) consultation, and a BLS Provider QI program has been established for all licensed ambulance companies.

Major Changes and Needs Identified in the Los Angeles County EMS System:

Written Medical Dispatch Guidelines - Medical dispatch guidelines and dispatch triage guidelines still need to be developed; however, since the 2004 Annual Update the EMS Agency has completed a comprehensive review of the dispatch agencies in the County, and has developed and implemented a dispatch policy for private ambulance providers. The LEMSA still needs to ensure medical orientation and training of PSAP personnel and designate dispatch centers (primary and back-up) for the coordination of air ambulances for rescue aircraft. The LEMSA is currently developing a mechanism to ensure the review of medical dispatching for appropriate level of response. The LEMSA's Medical Director has reviewed the appropriateness of pre-arrival/post arrival dispatch directions for the dispatch agencies that utilize them.

Written Agreements - Agreements are needed with additional fire-based ALS provider agencies but the Los Angeles County Fire Department signed a Memorandum of Understanding, which is a major step forward in the agreement process. Agreements are still needed with receiving hospitals. Standing Field Treatment Protocols (SFTPs) were adopted by two additional providers in the last year and are being considered by others.

Communications - The LEMSA continues to evaluate and address the capabilities of a 30-year old communications system and determine future needs. The LEMSA is an active participant and voting member of the governing body of the LARTCS Committee, which is developing a single platform for communication among fire, law enforcement, prehospital providers and others during disasters.

Disaster Medical Response - The LEMSA continues its extraordinary progress in disaster planning, education and program implementation through the Disaster Management/Planning and Public Information Section. Disaster Resource Centers have been designated, Chem-Paks have been deployed and a mass prophylaxis program is in progress which, to date, has placed over half a million antibiotic doses throughout the County. NIMS, SEMS and HICS training have been provided. Compliance with National NIMS requirements has been met. Classes to teach hospital readiness with respect to hazardous materials and radiation emergencies are ongoing, and policies have been developed for mobilization of local pharmaceutical caches and Chem Pak deployment for nerve agent release. Numerous disaster exercises have been accomplished, and Triage Tag Tuesday has been implemented to exercise the providers and receiving hospitals in the use of the tags and data collection. The LEMSA's Medical Alert Center was a key participant in a large multiple casualty incident (the Metrolink Train Derailment) in January 2005. The DMAT CA-9 was deployed to New Orleans in response to the hurricane disaster.

Specialty System Design - The system's ability to meet the needs of special populations is expanding. ST Elevation Myocardial Infarction (STEMI) Receiving Centers are nearing implementation following the Board of Supervisors' approval of the program September 5, 2006. Through utilization of a portion of the Measure B Trauma Property Assessment, all ALS units in Los Angeles County will be equipped with 12-lead EKG capability by December 2006 and prehospital personnel will be completely trained in its use by June 2007. The Field Administration of Stroke Therapy-Magnesium Trial (FAST-MAG Study) that allows paramedics to administer medication in the field to potential stroke victims is actively enrolling patients. On October 4, 2005, the Board of Supervisors approved LAC+USC Medical Center as the designated trauma center for any portions of the San Gabriel Valley not covered by Huntington Memorial Hospital's catchment area. This action provides trauma care to a population of 1.6 million in an area with more than 30 cities covering 417 square miles. In addition, the Board directed Los Angeles County Fire to permanently station an air ambulance in the East SGV to provide transport services for the residents.

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 quality improvement. Integrating receiving hospital data into TEMIS remains a goal.

Public Education - The addition of a graphic artist and a public information officer has successfully raised the profile of the LEMSA and enabled the publication of brochures about disaster and the LEMSA's ambulance services. An overall expansion of public education efforts is still needed.

Changes in the Los Angeles County EMS System:

Hospital that terminated base hospital operations:

- Martin Luther King/Drew Medical Center

Facility that added base hospital services:

- California Hospital Medical Center (August 2005)

Trauma Center added:

- California Hospital Medical Center (December 2004)

Hospitals that terminated ED services or closed altogether:

- Suburban Medical Center (Feb 2005)
- Robert F. Kennedy Medical Center (Nov 2004)
- ELAStar Hospital (July 2005)
- Northridge Hospital – Sherman Way (Oct 2004)
- Centinela Freeman Regional Medical Center – Memorial Campus (December 2006)

Hospitals that dropped Emergency Department Approved for Pediatrics status:

- Suburban Medical Center (hospital closed)
- Foothill Presbyterian Hospital (closed pediatric unit)
- Garfield Medical Center (no pediatricians)
- Lakewood Regional Medical Center (closed pediatric unit)
- Robert F. Kennedy Medical Center (hospital closed)
- St. John's Health Center (no pediatric liaison nurse)
- Centinela Freeman Regional Medical Center – Memorial Campus (ED closed)

Hospital that added an EDAP:

- Encino-Tarzana Medical Center – Encino Campus

ALS Provider that terminated paramedic service:

- Emergency Ambulance Service, Inc.

Provider that added an advanced life support program:

- La Habra Heights Fire Department

AED Changes

- All 9-1-1 providers that utilize transport ambulances are now required to equip them with AED's.

Major Internal Changes at the Emergency Medical Services Agency:

- Kay Fruhwirth was named as Assistant Director;
- Scott Youngquist, M.D., was named as Medical Director of the Paramedic Training Institute

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

In spite of mounting external pressures, 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	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	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	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.
6.09	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

EMERGENCY MEDICAL SERVICES
PLAN FOR THE COUNTY OF LOS ANGELES

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		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning		X			
1.08 ALS Planning		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X			
1.11 System Participants		X		X	X
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance With Policies		X			
System Finances:					

3.05	Hospitals		X			X
3.06	MCI/Disasters		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 Partially			X
4.06 Staffing		X			
4.07 First Responder Agencies		X			
4.08 Medical & Rescue Aircraft		X			
4.09 Air Dispatch Center		X Partially		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			
5.09	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			
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 ORGANIZATION AND MANAGEMENT

Planning Activities

1.09 Inventory of Resources

STANDARD:

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

CURRENT STATUS:

Personnel

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

Vehicles and Facilities

The LEMSA maintains an ongoing inventory of ALS provider agencies and BLS 9-1-1 vehicles which is updated as vehicles or facilities are added or removed from the system. This inventory is verified annually through the EMS Plan update. An accurate up-to-the-minute inventory of all receiving, base and specialty hospitals is maintained to ensure appropriate transport destinations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☐ Long-range Plan (more than one year)

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.05/1.06 System Plan/Annual Update Plan

STANDARD:

- 1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- a. assess how the current system meets these guidelines,
 - b. identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
 - c. provide a methodology and timeline for meeting these needs.
- 1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

CURRENT STATUS:

The LEMSA developed its first 5-year Base Plan for FY 1986-87 identifying all system needs and methodologies to meet the needs. Annual updates were submitted for FY 1987-88, FY 1988-89, FY 1989-90, FY 1990-91, FY 1991-92. The FY 1994-95 Year Plan was a new 5-Year Base Plan identifying all needs as required, with subsequent updates in FY 1997, FY 1999, and FY 2004-5. This FY 2005-06 Plan (Calendar Year 2005) identifies all needs as required and methodologies to meet the needs. Annual updates shall be provided as required until the proposed revisions to the California EMS System Standards and Guidelines are complete.

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 – 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:

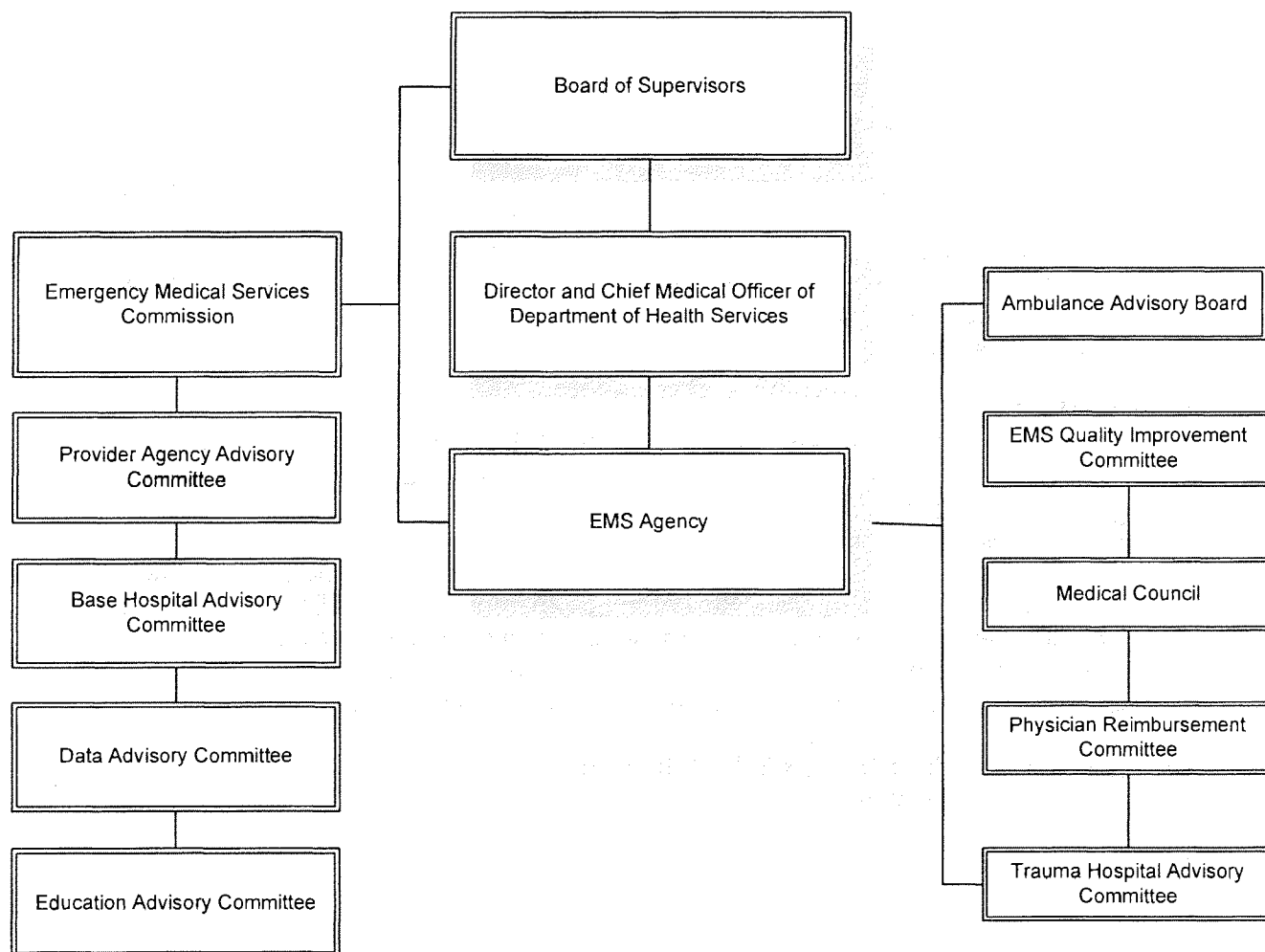
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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



EMS ADVISORY COMMITTEES



EMSC STANDING COMMITTEES

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

- **Provider Agency Advisory Committee** – This committee is responsible for all matters falling within the Commission's purview regarding prehospital licensure, accreditation and policy development pertinent to the practice, operations and administration of prehospital care.
- **Base Hospital Advisory Committee** – This committee is responsible for all matters falling within the Commission's purview regarding MICN certification and policy development pertinent to the practice, operations and administration of prehospital care.
- **Data Advisory Committee** – This committee is responsible for all matters regarding quality of prehospital data, report generation, prehospital research and policy development impacting TEMIS.
- **Education Advisory Committee** – This committee is responsible for all matters regarding issues and policies pertinent to EMS curriculum development and program development, implementation and evaluation.

- Five public members, one nominated by each member of the Board of Supervisors. No public member may be a medical professional or affiliated with any of the other nominating agencies.
- A law enforcement representative nominated by the Los Angeles County Peace Officers Association.



EMERGENCY MEDICAL SERVICES COMMISSION

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

- An emergency medical care physician in a paramedic base hospital, nominated by the California Chapter of the American College of Emergency Physicians.
- A cardiologist, nominated by the American Heart Association, Greater Los Angeles Affiliate.
- A mobile intensive care nurse nominated by the California Chapter of the Emergency Nurses Association.
- A hospital administrator nominated by the Healthcare Association of Southern California.
- A representative of a public provider agency nominated by the Los Angeles Chapter of the California Fire Chiefs Association.
- A representative of a private provider agency nominated by the Los Angeles County Ambulance Association.
- An orthopedic, general, or neurological surgeon nominated by the Los Angeles Surgical Society.
- A psychiatrist nominated by the Southern California Psychiatric Society.
- A physician nominated by the Los Angeles County Medical Association.
- A licensed and accredited paramedic nominated by the California Rescue & Paramedic Association.

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration

1.03 Public Input

STANDARD:

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

CURRENT STATUS:

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

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

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 – SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration **1.02 LEMSA Mission**

STANDARD:

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

CURRENT STATUS:

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

Since 1993, when the LEMSA began working to establish a systemwide QA/QI program, the development of program evaluation has progressively expanded. Reference No. 620, EMS Quality Improvement Program (EQIP) and Reference No. 620.1, EMS Quality Improvement Program Guidelines, are in place and monitored by the LEMSA Quality Improvement Coordinator. The EMS QI Committees, representing all base hospitals and provider agencies, meet on a quarterly basis and identify definitions and QI indicators for system wide evaluation.

All aspects of the LEMSA's QI policies are applied internally and externally to evaluate the system in a variety of ways. The QA/QI processes are used to look at the impact of, and compliance with, policies to subsequently identify system changes.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

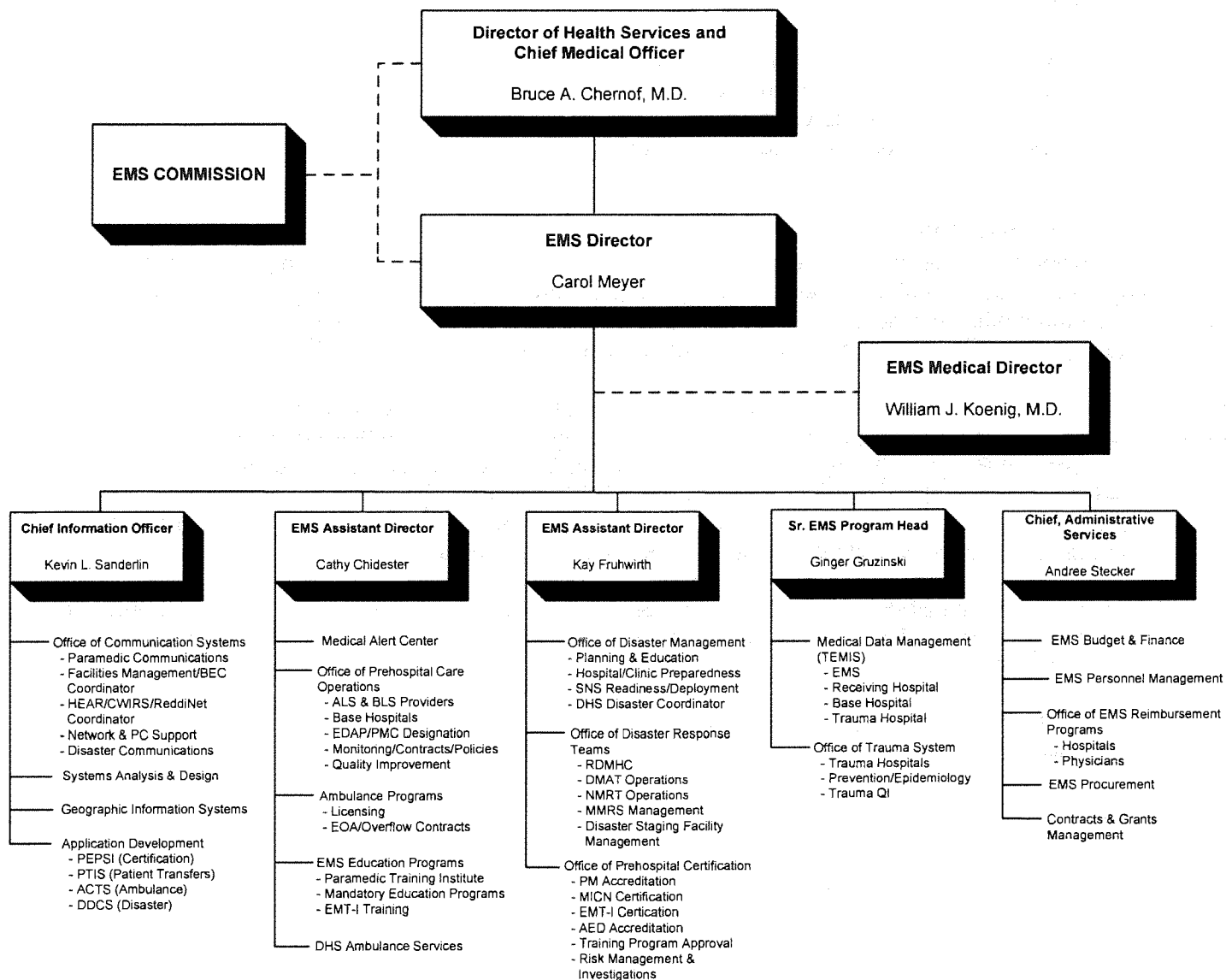
No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



APPROVED: Carol Meyer
EFFECTIVE: September 25, 2006

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DEPARTMENT OF HEALTH SERVICES Organizational Chart

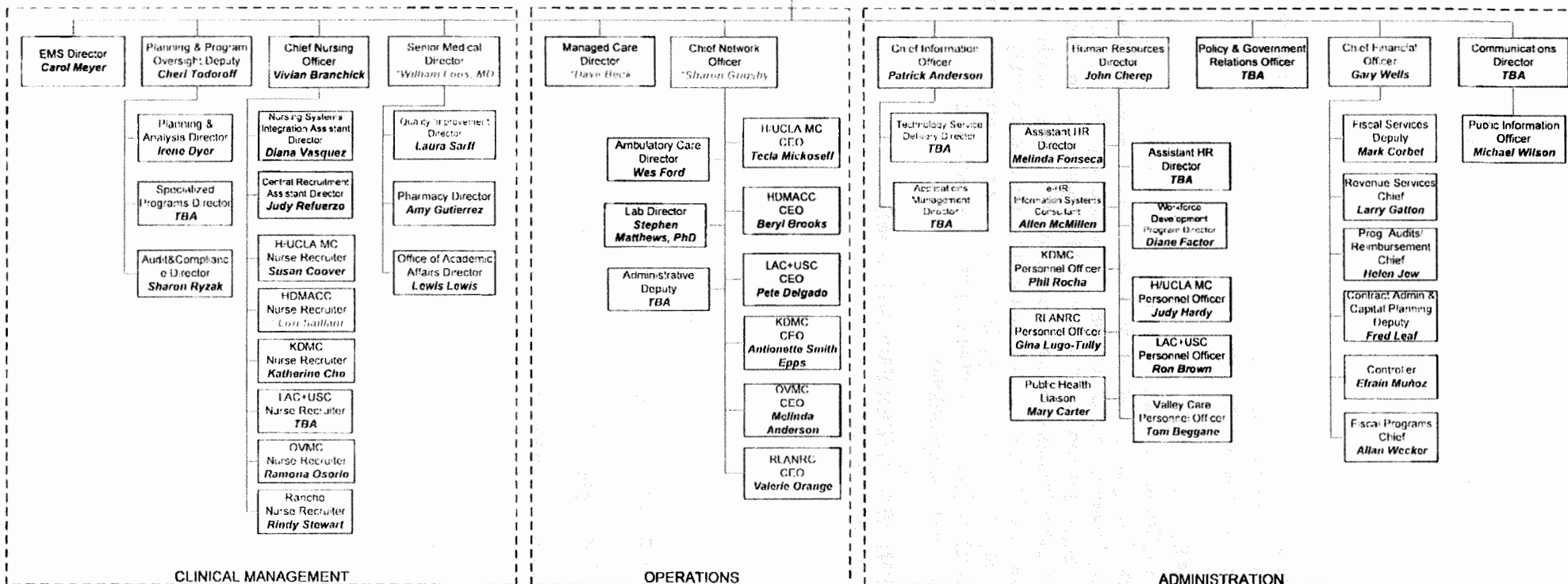
Senior Management Staff

Director & Chief Medical Officer
Bruce A. Chernof, MD

Chief Deputy Director
John R. Cochran, III

Office of Patient
Family & Community
Advocacy Director
TBA

Board Relations
Director
Rene Seidel



Bruce A. Chernof, MD
Director & Chief Medical Officer

5/16/21
Date

* Acting

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration **1.01 LEMSA Structure**

STANDARD:

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

CURRENT STATUS:

The Los Angeles County Department of Health Services (DHS) is the designated EMS Agency. Within DHS, the Emergency medical Services Agency carries out the LEMSA's responsibilities to plan, monitor and evaluate EMS activities throughout the County. Exhibits 1.101-A and 1.01-B show the DHS organizational chart and the EMS Agency organization chart, respectively. The organization employs multiple clinical and technical experts including administrative managers, physicians, registered nurses, data systems analysts and a variety of administrative and technical assistants. Exhibit 1.01-C is an organizational chart depicting non-agency resources, primarily committees, which provide medical and operational advice and recommendations on all aspects of system planning and implementation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.10 Special Populations

STANDARD:

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

CURRENT STATUS:

The pediatric care program, implemented April 1, 1985, includes hospitals confirmed to meet pediatric criteria at two levels: Emergency Department Approved for Pediatrics (EDAP) or Pediatric Medical Center (PMC)/Pediatric Trauma Centers (PTC). Currently, seven PMCs and six PTCs have been designated along with 47 EDAPs. Transport and destination policies for EDAPs, PMCs, PTCs and perinatal centers are in place.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☐ Long-range Plan (more than one year)

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Planning Activities

1.11 System Participants

STANDARD:

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants. Each local EMS agency should ensure that system participants conform to their assigned

EMS system roles and responsibilities through mechanisms such as written agreements, facility designations and exclusive operating areas.

CURRENT STATUS:

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

- ☒ Short-range Plan (one year or less) (Objective 1)
- ☒ Long-range Plan (more than one year) (Objective 2)

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.12 Review and Monitoring

STANDARD:

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

CURRENT STATUS:

The LEMSA's Prehospital Care Operations Section plans, manages and evaluates BLS and ALS care provided by EMS personnel, provider agencies and hospitals. The Section is also responsible for managing pediatric and other specialized programs, such as Sexual Assault Response Teams (SART), to ensure appropriate system operations. The Section consists of a program manager and registered nurses experienced in emergency medical services who are assigned to specific prehospital care areas for overall review and monitoring.

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

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 – SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.13 Coordination

STANDARD:

- 1.13 Each local EMS agency shall coordinate EMS system operations.

CURRENT STATUS:

The coordination of EMS for over 10 million residents and 50 million annual visitors is performed in almost all activities on a daily basis. Coordination requires input and cooperation from a vast array of organizations, agencies and facilities. At the systemwide level, a variety of advisory groups and committees provide input to DHS on EMS matters. Each group/committee is appropriately composed of public and private provider representatives with a mix of prehospital care personnel levels (refer to committees in Exhibit 1.03-B). The input provided establishes a framework in which the EMS community and DHS can develop a common set of goals and objectives in order to achieve greater system effectiveness.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities

1.14 Policy and Procedures Manual

STANDARD:

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

CURRENT STATUS:

The LEMSA maintains the Los Angeles County Prehospital Care Policy Manual, which addresses all aspects of the EMS system countywide. Content is broken down into the following main subject areas: State Law and Regulation, Local EMS Agency, Base Hospitals, Provider Agencies, Transportation/Patient Destination, Record Keeping/Audit, Equipment/Supplies/Vehicles, Field Protocols/Procedures, Training Programs, and Certification/Recertification Requirements. A new section, Disaster/Emergency Management, was added in 2006 with ten new policies covering subjects that range from Disaster Pharmaceutical Caches through Multiple Casualty Incident Transportation Management. Any newly approved provider agency or hospital or any newly approved vehicle is provided with a copy of the manual. Students at the Paramedic Training Institute are provided with a manual. Manuals are available to the public at County cost.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

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

Regulatory Activities

1.15 Compliance with Policies

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

System Finances **1.16 Funding Mechanism**

STANDARD:

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

CURRENT STATUS:

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

Standard met.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Regulatory Activities **1.17 Medical Direction***

STANDARD:

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

CURRENT STATUS:

The LEMSA Medical Director provides medical direction to the LEMSA. All medically related issues are reviewed and approved by the Medical Director prior to implementation. The Medical Director seeks input from the Los Angeles County EMS Commission, Medical Council, Provider Agency Advisory Committee, Base Hospital Advisory Committee, and local health organizations (i.e., Los Angeles County Medical Association, Hospital Association of Southern California, American Heart Association, Committee on Pediatric Emergency Medicine, American College of Surgeons, etc.). Currently, 20 base hospitals are active within the EMS system. The roles and responsibilities of the base hospitals are delineated in base hospital contracts which are contractual agreements between bases and the LEMSA. The roles, responsibilities and relationships of prehospital and hospital providers are delineated in the Los Angeles County Prehospital Care Policy Manual.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.18 Quality Improvement

STANDARD:

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

CURRENT STATUS:

The Reference 600 series of the Los Angeles County Prehospital Care Policy Manual addresses Record Keeping/Audit. Reference No. 618, EMS Quality Improvement Program (EQIP) Committees, and Reference No. 620, EMS Quality Improvement Program (EQIP) defines the LEMSA's Quality Improvement Program to ensure that the highest quality of prehospital care is delivered to the patients in Los Angeles County. Reference No. 620.1, EMS Quality Improvement Program (EQIP) Guidelines, provides guidelines to system participants for program development.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.19 Policies, Procedures, Protocols

STANDARD:

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

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

CURRENT STATUS:

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

- a) triage: Reference No. 506, Trauma Triage
Reference No. 510, Pediatric Patient Destination
Reference No. 511, Perinatal Patient Destination
Reference No. 519, Management of Multiple Casualty Incidents
- b) treatment: Base Hospital Treatment Guidelines
Standing Field Treatment Protocols
Medical Control Guidelines
Reference No. 806, Procedures Prior to Base Contact
Reference No. 810, Communication Failure
Reference No. 814, Determination/Pronouncement of Death in the Field
Reference No. 815, Honoring Prehospital DNR Orders
Reference No. 818, Honoring Advance Health Care Directives
Reference No. 832, Treatment and Transport of Minors
Reference No. 834, Patient Refusal of Treatment or Transport
Reference No. 838, Application of Patient Restraints
- c) medical dispatch: Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch protocols
- d) transport: Reference No. 502, Patient Destination
Reference No. 503, Guidelines for Patients Requesting Diversion of ALS Units
Reference No. 503.1, Hospital Diversion Request Requirements for Emergency Department Saturation
Reference No. 504, Trauma Patient Destination
Reference No. 508, Sexual Assault Patient Destination
Reference No. 509, Service Area Hospital
Reference No. 512, Burn Patient Destination
Reference No. 513, ST Elevation Myocardial Infarction Patient Destination

Reference No. 514, Prehospital EMS Aircraft Operations
Reference No. 515, Air Ambulance Trauma Transport
Reference No. 517, Private Provider Agency Transport/Response Guidelines
Reference No. 518, Decompression Emergencies/Patient Destination
Reference No. 520, Transport of Patients from Catalina Island

e) on-scene treatment

times: Base Hospital Treatment Guidelines
Standing Field Treatment Protocols
Medical Control Guidelines
Addressed in transport policies listed in (d) above

f) transfer of emergency

patients: DHS Transfer Policy, Guidelines for Acceptance of Emergency
Department Transfers of Patients with Emergency Medical Conditions

g) standing orders:

Reference No. 806, Procedures Prior to Base Contact
Reference No. 810, Communication Failure Protocols
Reference No. 813, Standing Field Treatment Protocols

h) base hospital contact:

Reference No. 808, Base Contact and Transport Criteria
Reference No. 806, Procedures Prior to Base Contact

i. on-scene physician or
other medical personnel:

Reference No. 816, Physician at Scene
Reference No. 817, Hospital Emergency Response Team
Reference No. 411, Provider Agency Medical Director

j) local scope of practice:

Reference No. 802, EMT-I Scope of Practice
Reference No. 803, Paramedic Scope of Practice

h) disaster/emergency management:

Reference No. 1102, Disaster Resource Centers (DRC) Designation and Mobilization
Reference No. 1104, Disaster Pharmaceutical Caches Carried by First Responders
Reference No. 1116, Hospital Adopt-a-Shelter Program
Reference No. 1124, Disaster Preparedness Exercise/Drills
Reference No. 1126, Multiple Casualty Incident Transportation Management

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Assist local provider agencies in the development of medical dispatch protocols.

OBJECTIVE:

In conjunction with system participants, the LEMSA shall develop medical dispatch protocols.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.20 Do Not Resuscitate Policy

STANDARD

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

CURRENT STATUS:

Reference No. 815, Honoring Prehospital Do-Not-Resuscitate (DNR) Orders, complies with the EMS Authority's DNR Guidelines and permits prehospital personnel to use supportive measures in these circumstances. The policy was approved for implementation in 1992. Reference No. 818, Honoring Advance Health Care Directives, was implemented July 1, 2003 to augment Reference No. 815.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.21 Determination of Death

STANDARD

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

CURRENT STATUS:

Reference No. 814, Determination/Pronouncement of Death in the Field, addresses issues regarding determination of death by prehospital care personnel and how prehospital care personnel deal with deaths at the scene of suspected crimes. Reference No. 814 has undergone substantial revision to reflect the recent changes in the American Heart Association guidelines. Reference No. 814, Determination/Pronouncement of Death in the Field, was revised and finalized in 2007 following consultation with involved stakeholders (such as provider agencies and base hospitals) and with the EMS Authority Medical Director. The policy now allows prehospital care providers to determine death in the field if specific conditions are met and resuscitative efforts would be of no benefit to patients whose physical condition precludes any possibility of successful resuscitation.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.22 Reporting of Abuse

STANDARD:

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

CURRENT STATUS:

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

Reference No. 822, Suspected Child Abuse/Neglect Reporting Guidelines

Reference No. 822.1, Sample Employee Acknowledgment as a Mandated Reporter to Report Child Abuse/Neglect

Reference No. 822.2, Suspected Child Abuse Report SS-8572

Reference No. 822.2a, Definitions and General Instructions for Completion of Form SS-8572

Reference No. 823, Elder and Dependent Adult Abuse Reporting Guidelines

Reference No. 823.1, Report of suspected Dependent Adult/Elder Abuse Form (SOC 341)

Reference No. 823.1a, Report of Suspected Dependent Adult/Elder Abuse Form Instructions

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction

1.23 Interfacility Transfer

STANDARD:

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

CURRENT STATUS:

Reference No. 517, Private Provider Agency Transport/Response Guidelines, provides guidelines for private ambulance providers handling requests for emergency, urgent and non-emergency transports. It delineates the different levels of response and transport modalities, including services available for interfacility transfers, as well as the role of a base hospital in these transfers. Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider, defines the program and staffing requirements, the role and scope of practice of Nurse/Respiratory Care Practitioner Staffed Ambulances for interfacility transfers.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.24 ALS System

STANDARD:

1.24

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS Agency. Each local EMS Agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS:

All 42 advanced life support providers have been approved by the LEMSA; however, some ALS providers do not have written agreements with the LEMSA. These agreements are currently under negotiation.

In Los Angeles County, we do not believe it is appropriate or necessary to establish exclusive operating areas for ALS providers.

Written agreements for the provision of ALS services have been implemented with all private paramedic providers, the Cities of Glendale and San Gabriel, and the Los Angeles County Sheriff's Department. The Los Angeles County Fire Department recently signed a Medical Control Agreement. Agreements to perform Standing Field Treatment Protocols (SFTPs) are in place with the following provider agencies: Culver City, Los Angeles City, Burbank, Long Beach, San Marino, Alhambra, Sheriff's Department and West Covina, with Santa Monica as the newest SFTP provider. Draft agreements for other paramedic and SFTP providers are currently being negotiated.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Negotiate and implement additional ALS provider agreements.

OBJECTIVE:

The LEMSA shall successfully negotiate and implement ALS provider agreements with additional ALS providers.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

1.25 On-Line Medical Direction

STANDARD:

- 1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse. Each EMS system should develop a medical control plan which determines:
- a) the base hospital configuration for the system, b) the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and c) the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS:

The base hospitals provide on-line medical direction for all jurisdictions using locally certified mobile intensive care nurses and base hospital physicians. Quality of on-line medical direction is reviewed regularly by the LEMSA during base hospital surveys. Current base hospital configuration was determined by past actions of the local EMS Commission and County Board of Supervisors. Over the past fifteen years, nearly half of the original base hospitals have chosen to drop base hospital status for various economical and merger reasons. In order to stabilize the base hospital system, designated Trauma Centers are required through a written agreement to maintain base hospital operations. The role of the base hospital is defined by Reference No. 304.

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

All provider agencies are encouraged to establish in-house medical consultation/direction. The role and responsibilities of the provider agency medical advisor are delineated in Reference No. 411, Provider Agency Medical Advisor.

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 – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Trauma Care System

1.26 Trauma System Plan

STANDARD:

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for trauma care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

The LEMSA has the largest organized trauma system in the country, including five Level I and eight Level II trauma centers; which is significantly reduced from the original ten Level I, seven Level II and three rural trauma facilities originally designated in 1984. The primary reason for the reduction of facilities is economic. There is minimal indigent medical care funding.

In 1996 St. Francis Medical Center entered the system as a Level II trauma center; in 2004 California Hospital Medical Center also became a Level II trauma center. Martin Luther King Drew Medical Center, a Level I trauma center, was removed by the County Department of Health Services from the trauma system network in March 2005.

In October 2005, the Board of Supervisors (BOS) approved LAC+USC Medical Center as the designated trauma center for portions of the San Gabriel Valley that were being covered by the Air Ambulance Trauma Transport Program. The Air Ambulance Trauma Transport Program continues to be utilized to provide access to a trauma center for residents in the Antelope Valley.

Trauma hospital designation criteria in Los Angeles County were developed by consensus of local experts in trauma care and recommendations by the American College of Surgeons (ACS). The criteria contained in the County's Trauma Center Service Agreement meet the trauma center designation requirements specified in the California Code of Regulations, Title 22. The County has Trauma Center Service Agreements with all private hospitals in the system and a Memorandum of Understanding with the two County trauma hospitals. The EMS Authority approved the original Trauma Plan for Los Angeles County in March 1994 which describes all aspects of the system in detail. A new Trauma Plan was submitted with the implementation of the revised State Trauma Regulations.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard Met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE: ☐ Short-range Plan (one year or less)
☐ Long-range Plan (more than one year)

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan

STANDARD:

- 1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines: a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

CURRENT STATUS:

The LEMSA has an organized system for pediatric emergency medical and critical care centers which include the designation of Emergency Departments Approved for Pediatrics (EDAPS) and Pediatric Medical Centers (PMC). To comply with the California Children's Services requirements in the Trauma Regulations approved in 1999, standards were developed for Pediatric Medical Centers and Pediatric Trauma Centers. Pediatric Trauma Centers (PTC) were designated first and the designation of Pediatric Medical Centers was completed in 2004. The guidelines for insuring that pediatric patients are transported to the most accessible medical facility appropriate to their needs are defined in Reference No. 510, Pediatric Patient Destination.

The process of designation as an EDAP or PMC was developed in conjunction with the American Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Council of Southern California, and the Los Angeles County Department of Health Services in the early 1980s. This process includes application by interested facilities and a survey of each facility based on the established standards. Unfortunately, 14 hospitals in the last 10 years have dropped their EDAP status due to lack of pediatric on-call panels.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard Met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Area

1.28 EOA Plan

STANDARD:

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

CURRENT STATUS:

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

The County recently completed the competitive bid process (Request for Proposal that was approved by the EMS Authority, 2004) to award EOA rights to seven predetermined areas. Following a protracted three-year RFP process, EOA Plan and approval by the EMSA, the new contracts became effective May 31, 2006 and will remain in place until June 1, 2016. The 9-1-1 EOA providers are: AMR, Care, Schaefer, Westmed/McCormick.

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

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 – STAFFING/TRAINING

Local EMS Agency

2.01 Assessment of Needs

STANDARD:

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – STAFFING/TRAINING

Local EMS Agency **2.02 Approval of Training**

STANDARD:

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

CURRENT STATUS:

The LEMSA is responsible for review and approval of EMT-I and paramedic training programs, EMS continuing education (CE) programs and mobile intensive care nurse (MICN) development courses. Educational programs are approved for a maximum of four years upon demonstration of compliance with State regulations and LEMSA requirements. Currently, 45 EMT-I training programs, three paramedic training programs, 63 EMS continuing education programs and four MICN development course are approved.

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

- | | |
|--------------------|---|
| Reference No. 901 | Criteria for Approval/Expansion of Paramedic Training Programs |
| Reference No. 904 | Criteria for Approval of Mobile Intensive Care Nurse (MICN) Development Courses |
| Reference No. 906 | Criteria for Approval of EMT-I Training Programs |
| Reference No. 1013 | EMS Continuing Education (CE) Provider Approval and Program Requirements |

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 – STAFFING/TRAINING

Local EMS Agency

2.03 Personnel

STANDARD:

2.03 The local EMS agency shall have mechanisms to accredit, authorize and certify prehospital medical personnel and conduct certification reviews in accordance with state regulations.

This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

CURRENT STATUS:

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

Reference No. 1004, Emergency Medical Technician Paramedic Licensure and Continuous Licensure

Reference No. 1006, Paramedic Accreditation and Continuous Accreditation

Reference No. 1010, Mobile Intensive Care Nurse (MICN) Certification/Recertification

Reference No. 1011, MICN Field Observation

Reference No. 1014, EMT-I Certification

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

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 – STAFFING/TRAINING

Dispatchers

2.04 Dispatch Training

STANDARD:

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

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

CURRENT STATUS:

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

The LEMSA Medical Director has informally reviewed the PSAP Medical Dispatch guidelines of the three largest provider agencies. A new dispatch policy that includes dispatcher training requirements, Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch, was developed and approved in 2006.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – STAFFING/TRAINING

First Responders (non-transporting)

2.05 First Responder Training

STANDARD:

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

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available

equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – STAFFING/TRAINING

First Responders (non-transporting)

2.06 Response

STANDARD:

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

CURRENT STATUS:

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

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

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 – STAFFING/TRAINING

First Responders (non-transporting) **2.07 Medical Control**

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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 – STAFFING/TRAINING

Transporting Personnel **2.08 EMT-I Training**

STANDARD:

- 2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level. If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

CURRENT STATUS

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

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 – STAFFING/TRAINING

Hospital **2.09 CPR Training**

STANDARD:

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

CURRENT STATUS

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – STAFFING/TRAINING

Hospital 2.10 Advanced Life Support

STANDARD:

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

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

CURRENT STATUS

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – STAFFING/TRAINING

Enhanced Level: Advanced Life Support **2.11 Accreditation Process**

STANDARD:

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

CURRENT STATUS:

The LEMSA has a procedure for Los Angeles County accreditation of paramedics which includes an orientation to the local system and testing in optional scope of practice. Accreditation and employment with an approved paramedic provider agency automatically enrolls the ALS provider in the EMS System Quality Improvement Program. Reference No. 1006, EMT-Paramedic Accreditation and Continuing Accreditation, was revised in July 2002 and is currently under review. Accreditation is ongoing; the only requirement is a mandatory local EMS Update developed jointly by the EMS Agency and its constituents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

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 – 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. An AED program is now mandated for all Exclusive Operating Area (EOA) providers. Public safety personnel include firefighters, lifeguards and peace officers.

Currently there are 52 approved providers encompassing fire departments, law enforcement agencies and businesses. These programs provide an annual report to the EMS Agency.

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 – STAFFING/TRAINING

Enhanced Level: Advanced Life Support

2.13 Base Hospital Personnel

STANDARD:

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

CURRENT STATUS

Reference No. 1010, Mobile Intensive Care Nurse (MICN) Certification/Recertification, which was reviewed and updated in 2006, outlines the LEMSA requirements for certification as a Mobile Intensive Care Nurse (MICN). The LEMSA also approves MICN Development Courses. MICN Development Courses are required to include an orientation to the EMS system, orientation and testing on LEMSA policies, procedures and protocols, and an introduction to radio procedures.

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

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 – COMMUNICATIONS

Communications Equipment

3.01 Communication Plan*

STANDARD:

- 3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users. The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

CURRENT STATUS:

Twenty base stations and 42 paramedic provider agencies, which account for 527 paramedic units, have access to nine medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a back-up frequency.

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

The Hospital Emergency Administrative Radio (HEAR) is installed in 90% of the ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter. Ninety-five percent of the health care facilities (excluding clinics and skilled nursing facilities) have a HEAR.

The Rapid Emergency Digital Data Interface Network is installed in 73 of 74 acute care hospitals (9-1-1 receiving hospitals). A terminal is also installed at Operations Control Division for Los Angeles City Fire Department, allowing access to all ALS field units. Los Angeles County is being upgraded from ReddiNet version III to version IV in the first quarter of 2007, which will allow greater flexibility in entering data and assessing hospital and system status.

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

Concern about the lack of interoperability among public safety agencies in the Los Angeles Region has led to the formation of the Regional Interoperability Steering Committee (RISC). RISC plans to provide for public safety by addressing incompatibility in radio systems. A governance committee composed of law enforcement, fire emergency medical services, and city managers has developed a

written plan that includes a technical design to construct a regional public safety radio system. The plan covers a wide regional area, includes participation by more than one political jurisdiction and crosses first-responder disciplines (at a minimum, it covers law, fire and EMS). A Joint Powers Agreement has been drafted specifying membership, terms of office, and the purpose and responsibility of the Board with a goal of strengthening decision making and attracting outside funding.

COORDINATION WITH OTHER EMS AGENCIES:

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

The RISC is multijurisdictional with representatives from law enforcement, fire, cities and EMS.

NEED(S):

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

OBJECTIVE:

The LEMSA shall require system participants to install the following:

- Installation of ReddiNet at all receiving facilities except CPM
- Installation of HEAR on all EMS vehicles (LA Fire Department has already done this)
- Installation of a ReddiNet terminal at each dispatch center (LA Fire Dept. & Verdugo Dispatch have been done)

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Communications Equipment

3.02 Radios

STANDARD:

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

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

CURRENT STATUS:

All emergency medical transport vehicles and non-transporting ALS responders are equipped with two-way radios to assist in dispatching. Dispatch radios are under the control of the operating agency. The Hospital Emergency Administrative Radio (HEAR) is installed in nearly 100% of the emergency medical transport vehicles and non-transporting ALS responders and over 75% of the BLS vehicles, which allows for ambulance-to-hospital communications.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

Standard met.

OBJECTIVE:

The LEMSA, in conjunction with system participants, shall continue to explore alternative communication systems, e.g., satellite or cellular systems, to enhance capabilities, especially in disaster situations.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Communications Equipment

3.03 Interfacility Transfer

STANDARD:

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

CURRENT STATUS:

All ALS equipped vehicles have med channel capabilities. Seventy-five percent of all ambulances performing interfacility transfers have the ability to communicate with the sending and receiving facilities using the Hospital Emergency Administrative Radio (HEAR). On-board cellular telephones are currently not a requirement for interfacility transports although cell phones are widely available and used by the majority of the companies.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Communications Equipment

3.04 Dispatch Center

STANDARD:

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

CURRENT STATUS:

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

The Hospital Emergency Administrative Radio System (HEAR) 155.340 MHz is the primary voice frequency utilized by the Department of Health Services' Emergency Operations Center and is installed in 79% of emergency transport vehicles. The County Wide Integrated Radio System (CWIRS) 800 MHz trunked radio system is installed on all DHS emergency transport vehicles. An interface exists between CWIRS and Los Angeles County Fire radio frequencies.

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

To the degree possible in this large system, this standard is met. As addressed in Standards 3.02 and 3.03, there is a need to install HEARs on the remaining 21% of emergency transport vehicles.

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 – COMMUNICATIONS

Communications Equipment

3.05 Hospitals

STANDARD:

- 3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio. All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

CURRENT STATUS:

There are over 102 health care facilities (hospitals) in Los Angeles County, 74 of which are classified as paramedic receiving hospitals. All paramedic receiving hospitals are equipped with the Hospital Emergency Administrative Radio (HEAR) 155.340 MHz. Of the remaining non-receiving facilities, 45 facilities have the HEAR installed and 17 clinics have HEAR radios.

Hospitals have access to specialized services (e.g., burns, trauma, neonatology) through the Medical Alert Center (MAC) via telephone.

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

1. To expand installation of the HEAR to all health care facilities.
2. To further develop and organize a hospital emergency radio system utilizing volunteer HAM radio operators.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Communications Equipment

3.06 MCI/Disasters

STANDARD:

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

CURRENT STATUS:

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

The Rapid Emergency Digital Data Interface Network (ReddiNet) is designed as a constant polling system. Hospitals equipped with ReddiNet (currently 75 hospitals) are electronically polled on an average of three times per minute. Failing to respond to the electronic poll alerts the system control point at the Medical Alert Center (MAC) of the hospital's loss of their ReddiNet communications link. Coordinators at the MAC will attempt to communicate with the affected hospital (s) through other methods (e.g., telephone, HEAR).

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

2. To develop and organize a hospital emergency radio system utilizing volunteer HAM radio operators.
3. To establish scheduled radio checks with neighboring counties.

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Public Access

3.07 9-1-1 Planning/Coordination

STANDARD:

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

CURRENT STATUS:

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

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 – COMMUNICATIONS

Public Access

3.08 9-1-1 Public Education

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

The LEMSA, in conjunction with other system participants, shall work to create an updated brochure describing 911 services and alternate non-emergency transportation (e.g., Metro Access, Dial-A-Ride, Medi-Trans, etc.) as well as other forms of public information.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Resource Management

3.09 Dispatch Triage

STANDARD:

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

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

CURRENT STATUS:

Reference No. 808, Base Hospital Contact and Transport Criteria, defines the guidelines for determining when a response by 9-1-1 ALS personnel is required. Chief complaints identified in Reference No. 808 require an ALS dispatch response. The LEMSA has informally reviewed the Medical Dispatch Guidelines of the three largest provider agencies to ensure medical appropriateness. In 2006, the LEMSA developed Reference No. 226, Private Ambulance Provider Non 9-1-1 Medical Dispatch, which established minimum standards for private ambulance medical dispatch including private provider medical dispatch standards, basic medical dispatcher program training, minimum qualifications for medical dispatcher, quality improvement, staffing, medical direction and oversight, and records management.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – COMMUNICATIONS

Resource Management

3.10 Integrated Dispatch

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.01 Service Area Boundaries

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

4.02 Monitoring

STANDARD:

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

NEED(S):

To review the ordinance and investigate the County's authority to license or register all private ambulance companies operating in the County. The minimum standards to operate would be incorporated into the license/registration process. This would provide the mechanism and allow the LEMSA to monitor all emergency ambulances for compliance with statutes, regulations, policies and procedures.

OBJECTIVE:

The LEMSA will continue to investigate the legal authority of the County to require license/registration of all ambulance companies operating within Los Angeles County. With this Foundation, the LEMSA will begin to draft changes to the Ambulance Ordinance.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.03 Classifying Medical Requests

STANDARD:

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

CURRENT STATUS:

Reference No. 808, Base Contact and Transport Criteria, is the basis for classifying emergency medical requests. Those chief complaints or patient circumstances described in this policy are essentially considered “emergent or urgent” for purposes of determining need for ALS response. Those chief complaints or patient circumstances not identified in this policy are considered “non-emergent” and may be responded to by BLS level personnel. This is considered the basis for tiered level dispatch application. Recent important changes to Reference No. 808 (November 1, 2003) include: 1) “Symptomatic Hypertension” was deleted, 2) “extremity injuries with neurological and/or vascular compromise” was removed and incorporated into Reference No. 506, Trauma Triage, and 3) acute neurological symptoms (i.e., blurred vision, dizziness, numbness, etc)” and “suspected fractures of pelvis or femur” were made a mandatory base hospital contacts.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

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

4.04 Pre-scheduled Responses

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for these standards.

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

4.05 Response Time Standards

STANDARD:

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

Emergency medical service areas (response zones) shall be designated so that, for 90% of emergent responses:

a) the response time for a basic life support and CPR-capable first responder does not exceed: metro/urban – 5 minutes, suburban/rural – 15 minutes, wilderness – as quickly as possible

b) the response time for an early defibrillation-capable responder does not exceed: metro/urban – 5 minutes, suburban/rural – as quickly as possible, wilderness – as quickly as possible

c) the response time for an advanced life support-capable responder (not functioning as the first responder) does not exceed: metro/urban - 8 minutes, suburban/rural – 20 minutes, wilderness – as quickly as possible

d) the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: metro/urban – 8 minutes, suburban/rural – 20 minutes, wilderness – as quickly as possible

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.06 Staffing

STANDARD:

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

CURRENT STATUS:

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

- California Code of Regulations, Title 13, Chapter 4
- Reference No. 406, Authorization for Paramedic Provider Status
- Reference No. 408, Advance Life Support Unit Staffing
- Reference No. 409, Reporting of ALS Unit Staffing Exceptions
- Reference No. 412, Automatic External Defibrillator (AED) Service Provider Program Requirements
- Reference No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider
- Reference No. 416, Assessment Unit

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

- Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles
- Reference No. 702, Controlled Drugs Carried on ALS Units
- Reference No. 703, ALS Unit Inventory
- Reference No. 704, Assessment Unit Inventory
- Reference No. 706, ALS EMS Aircraft Inventory
- Reference No. 710, Ambulance Equipment Requirements, CCR, Title 13, Section 1103

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

Standard met.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.07 First Responder Agencies

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

Standard met.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.08 Medical & Rescue Aircraft

STANDARD:

- 4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:
- a) authorization of aircraft to be utilized in prehospital patient care,
 - b) requesting of EMS aircraft,
 - c) dispatching of EMS aircraft,
 - d) determination of EMS aircraft patient destination,
 - e) orientation of pilots and medical flight crews to the local EMS system, and
 - f) addressing and resolving formal complaints regarding EMS aircraft

CURRENT STATUS:

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

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

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

The designation process in Reference No. 418 includes "current accreditation by the Commission on Accreditation of Medical Transport Systems (CAMTS) or successful completion of a site review by CAMTS in conjunction with the local EMS Agency". In 2005, three Los Angeles County EMS aircraft provider underwent successful site reviews by CAMTS.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

Orange County
Riverside County
San Bernardino County

Kern County
Ventura County
Santa Barbara County

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☐ Long-range Plan (more than one year)

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level **4.09 Air Dispatch Center**

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.10 Aircraft Availability

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

Orange County
Riverside County
San Bernardino County

Kern County
Ventura County
Santa Barbara County

NEED(S):

To complete the process of designating medical and rescue aircraft for emergency patient transportation.

OBJECTIVE:

The LEMSA has developed the application process, and written agreements are currently under negotiation to formally designate EMS aircraft/rescue provider agencies.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.11 Specialty Vehicles*

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

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

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

NEED(S):

Standard met.

OBJECTIVE:

Standard met.

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. A new mutual aid policy, Reference No. 1126, Multiple Casualty Incident Transportation Management, was developed and approved in 2006 to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents (MCI).

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

Universal Level

4.13 Intercounty Response*

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.14 Incident Command System

STANDARD:

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

CURRENT STATUS:

Primary provider agencies throughout Los Angeles County have adopted the Incident Command System for responding to multi-casualty incidents, and the START (Simple Triage and Rapid Treatment) triage system that provides guidelines for prehospital care personnel to rapidly classify victims so that patient treatment and transport are not delayed. These procedures are outlined in a newly revised prehospital policy, Reference No. 519, Management of Multi-Casualty Incidents.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.15 MCI Plans

STANDARD:

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

CURRENT STATUS:

Primary provider agencies have adopted the Incident Command System (FIREScope) which utilizes state standards and guidelines for responding to multi-casualty incidents. The EMS Agency added Reference No. 1126, Multiple Casualty Incident Transportation Management, in 2006 to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents. The policy addresses four levels of response and ambulance strike teams.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Universal Level

4.16 ALS Staffing

STANDARD:

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

The local EMS agency should determine whether advanced life support units should be staffed with

two ALS crew members or with one ALS and one BLS crew members.

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

CURRENT STATUS:

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

Staffing options other than the two-paramedic system (i.e., one paramedic and one EMT-I, also known as 1:1 staffing) have been discussed for several years. At this time, 1:1 staffing is restricted to private provider agencies that have been specifically approved for this staffing configuration and that are performing interfacility transports only. The 1:1 alternative staffing program was piloted for several years with selected private provider agencies and the entire program was moved to "approved program" status by the EMS Commission in 2004. Additionally, one public provider was approved to begin a pilot program that allowed flexible staffing on Assessment Units according to paramedic availability, which is an exemption to Reference No. 416's requirement of at least one paramedic 365 days/year. This change was also approved by the EMS Commission.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet this standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Advanced Life Support

4.17 ALS Equipment

STANDARD:

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

CURRENT STATUS:

Reference 700 series of the Los Angeles County Prehospital Care Policy Manual addresses Equipment/Supplies/Vehicles related to the prehospital care setting. Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles, defines the procurement of medical supplies and drugs. Reference No. 702, Controlled Drugs Carried on ALS Units, identifies the approved controlled drugs carried on ALS Units. Accountability for supplies and drugs, including narcotics, is the responsibility of the provider agency and the responsible physician. The Medical Director of the LEMSA authorizes the purchase of the majority of medical supplies and drugs, while several agencies utilize their Medical Advisor or the assigned Base Hospital Medical Director. Narcotics are obtained primarily through County hospitals, cost defrayed by the LEMSA, or from pharmaceutical companies. Narcotic inventories are subject to inspection as outlined in Reference No. 702 and are part of the provider agency annual site surveys.

Reference No. 703, ALS Unit Inventory, specifically defines a standardized inventory for all ALS Units. Reference No. 704, Assessment Unit Inventory, defines the inventory of all Assessment Units. Reference No. 705, ALS Unit Extension Personnel Inventory, was withdrawn in 2005 when this particular configuration was eliminated.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

Standard met.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Ambulance Regulation

4.18 Compliance

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To review the ordinance and investigate the County's authority to license or register all private ambulance companies operating in the County. The minimum standards to operate would be incorporated into the license/registration process. This would provide the mechanism and allow the LEMSA to monitor all emergency ambulances for compliance with statutes, regulations, policies and procedures.

OBJECTIVE:

The LEMSA will continue to investigate the legal authority of the County to require license/registration of all ambulance companies operating within Los Angeles County. With this Foundation, the LEMSA will begin to draft changes to the Ambulance Ordinance.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan

STANDARD:

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

- a) minimum standards for transportation
- b) optimal transportation system efficiency and effectiveness, and
- c) use of a competitive process to ensure system optimization

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.20 "Grandfathering"

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.21 Compliance

STANDARD:

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

CURRENT STATUS:

The LEMSA has developed a monitoring instrument that documents each provider's compliance with the administrative, service and fiscal requirements of its exclusive operating area agreement(s). All 911 providers are required to provide the EMS Agency with EMS Reports which document their response to, treatment and, if applicable, transport of patients, and are monitored by exception through periodic review of the Reports.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – RESPONSE/TRANSPORTATION

Enhanced Level: Exclusive Operating Permits

4.22 Evaluation

STANDARD:

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

CURRENT STATUS:

The LEMSA implemented an exclusive operating area program on January 1, 1995. The program agreements for the twelve exclusive operating areas were for an initial five-year period. Following evaluation of the efficiency and effectiveness of the exclusive operating areas, the Director of the Department of Health Services renewed the agreements each year for five years. The EOAs were reviewed and redesigned in 2003 in anticipation of a new RFP. The area design went from 11 EOA's to seven EOAs and was based on run volume, poverty rates and geographic area. A new competitive bidding process began on May 6, 2004 with the release of the Request for Proposal (RFP) which had been submitted for approval to the EMS Authority. The mandatory Bidder's Conference was held on May 26, 2004. Although it was anticipated that the RFP process would be complete by September 2004, a protest process delayed finalization of the 7 areas by the expected date and the contracts became effective on May 31, 2006.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standards met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Universal Level

5.01 Assessment of Capabilities

STANDARD:

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

CURRENT STATUS:

The LEMSA assesses and periodically reassesses EMS-related capabilities of acute care facilities in the following categories:

- Emergency Departments Approved for Pediatrics
- Pediatric Medical Centers (PMC)
- Pediatric Trauma Centers (PTC)
- Perinatal Centers
- Trauma Hospitals
- Burn Centers

Currently, the LEMSA performs initial and periodic on-site surveys of EDAPs, PMCs, PTCs and periodic paper surveys. Formal contracts exist with designated trauma centers, but no current contracts/agreements are in place with paramedic receiving hospitals. The system is challenged by the availability of on-call physicians.

The Health Facilities Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care, as required in the basic emergency department permit. The LEMSA works closely with Health Facilities on these investigations. Instead of the agreements with paramedic receiving hospitals with defined service areas, the LEMSA has developed policies to address patient destination.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

1. The LEMSA shall develop agreements with all paramedic receiving hospitals.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Universal Level

5.02 Triage and Transfer Protocols

STANDARD:

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

CURRENT STATUS:

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

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

Private Provider Agency
Transport/Response Guidelines
Management of Multiple Casualty Incidents
STEMI Receiving Centers (approved by the Board of Supervisors and currently under implementation)

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

Other than transfers between private and County-operated facilities, the LEMSAs are 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. The EMS Agency is currently approving ST Elevation Myocardial Infarction Receiving Centers (SRCs). This program required the development of SRC Standards and Reference No. 513, ST Elevation Myocardial Infarction Patient Destination, in collaboration with prehospital care stakeholders such as provider agencies, base and receiving hospitals, cardiologists and cardiac catheterization personnel. Site surveys of each of the applicants are ongoing, as is the development of a web-based data registry. To date, 15 hospitals have been approved as SRCs and are actively participating in the program.

COORDINATION WITH OTHER EMS AGENCIES:

No formal triage and transfer policies exist between Los Angeles County and bordering counties; however, 911 provider agencies routinely transport patients to the most accessible hospital from the incident location. In some instances, the most accessible hospital is in another county.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

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.

The LEMSA plans to approve STEMI Receiving Centers (SRC) following a successful field 12-lead EKG pilot program. Standards, policies and an application were developed and approved by the EMS Commission and the Board of Supervisors. Applications have been mailed and it is anticipated that the program will be implemented by the end of 2006 or first quarter of 2007. The LEMSA is working with ReddiNet to create a SRC diversion screen.

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

Universal Level

5.04 Specialty Care Facilities

STANDARD:

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

CURRENT STATUS:

Hospitals with either a Basic or Comprehensive Emergency Department permit are automatically identified as a 911 receiving hospital. The Licensing & Certification Division of the Department of Health Services has the authority to investigate acute care facilities in the delivery of emergency care, as required in either permit. The LEMSA works closely with DHS Health Facilities Division, Acute Ancillary Section, on these investigations. Monitoring is conducted primarily by exception. As described in Standard 5.01, Assessment of Capabilities, the LEMSA recognizes the need to develop and implement enforceable written agreements with receiving hospitals.

As described in detail in Standards 5.08, Trauma System Design, 5.10, Pediatric System Design, and 5.1.3, Specialty System Design, the LEMSA designates specialty care facilities for specific groups of patients and monitors these either by agreements or by exception.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

NEED(S):

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

5.05 Mass Casualty Management

STANDARD:

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

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

CURRENT STATUS:

All 911 receiving hospitals in Los Angeles County have a direct communication link with the LEMSA through the Medical Alert Center's (MAC) HEAR radio. When a mass casualty incident occurs, the MAC is apprised of the incident by the primary provider agencies. The MAC immediately collects bed availability information from hospitals and provides this information to field personnel. The MAC informs hospitals of the patients being transported to each facility. The goal is to avoid overloading any particular health facility when others could handle an additional patient volume.

The Incident Command System(ICS) has been adopted by all public provider agencies and some private providers in Los Angeles County to ensure organized, efficient care of victims of mass casualty incidents. The Standardized Emergency Management System (SEMS) has been implemented with all medical facilities. The newly revised Reference No. 519, Management of Multiple Casualty Incidents, defines the role of the provider agency, base hospital, receiving facilities and the County's Medical Alert Center during multiple casualty incidents. Basic 24-hour receiving facilities and specialty care facilities (where appropriate) are listed in the Prehospital Care Policy Manual and are regularly updated. In 2007, Cedars Sinai Medical Center was added as a Disaster Resource Center, bringing the total number of DRCs in the County to 13 (see DRC list and map, Table 7, Attachment I).

The LEMSA, as the DHS Disaster Coordination Section, works closely with all hospitals and medical facilities to prepare for mass casualty situations. A disaster drill is conducted yearly to allow all facilities and field providers to test their systems and plans. The focus of the drill varies each year. Scenarios have included earthquakes, floods, nuclear/biological/chemical warfare, among others.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Universal Level

5.06 Hospital Evacuation*

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

☐ Short-range Plan (one year or less)

☐ Long-range Plan (more than one year)

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation

STANDARD:

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

CURRENT STATUS:

The LEMSA has an organized base hospital system which currently includes 20 facilities distributed throughout the County and listed on Reference No. 501, Hospital Directory. The process for designation is based on hospital application and ability to perform specified EMS functions as defined in Section 1797.67 of the California Health & Safety Code. There are also Hospital and Medical Care Agreements in place for each of the designated facilities. Reference No. 304, Role of the Base Hospital, defines the role of the base hospitals in the Los Angeles County ALS system. Since 2000, three base hospitals have discontinued their services and one hospital has assumed base station services. The existing system is effective; however, given the current economic climate, it would not be surprising to lose additional base hospitals due to mergers, closures or hospital sales. The EMS Agency envisions a centralized system in the future.

COORDINATION WITH OTHER EMS AGENCIES:

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

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

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

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.08 Trauma System Design

STANDARD:

- 5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:
- a) the number and level of trauma centers (including the use of trauma centers in other counties),
 - b) the design of catchment areas (including areas in other counties, as appropriate, with consideration of workload and patient mix,
 - c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
 - d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma centers, and
 - e) a plan for monitoring and evaluation of the system

CURRENT STATUS:

The original plan for implementing the Los Angeles County Trauma Hospital System, including the criteria for hospital designation and the recommended maximum transport time of twenty (20) minutes, Code 3, was submitted by the Los Angeles County Emergency Medical Services Commission to the Board of Supervisors in January 1983. This plan was adopted by the Board of Supervisors on January 25, 1983 and was utilized in the development of Los Angeles County's Trauma System, along with the original Trauma System Plan submitted to the State EMS Authority for approval on December 31, 1990. Formal approval of the original Trauma System Plan was given on March 10, 1994 by the State EMS Authority.

Due to revisions to the State Trauma Regulations, Sections 100236-100266 (Title 22, Division 9, Chapter 7 of the California Code of Regulations), implemented in August 1999, Los Angeles County's Trauma Plan was revised to comply with the changes.

Los Angeles County Trauma Plan 2001, submitted to the State EMS Authority on March 12, 2002, brought Los Angeles County into compliance with the revised State Trauma Regulations. The Plan was prepared to comply with the Trauma Plan Development Guidelines distributed by the State Emergency Medical Services Authority in January 2000, which established a standardized format for all trauma plans to follow.

Prior to submission, Los Angeles County Trauma Plan 2001 was approved by the Trauma Hospital Advisory Committee on September 10, 2002, the Emergency Medical Services Commission on September 19, 2001, and the Los Angeles County Board of Supervisors on March 5, 2002.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

Orange County

Riverside County

San Bernardino County

Kern County

Ventura County

Santa Barbara County

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Trauma Care System

5.09 Public Input

STANDARD:

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

CURRENT STATUS:

The Coordinating Committee of the Emergency Medical Services Commission (EMSC) developed the implementation plan for the Los Angeles County Trauma Hospital System, which was approved by the Board of Supervisors on January 25, 1983. The EMSC continues to provide input into system planning along with multiple advisory committees and subcommittees including, but not limited to, the Medical Council, Provider Agency Advisory Committee, Data Advisory Committee and Trauma Hospital Advisory Committee.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design

STANDARD:

- 5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:
- a) the number and role of system participants, particularly of emergency departments,
 - b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
 - c) identification of patients who should be primarily triaged or secondarily transferred to a designated center,
 - d) identification of providers who are qualified to transport such patients to a designated facility,
 - e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
 - f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
 - g) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

The present Los Angeles County pediatric emergency medical and critical care system consists of two levels of facility designation including Emergency Department Approved for Pediatrics (EDAPs), Pediatric Medical Centers (PMCs) and Pediatric Trauma Centers (PTCs). The designation of EDAPs, PMCs and PTCs is based on standards which were developed in cooperation with the Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Association of Southern California, the Los Angeles County Medical Association and the Los Angeles County Department of Health Services. There are 46 LA County EDAPs, 2 in Orange County, 8 PMCs and 6 PTCs throughout the County. These facilities are listed in Reference No. 501, Hospital Directory.

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is currently working with surrounding counties to look at the feasibility of designating more EDAPs and/or PMCs outside of the County. There are times when facilities located in Orange and San Bernardino County are the most accessible hospitals to some of our pediatric patients living near county borders. To date, two hospitals in Orange County and one in Ventura County have been approved.

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

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.11 Emergency Departments

STANDARD:

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

- a) staffing,
- b) training,
- c) equipment,
- d) identification of patients for whom consultation with a pediatric critical care center is appropriate,

- e) quality assurance/quality improvement, and
- f) data reporting to the local EMS agency

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

CURRENT STATUS:

The development of guidelines for emergency departments (ED) that care for pediatric patients began in Los Angeles County in the early 1980's and have become the minimum standards for EDs designated to receive pediatric patients. The present standards address professional staff requirements, equipment, administration, pediatric policies and procedures, staff education, quality improvement and availability of appropriately-sized equipment for the pediatric patient.

Reference No. 510, Pediatric Patient Destination, specifies the guidelines for identifying the critically ill or injured pediatric patient and the criteria for determining the most appropriate facility. Pediatric receiving centers are designated as Emergency Department Approved for Pediatrics (EDAPs), Pediatric Medical Centers (PMCs) or Pediatric Trauma Centers (PTCs) depending on their ability to continually meet the established standards. These facilities are identified in Reference No. 501, Hospital Directory, and include 46 EDAPs, 8 PMCs, and 6 PTCs. All PTCs are also trauma centers. The LEMSA has a data management system in place which collects prehospital, base hospital and trauma hospital data elements on all 911 patients, including pediatric patients.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is currently working with surrounding counties determine the feasibility of designating EDAPs and/or PMCs outside of the County. There are times when facilities located in Orange and San Bernardino County are the most accessible hospitals to some of our pediatric patients living near county borders.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.12 Public Input

STANDARD:

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

CURRENT STATUS:

The LEMSA's pediatric emergency medical and critical care system plan was implemented in the early 1980s. The plan was the result of input from the Academy of Pediatrics, California Chapter 2, the Los Angeles Pediatric Society, the Hospital Association of Southern California, the Los Angeles County Medical Association, and the Los Angeles County Department of Health Services. These standards have been updated and assimilated with the EMS Authority's Administration, Personnel and Policy Guidelines for the Care of Pediatric Patients in the Emergency Department.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

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's Medical Alert Center (MAC). This may include transfer to a facility outside of the County.

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

The LEMSA has identified a lack of neurosurgical services in the County. Reference No. 506, Trauma Triage, provides criteria which allow direct patients with traumatic neurosurgical injuries to trauma centers that can appropriately manage the care of these patients. In the late 1990's, criteria for neuro receiving centers was developed and approved by the EMSC; however, a lack of funding prohibited implementation. 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 75 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.

The LEMSA has developed standards, policies and is currently conducting site surveys at facilities that have applied to become ST Elevation MI Receiving Centers. Currently, 15 hospitals have been approved as SRCs and are accepting patients in that program.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – FACILITIES/CRITICAL CARE

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.14 Public Input

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Universal Level **6.01 QA/QI Programs**

STANDARD:

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

CURRENT STATUS:

The LEMSA has developed two policies establishing a system wide Quality Improvement Program; Reference No. 620, EMS Quality Improvement Program (EQIP), and Reference No. 620.1, EMS Quality Improvement Program Plan. Reference No. 618, EMS Quality Improvement Committees, outlines the responsibilities of the QI Committees to review, assess and make recommendations to the Medical Director concerning prehospital emergency care. The policies address the total EMS system, including all paramedic provider agencies, base hospitals, trauma hospitals and receiving hospitals. Each paramedic provider agency and base hospital is required to submit a Quality Improvement Program to the LEMSA for approval.

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

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 – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.02 Prehospital Records

STANDARD:

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

CURRENT STATUS:

Department of Health Services policy requires completion of a prehospital record for each patient response for all 911 calls (including false alarms) and all advanced life support interfacility transfers. Base hospitals complete a record when medical direction is provided. Trauma hospitals complete a record for all injured patients seen in the emergency department that meet Los Angeles County's record completion criteria. All prehospital, base and trauma records have a unique identifier allowing the data system to track patients from time of dispatch to discharge from the hospital.

The EMS Report Form is updated and revised annually through the Data Advisory Committee with input from both hospitals and providers. Los Angeles County Prehospital Care Policy Reference No. 606, Documentation of Prehospital Care, and Reference No. 608, Disposition of Copies of the EMS Report Form, describe the documentation requirements and the procedure for disposition of copies of the EMS Report Form. Reference No. 610, Retention of Prehospital Care Records, outlines the record retention requirements.

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 – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.03 Prehospital Care Audits

STANDARD:

- 6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted. The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, inpatient and discharge records.

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

The LEMSA shall capture and integrate receiving hospital data into TEMIS.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.04 Medical Dispatch

STANDARD:

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

CURRENT STATUS:

There are 16 EMS dispatch centers in Los Angeles County coordinated by individual or multiple provider agencies. The LEMSA receives copies of EMS records for all 9-1-1 responses. Dispatch/response times and the level of response (BLS vs. ALS) are entered into the Trauma Emergency Medical Information System (TEMIS). Current monitoring activities are by exception only.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.05 Data Management System*

STANDARD

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

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

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

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

OBJECTIVE:

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

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.06 System Design Evaluation

STANDARD:

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and

standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process and outcome evaluations, utilizing State standards and guidelines.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Universal Level

6.07 Provider Participation

STANDARD

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

CURRENT STATUS:

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

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 – DATA COLLECTION/SYSTEM EVALUATION

Universal Level **6.08 Reporting**

STANDARD

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

CURRENT STATUS:

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

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

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 – DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Advanced Life Support

6.09 ALS Audit

STANDARD:

- 6.09 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation. The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

The Los Angeles County Trauma Emergency Medical Information System (TEMIS) includes data on both basic and advanced prehospital care collected from the EMS and base hospital records. Additional inhouse data is collected on trauma patients transported to a trauma hospital. A data package for receiving hospitals has been developed but is currently not in use.

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

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

OBJECTIVE:

The LEMSA shall capture and integrate receiving hospital data into TEMIS.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation

STANDARD:

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

CURRENT STATUS:

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

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 – DATA COLLECTION/SYSTEM EVALUATION

Enhanced Level: Trauma Care System

6.11 Trauma Center Data

STANDARD

- 6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation. The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

CURRENT STATUS:

The LEMSA has developed a comprehensive trauma center data collection system providing demographic and clinical data on the trauma patient (identified in the Trauma Center Service Agreement) from time of 911 dispatch to discharge from the trauma center. Required data elements provide the LEMSA with the necessary data for quality improvement and system evaluation activities. In addition to the required elements, hospitals also have the ability to enter additional hospital specific data for internal studies and program evaluation.

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

In addition, Coroner data was obtained for the first time (2004). Of the 9,554 deaths in the County of Los Angeles for this time period, a detailed analysis identified only 103 trauma related deaths (criteria/judgement) that occurred outside a trauma center (scene or non-trauma hospital), demonstrating the efficiency of Los Angeles County's Trauma System.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

To expand the data system to capture outcome data on trauma patients transported to non-trauma hospitals.

OBJECTIVE:

The LEMSA shall capture and integrate non-trauma hospital data into the trauma center data collection system.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – PUBLIC INFORMATION AND EDUCATION

Universal Level

7.01 Public Information Materials

STANDARD

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

- a) understanding of EMS system design and operation
- b) proper access to the system
- c) self help (e.g., CPR, first aid, etc.)
- d) patient and consumer rights as they relate to the EMS system

- e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f) appropriate utilization of emergency departments

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

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – PUBLIC INFORMATION AND EDUCATION

Universal Level **7.02 Injury Control**

STANDARD

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine. The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk for injury or illness.

CURRENT STATUS:

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

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 – PUBLIC INFORMATION AND EDUCATION

Universal Level

7.03 Disaster Preparedness

STANDARD

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – PUBLIC INFORMATION AND EDUCATION

Universal Level

7.04 First Aid & CPR Training

STANDARD

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

CURRENT STATUS:

The LEMSAs support all efforts countywide to make first aid and CPR training available to the general public. There is no centralized development, distribution or provision of public information and education materials and/or training programs related to prehospital care.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DISASTER MEDICAL RESPONSE

Universal Level

8.01 Disaster Medical Planning

STANDARD:

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

CURRENT STATUS:

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

Because the successful management of any major emergency or disaster is contingent upon communications, Los Angeles County has placed an emphasis on various communications linkages. The LEMSA maintains the Hospital Emergency Administrative Radio (HEAR) system with 109 hospitals, 17 clinics and the ReddiNet system with 75 hospitals. Many hospitals have both systems. In addition to these systems, the DHS EOC is equipped with 2-meter HAM radio as a back-up communication system for hospitals and a potential primary disaster communication system for clinics. The DHS DOC is also equipped with an 800 MHz system known as County Wide Integrated Radio System (CWIRS). This is the primary radio system that supports the County infrastructure. A satellite phone is also available.

The local EMS agency conducts at least one countywide disaster exercise each year for Los Angeles County hospitals and multiple exercises with Region I counties.

The Los Angeles County Fire Department is responsible for public health issues related to hazardous material releases throughout the County. The cities of Pasadena, Vernon and Long Beach respond their own internal health department units within their respective jurisdictions. In addition, the LEMSA is designed as the Western National Medical Response Team for terrorism response and is in the process of completing the Metropolitan Medical Strike Team System.

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County is the RDMHC for 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 – DISASTER MEDICAL RESPONSE

Universal Level **8.02 Response Plans**

STANDARD:

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

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County serves as the Region I Disaster Medical/Health Coordinator.

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 **8.03 Haz-mat Training**

STANDARD:

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

CURRENT STATUS:

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

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

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – DISASTER MEDICAL RESPONSE

Universal Level

8.04 Incident Command System

STANDARD:

- 8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command system (ICS) as the basis for field management. The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Los Angeles County has implemented SEMS with other Operational Areas in Region I and Region IV as well as with other Regional Disaster Medical Health Coordinators within the State.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard. There is ongoing maintenance of SEMS with all medical facilities.

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 require evacuation to other facilities. Facilities are also required to identify the number of critical and non-critical beds available to treat incoming patients. The DHS DOC arranges the transfer of evacuated patients to appropriate facilities. In 2006, the EMS Agency added Reference No. 519, Management of Multiple Casualty Incidents, and its associated policies Reference No. 519.1, MCI Definitions, Reference No. 519.2, MCI Triage Guidelines, Reference No. 519.3, MCI Transport Priority Guidelines, and Reference No. 519.4, MCI Field Decontamination Guidelines. The policies provide guidelines for the efficient management of multiple casualty incidents by coordinating the involved entities to prevent unnecessary delays in patient care and transport. They define the roles of the provider agencies, Medical Alert Center, base hospital and receiving facilities during an MCI.

All hospitals with a basic emergency department permit are expected to be capable of receiving and treating patients with radiation and chemical contamination and injuries. Through Federal grant funding, the LEMSA has 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 – DISASTER MEDICAL RESPONSE

Universal Level

8.06 Needs Assessment

STANDARD:

- 8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions. The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

CURRENT STATUS:

The LEMSA utilizes the HEAR and ReddiNet systems as primary communication tools to ascertain the needs of health facilities. Regional assets are requested through the RDMHC system using the Southern Regional Response Plan as the template. The LEMSA conducts annual exercises with health facilities in Los Angeles County and numerous regional exercises are conducted throughout the year.

COORDINATION WITH OTHER EMS AGENCIES:

The RDMHC coordinates resource activities with OES Region I counties and the State.

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

8.07 Disaster Communications*

STANDARD:

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

CURRENT STATUS:

The HEAR frequency 155.280 MHz is available for administrative use between Los Angeles and Orange Counties. The HEAR frequency 155.340 MHz is available for coordination between Los Angeles, Riverside, Ventura and San Bernardino counties. The problem that exists is that this frequency is not routinely monitored by disaster staff of these counties, nor is there certainty that the EOCs of these EMS Agencies are equipped with the HEAR.

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

The LEMSA shall maintain a redundant and reliable communication system among the operational areas within Region I, and routinely test the Statewide RIMS System.

COORDINATION WITH OTHER EMS AGENCIES:

Operational areas within Region I and EMSA are equipped with transportable satellite communications. In addition, LEMSAs within Regions I and VI are being equipped with the Statewide Response Information Management System (RIMS).

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet objective

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 **8.09 DMAT Teams**

STANDARD:

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

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

CURRENT STATUS:

The LEMSA established DMAT CA 9, sponsored by the County of Los Angeles through the Department of Health Services, in February 1995. It became a Level I DMAT in June 1998. Agreements have been signed with the EMS Authority and the Public Health Service. The team is equipped and training is ongoing; it has been deployed several times, including to Hurricane Katrina in 2005.

CA 9 will continue to receive equipment from the Federal government in order to remain field ready and deployable. CA 9 will continue to participate in DMAT exercises and to recruit, train and provision team members.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA is coordinating efforts to establish CA 9 with the EMS authority and other DMATs to establish a Southern California network of DMATs.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet objective. The LEMSA will continue to recruit, train and provision team members on an ongoing basis.

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

8.10 Mutual Aid Agreements*

STANDARD:

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

CURRENT STATUS:

Under the California Master Mutual Aid Agreement, all public resources shall be shared within and among Mutual Aid Regions. Private resources that are requested across operational areas of Regions I and VI shall be reimbursed in accordance with the Southern Region Cooperative Medical Assistance Agreement. Reference No. 1126, Multiple Casualty Incident Transportation Management, was developed to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:

The LEMSA currently serves as the RDMHC for Region I.

NEED(S):

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, have been designated and funded. The goals of the DRC program include enhancing surge capacity for hospitals through the provision of ventilators, pharmaceuticals, medical supplies and large tent shelters, and enhancing hospital planning and cooperation in a geographical area to include planning for surge capacity. This planning 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):

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

8.12 Establishment of CCPs

STANDARD:

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

CURRENT STATUS:

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

Communication with a DRC site will be accomplished through one of the following mechanisms, depending on what remains functional: HEAR, ReddiNet, telephone or the County Wide Integrated Radio System (CWIRS).

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

8.13 Disaster Medical Training

STANDARD:

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service areas, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances. The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

CURRENT STATUS:

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

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level **8.14 Hospital Plans**

STANDARD:

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan (s). At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

CURRENT STATUS:

All hospitals in Los Angeles County, 9-1-1 receiving hospitals, those with standby emergency departments and specialty hospitals, are given the opportunity to participate in an annual disaster exercise. Communications systems are in place with most hospitals and standardized data forms have been implemented.

Participation of 9-1-1 provider agencies is very limited at the present time, except when the exercise is developed by the County Office of Emergency Management.

COORDINATION WITH OTHER EMS AGENCIES:

The annual disaster exercise is targeted to hospitals located within Los Angeles County; however, the LEMSA participates in State exercises upon request.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Universal Level

8.15 Interhospital Communications

STANDARD:

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

CURRENT STATUS:

The HEAR and ReddiNet communication systems are available to all hospitals throughout Los Angeles County. These systems are coordinated by the Hospital Association of Southern California and are operated by the LEMSA. Operational procedures are in place.

The HEAR system provides a mechanism for hospitals to communicate with each other and the Medical Alert Center operated by the LEMSA. The ReddiNet system provides a mechanism for hospitals to communicate via computer with the LEMSA. Communication between hospitals is facilitated indirectly through the control point at the Medical Alert Center.

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable to this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet standard.

TIMEFRAME FOR OBJECTIVE:

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

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 Incident Command System (HICS). Hospitals were surveyed to assess their readiness to handle 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)

SYSTEM ASSESSMENT – SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Advanced Life Support

8.17 ALS Policies

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

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

NEED(S):

Standard met.

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 – DISASTER MEDICAL RESPONSE

Enhanced Level: Advanced Life Support

8.18 Specialty Center Roles

STANDARD:

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

CURRENT STATUS:

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for this standard.

NEED(S):

Standard met.

OBJECTIVE:

No further objective needed to meet 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

Enhanced Level: Advanced Life Support

8.19 Waiving Exclusivity

STANDARD:

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

CURRENT STATUS:

The LEMSA's exclusive operating program agreements permit emergency ambulance transportation services by Federal, State, or County operated ambulance vehicles, or to a city government operated ambulance vehicle if authorized to transport by an authorized County agency or by another lawful authority, or to air ambulances if authorized to transport by an authorized County agency or by another lawful authority. Additionally, during periods of major emergency or disaster within an exclusive operating area, the County, by agreement, may require and use the services of other providers. Reference No. 1126, Multiple Casualty Incident Transportation Management, was developed to provide guidelines for the rapid and efficient dispatch of multiple ambulances in response to multiple casualty incidents.

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

COORDINATION WITH OTHER EMS AGENCIES:

Not applicable for 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 ORGANIZATION AND MANAGEMENT

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Los Angeles County of Los Angeles - EMS Agency
Reporting Year: FY 2004-05

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/approval 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 2004-05:

A. EXPENSES

Salaries and benefits	<u>\$11,299,406</u>
Services & Supplies	<u>\$3,181,656</u>
-Contract services	
-Operations (e.g., copying, postage, facilities)	
-Travel	
Fixed Assets/Equipment	<u>\$1,311,015</u>
Indirect expenses	(not available)
Ambulance subsidy	
9-1-1 (Zone I only)	<u>\$171,780</u>
EMS Fund payments to physicians/hospital*	<u>\$12,889,514</u>
EMS Allocation Fund Payments to Physicians	<u>\$9,779,198</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>\$12,635,220</u>
TOTAL EXPENSES	<u>\$51,267,789</u>

*2004-05 actual data

B. SOURCES OF REVENUE

Special project grant(s) [from EMSA]

RDMHC Block Grant	\$ 0
State general fund	0
County general fund	<u>\$6,007,726</u>
Other local tax funds (e.g., EMS district)	0
County contracts (e.g. multi-county agencies)	0
Certification fees	<u>\$227,399</u>
Training program approval fees	0
Training program tuition/Average daily attendance funds (PTI)	<u>\$550,183</u>
Job Training Partnership ACT (JTPA) funds/other payments	0
Base hospital fees	<u>\$163,988</u>
Trauma center application fees	0
Trauma center designation fees	<u>\$428,120</u>
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)*	<u>\$17,255,039</u>
EMS Allocation Fund	<u>\$9,779,198</u>
Other grants: HRSA Grant	<u>\$13,557,700</u>
Other revenue	<u>\$3,298,436</u>
TOTAL REVENUE	<u>\$51,267,789</u>

*2004-05 actual data

5. Fee structure for FY 2004-05

☐ 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>\$30.00</u>
EMT-I recertification	<u>\$20.00</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>\$125</u>
MICN/ARN recertification	<u>\$100</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 (annual fee)	<u>\$19,679</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 2004-05.

Table 2 – System Organization & Management

	CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of salary)	COMMENTS
A	EMS Admin./Coord./Director	Director, EMS Agency (R14)	1	Control Point \$60.46	\$28.26	For the entire worksheet: a) 46.74% benefit provided by Fiscal Services. b) Total working hours for The entire year is 337,134. For one month it is 28,095 hrs.
B	Asst. Admin.Admin. Asst./Admin. Mgr.	Assistant Director (R11)	1	Control Point \$48.66	\$22.75	
C	ALS Coordinator/Field Coord. Training Coordinator	Training Coordinator	2	\$34.21	\$15.99	
D	Program Coordinator/ Field Liaison (Non-clinical)	Program Director, (R9) Paramedic Training Institute	1	Control Point \$42.11	\$19.68	
E	Trauma Coordinator	Trauma System Program Manager	1	\$38.78	\$18.12	
F	Medical Director	Medical Director	1	\$78.70	\$36.79	
G	Other MD/Medical Consult Training Medical Director	Medical Director, PTI (1)	-			
H	Disaster Medical Planner	Disaster Medical Officer	2	\$59.05	\$27.60	
I	Dispatch Supervisor	Ambulance Program Coordinator	1	\$30.46	\$14.24	
	Medical Planner	(none)	-			
J	Data Evaluator/Analyst	TEMIS Sr. Program Head (R9)	1	Control Point \$42.11	\$19.68	
K	QA/QI Coordinator	Provider and Hospital Program Managers	3	\$37.34	\$17.45	
L	Public Information & Education Coordinator	Prehospital Certification, Risk Management and Investigations (R9)	1	Control Point \$42.11	\$19.68	
M	Executive Secretary	Executive Secretary	1	\$16.85	\$7.87	
O & P	Data Entry Clerk	Data Entry Clerk	6	Various		NOTE: This report is based on an actual salary report, dated FY 04-05, from HSA Fiscal Services. (1) In FY 2004-05 the PTI did not have an assigned medical doctor.
Q	Ambulance Services	Ambulance Services	63	Various		
R	Medical Alert Center (MAC)	Medical Alert Center (MAC)	18	Various		
	Other EMS Staff	Various	75	Various		



TABLE 3:

PERSONNEL / TRAINING

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 3: SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

EMS System: Los Angeles County

Reporting Year: July 2004-June 2005

NOTE: Table 3 is to be reported by agency.

	EMT-I's	EMT-II's	EMT-PARAMEDIC	MICN	EMS DISPATCHERS
Total Certified	4221	N/A		677	N/A
Number newly certified this year	974	N/A		105	N/A
Number recertified this year	1143	N/A		247	N/A
Total number of accredited personnel on July 1 of the reporting year			3108		
Number of certificate reviews resulting in:					
a) formal investigations	0				
b) Probation	36				
c) suspensions	0				
d) revocations	0				
e) denials	0				
f) denials of renewal	0				
g) no action taken	75				

- Number of EMS dispatchers trained to EMSA standards:
- Early defibrillation:
 - Number of EMT-I (defib) certified
 - Number of public safety (defib) certified (non-EMT-I)
- Do you have a first responder training program ☐ yes ☒ no

N/A

8219

1660



TABLE 4: **COMMUNICATIONS**

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 4: SYSTEM RESOURCES AND OPERATIONS – Communications

EMS System: Los Angeles County Emergency Medical Services System

County: Los Angeles

Reporting Year: 2006

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

1. Number of primary Public Service Answering Points (PSAP) 163
2. Number of secondary PSAPs 24
3. Number of dispatch centers directly dispatching ambulances 34
4. Number of designated dispatch centers for EMS Aircraft 1
official
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

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 5: SYSTEM RESOURCES AND OPERATIONS Response/Transportation

EMS System: Los Angeles County Emergency Medical Services System

Reporting Year: 2004-05

NOTE: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

- | | | |
|----|---|----------------|
| 1. | Number of exclusive operating areas | <u>7</u> |
| 2. | Percentage of population covered by Exclusive Operating Areas (EOA) | <u>100%</u> |
| 3. | Total number of responses | <u>670,273</u> |
| | a) number of emergency responses | |
| | b) Number of non-emergency responses | |
| 4. | Total number of transports | <u>462,907</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>16</u> |
| | a) Automated & semi-auto only; manual no longer used | |
| 6. | Number of EMT-Defibrillation providers | <u>41</u> |
| | a) Automated & semi-auto only; manual no longer used | |

Air Ambulance Services

- | | | |
|----|--|----------------------|
| 7. | Total number of responses | <u>1551</u> |
| | a) Number of emergency responses | |
| | b) Number of non-emergency responses | <u>(unavailable)</u> |
| 8. | Total number of transports | |
| | a) number of emergency (scene) responses | |
| | 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	4.46*	Not reported**	Not reported**	4.46
2. Early defibrillation responder	3.55 min*	Not reported**	Not reported**	3.55
3. Advanced life support responder	4.46*	Not reported**	Not reported**	4.46
4. Transport Ambulance	5.07*	Not reported**	Not reported**	5

*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**

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 6: SYSTEM RESOURCES AND OPERATIONS Facilities/Critical Care

EMS System: Los Angeles County Emergency Medical Services System

Reporting Year: FY 04-05

NOTE: Table 6 is to be reported by agency.

Trauma care system

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>10,674</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>15,856</u>
c) Number of major trauma patients transferred to a trauma center	<u>369</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>514</u>

Emergency Departments

Total number of emergency departments

a) Number of referral emergency departments	<u>0</u>
b) Number of standby emergency services	<u>5</u>
c) Number of basic emergency services	<u>75</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>20</u>



TABLE 7: DISASTER / MEDICAL

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 7: SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

EMS System: Los Angeles County Emergency Medical Services System

County: Los Angeles

Reporting Year: FY 04-05

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

SYSTEM RESOURCES

1. Disaster Resource Centers (formerly called Casualty Collection Points)
 - a. Where are your DRCs located? (see attached map for DRCs)
 - 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? (the Metrolink Train Derailment) ☒ yes ☐ no
 - b. exercise? ☒ 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

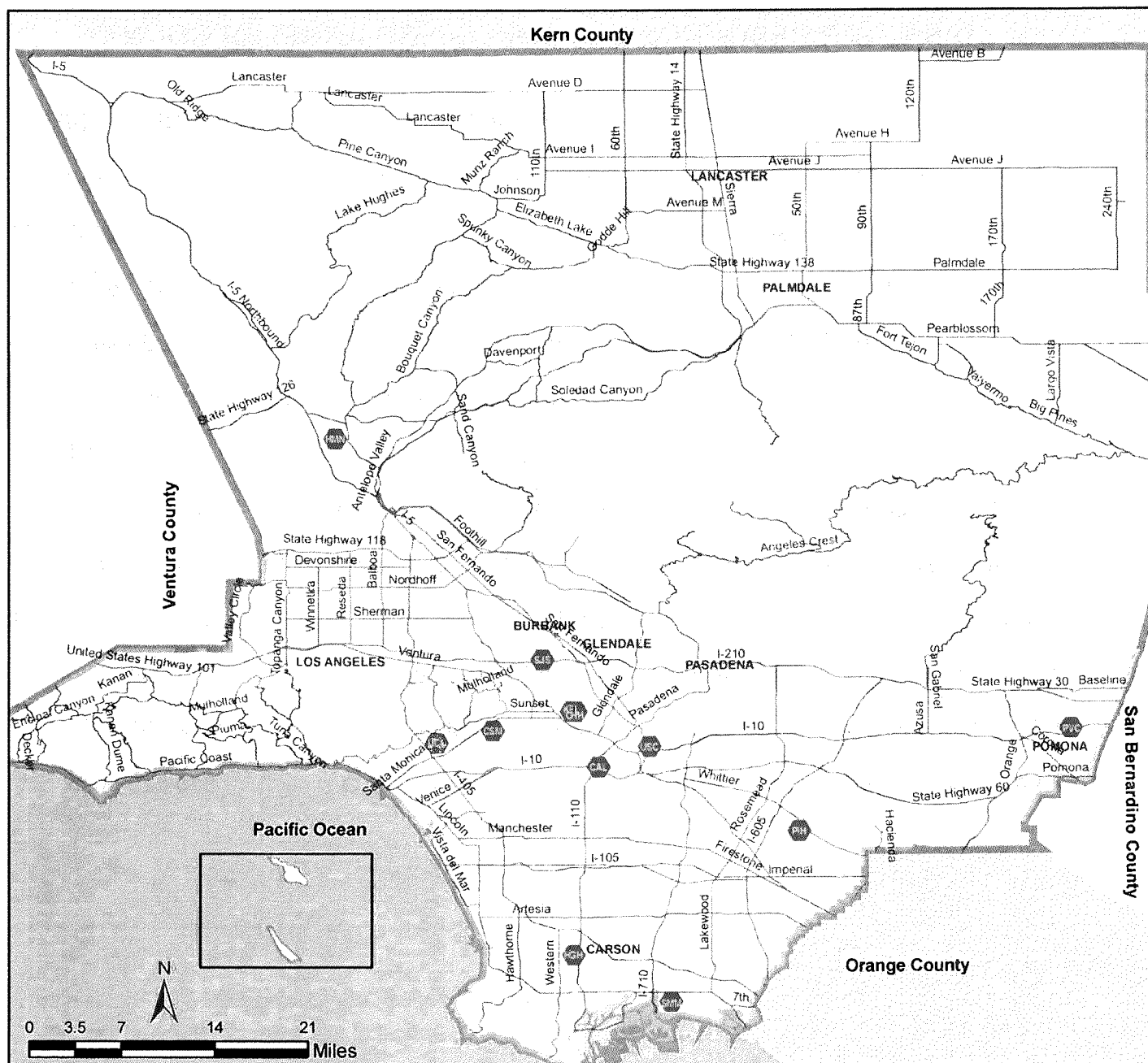
DISASTER RESOURCE CENTERS IN LOS ANGELES COUNTY

<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
Cedars Sinai Medical Center	Thomas Priselac, CEO	310-423-5711
LAC Harbor-UCLA Medical Center	Tecla Mickoseff, Administrator	310-328-9624
Henry Mayo Newhall Memorial Hospital	Roger Seaver, President & CEO	661-253-8011
Kaiser Foundation, Los Angeles	Anthony Armada, Senior VP	323-783-8101
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, CEO	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

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: DISASTER RESOURCE CENTERS IN LOS ANGELES COUNTY

REFERENCE NO. 1102.1



 Disaster Resource Center (has decontamination capability)

CODE	HOSPITAL	STREET	CITY	ZIP
CAL	CALIFORNIA HOSPITAL MEDICAL CENTER	1401 S. Grand Ave.	Los Angeles	90015
CHH	CHILDRENS HOSPITAL OF LOS ANGELES	4650 W. Sunset Blvd.	Los Angeles	90027
CSM	CEDARS SINAI MEDICAL CENTER	8700 Beverly Blvd.	Los Angeles	90048
HGH	LAC HARBOR-UCLA MEDICAL CENTER	1000 W. Carson Street	Torrance	90502
HMN	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	23845 W. Mc Bean Parkway	Valencia	91355
KFL	KAISER FOUNDATION - SUNSET	4867 Sunset Boulevard	Los Angeles	90027
PIH	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	12401 E. Washington Blvd.	Whittier	90602
PVC	POMONA VALLEY HOSPITAL MEDICAL CENTER	1798 N. Garey Avenue	Pomona	91767
SJS	PROVIDENCE ST. JOSEPH MEDICAL CENTER	501 S. Buena Vista Street	Burbank	91505
SMM	ST. MARY MEDICAL CENTER	1050 Linden Avenue	Long Beach	90801
UCL	UCLA MEDICAL CENTER	10833 Le Conte Avenue	Los Angeles	90095
USC	LAC + USC MEDICAL CENTER	1200 N. State Street	Los Angeles	90033

LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES AGENCY



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TABLE 8: PROVIDERS

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 40 BLS _____ EMT-D _____ LALS 34 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 57 BLS _____ EMT-D _____ LALS 8 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: 2005-2006

Name, Address & Telephone: Americare Ambulance Service 820 W. Lomita Blvd. Harbor City, Ca 90710 310-835-9390			Primary Contact: Scott Smith, COO 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 _____ 97 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 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 _____ 1000 BLS _____ EMT-D _____ LALS _____ 115 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: _publicly held 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: 2005-2006

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: 2005-2006

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

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 25-30 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 _____ 57 BLS _____ EMT-D _____ LALS _____ 8 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

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 _____ 110 EMT-D _____ LALS _____ 38ALS
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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 15 BLS ____ EMT-D ____ LALS 5 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.

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 <u>78</u> 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

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 <u>10</u> BLS <u>70</u> EMT-D ____ LALS <u>23</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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 <u>34</u> EMT-D ____ LALS <u>29</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 unit: 4 Extension unit: 3

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 <u>40</u> PS-Defib ____ BLS ____ EMT-D ____ LALS <u>26</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 Extension units: 5 BLS Transport: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 60 BLS 30 EMT-D LALS 18 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 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: ALS: 4 Assessment Units: 2 Extension Units: 10

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 _____ <u>20</u> BLS _____ EMT-D _____ LALS <u>2</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: 8

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 38 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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: 40 PS PS-Defib 28 BLS EMT-D LALS 14 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

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 _____ 2626 EMT-D _____ LALS _____ 750 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 <u>22</u> 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 checked="" 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

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 _____ 40 _____ 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: none Rescue Squad: 1 Paramedic Engine: 1

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 40 BLS _____ EMT-D _____ LALS 6 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: 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 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: 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 117 EMT-D LALS 50 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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

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 20 PS-Defib BLS EMT-D LALS 17 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 45 EMT-D _____ LALS 12 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

Name, Address & Telephone: Santa Monica Fire Dept. 333 Olympic Drive Santa Monica, CA 90401 310-458-8651			Primary Contact: Assist. Chief Bruce Davis, 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 _____ PS-Defib _____ BLS 62 EMT-D _____ LALS 50 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 91 BLS _____ EMT-D _____ LALS 32 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

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 31 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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 32 BLS EMT-D LALS 4 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

Name, Address & Telephone: South Pasadena Fire Dept. 817 Mound Ave. South Pasadena, CA 91030 626-403-7300			Primary Contact: Eric Zantesson, 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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

Name, Address & Telephone: Torrance Fire Dept. 1701 Crenshaw Blvd. Torrance, CA 90501 310-781-7042			Primary Contact: Captain Dan McNeley, 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

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

TABLE 8: RESOURCES DIRECTORY – Providers

EMS System: Los Angeles County

County: Los Angeles

Reporting Year: 2005-2006

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		
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
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 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
					System Available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
					Number of ambulances: 0

Name, Address & Telephone: Westmed Ambulance 5462 2 nd St. Irwindale, CA 91706-2000 888-331-1420			Primary Contact: Tom Millsap, President		
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
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 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
					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: 2005-2006

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 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 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 Paramedic Engines: 5



TABLE 9:
APPROVED TRAINING PROGRAMS

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 2005-06

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		Karen W. Cowell, RN, PhD Office 661-722-6402 Fax: 661-722-6403 e-mail: kcowell@avc.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$52.00 Refresher: \$95.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2006 Number of courses: Initial training: 2 Refresher: 2 Cont. Education:

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*: <u>Open</u>	Cost of Program: Basic: \$1000.00 Refresher: \$125.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2006 Number of courses: Initial training: 7 Refresher: 12 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:** 2005-06

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>Open</u>	Cost of Program: Basic: \$140.00 Refresher: unknown	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2006 Number of courses: Initial training: 4 Refresher: 2 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Beverly Hills Fire Department 440 N. Rexford Dr. Beverly Hills, CA 90210		Jon Borer Office: 310-281-2703 Fax: 310-278-2449
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: N/A Refresher: 1 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:** 2005-06

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 Office: 818-238-3450 Fax:
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/2006 Number of courses: Initial training: Refresher: 1 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Casa Loma College 12540 Crenshaw blvd. Hawthorne, CA 90250		Doris Marshal-Nelson Office: 310 220-3111 Fax: 310 220-3112
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$585.00 Refresher: \$75.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 9/30/2006 Number of course: Initial training: 3 Refresher: 1 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: 2005-06

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		Russell Le Bue Office: 562-860-2451 Ext. 2551 Fax: 562- 467-5077
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$90.00 Refresher \$120.00	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 5/31/2008 Number of courses: Initial training: 1 Refresher: Cont. Education:

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: \$78.00 Refresher \$26.00	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 2 Refresher: 2 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: 2005-06

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 \$82.50 Refresher \$98.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 6 Refresher: Cont. Education:
Training Institution Name/Address		Contact Person/Telephone No.
National Polytechnic College of Engineering and Oceaneering 272 S. Fries Avenue Wilmington, CA 90744-6399		John Henderson Office: 310 834-2501
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$3200.00 Refresher \$75.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 7/31/05 Number of courses: Initial training: 10 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: 2005-06

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

Training Institution Name/Address		Contact Person/Telephone No.
Culver City Fire Department 9770 Culver Blvd. Culver City, CA 90232-0507		Steve Rankin 310 202-5800
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: 1 Cont. Education: N/A

Training Institution Name/Address		Contact Person/Telephone No.
Daniel Freeman/UCLA Paramedic Education Program 333 N. Prairie Avenue Inglewood, CA 90301		William Dunne Office: 310 674-7050 x3580
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$6000.00 CA Residents \$7500 Out-of-State Students Refresher N/A	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 10/31/2007 Number of courses: Initial training: 3 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:** 2005-06

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 Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Dan Sullivan Office: 323 265-8834 Fax:
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$65.00 Refresher: 50.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: 0 Expiration date: 7/31/06 Number of courses: Initial training: 3 Refresher: 2 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
East San Gabriel Valley R.O.P. 1024 West Workman Ave. West Covina, CA 91790		Donna Schwann Office: 626 962-5080 Fax: 626 814-8910
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$300.00: High School students – no charge Refresher: \$65.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 2 Refresher: 2 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: 2005-06

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 Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Steve Nothern Office: 310 660-3800 Fax: 310 660-3106
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$62.00 Refresher \$80.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 3 Refresher: 3 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Robert Lashier Office: 818 240- 1000 x5838 Fax: 818 551-5271
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$200.00 Refresher \$80.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 3 Refresher: 3 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:** 2005-06

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

Glendale Fire Dept. 421 Oak Street Glendale, CA 91204		Scott Mohlenbrok Office: 818 548-4812 Fax: 818 409-7111
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: 1 Cont. Education:

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: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 3 Refresher: 2 Cont. Education:

TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles **County:** Los Angeles **Reporting Year:** 2005-06

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

La Verne Fire Dept. 2061 3 rd St. La Verne, CA 91750		Kevin Palm Office: 909-596-5991 Fax: 909 596-8774	
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: 1 Cont. Education:	

Training Institution Name/Address		Contact Person/Telephone No.	
Long Beach City College 4901 E. Carson St. Long Beach, CA 90808		Andrew Reno 562 491-9174	
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$80.00 Refresher: \$41.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 2 Refresher: 1 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: 2005-06

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

Training Institution Name/Address		Contact Person/Telephone No.
Long Beach Fire Dept. 925 Harbor Plaza, Suite 100 Long Beach, CA 90802		Joanne Dolan Office: 562 570-9490
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: <u>1</u> Refresher: <u>1</u> Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles Fire Dept. 1700 Stadium Way, Room 241 Los Angeles, CA 90012-1404		Larry Jackson Office: 213 485-8004
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic Refresher	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: <u>1</u> Refresher: <u>30</u> 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:** 2005-06

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

Training Institution Name/Address		Contact Person/Telephone No.
Los Angeles County EMS Agency Paramedic Training Institute 5555 Ferguson Drive, Suite 220 Commerce, CA 90022		Terry Crammer Office: 323 890-7506 Fax: 323 890-8528
Student Eligibility*: Open to Fire Service Personnel Limited Number of Private Students	Cost of Program: Basic: \$885.00 plus fees Refresher: N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 4/30/07 Number of course: Initial training: 4 Refresher: Cont. Education:
Los Angeles County Fire Dept. 5801 S. Eastern Ave. Los Angeles, CA 90040		Heather Davis, EMT-P Office: 323 881-2254
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 5 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:** 2005-06

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

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: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 1/31/06 Number of courses: Initial training: 1 Refresher: 7 Cont. Education:
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@lacoe.edu
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$840.00 Refresher \$125.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 15 Refresher: 9 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:** 2005-06

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

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: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 11/30/06 Number of courses: Initial training: 3 Refresher: 8 Cont. Education:

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 \$44.00 Refresher \$22.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 2 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: 2005-06

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

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>Open</u>	Cost of Program: Basic: \$44.00 Refresher: \$11.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: 12/31/06 Number of courses: Initial training: 8 Refresher: 2 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Montebello Fire Dept. 600 N. Montebello Blvd. Montebello, CA 90640		Conrad Lopez 323 887-4510
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: 8/31/06 Number of courses: Initial training: Refresher: 2 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:** 2005-06

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

Training Institution Name/Address		Contact Person/Telephone No.
Mount San Antonio College 1100 N. Grand Ave. Walnut, CA 91789		Stephen Williams, R.N., MEd. Office 909 594-5611, Ext. 4657 Fax 909 468-3938
Student Eligibility*: <u>Open</u>	Cost of Program: EMT-I Basic \$167.00 Refresher \$76.00 EMT-P \$885.00 plus books and Lab Fees	**Program Level: <u>EMT-I/ EMT-P</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 / 4/30/07 Number of courses: Initial training: 4 EMT-I/ 3 EMT-P courses Refresher: 1 Cont. Education:
Training Institution Name/Address		Contact Person/Telephone No.
North Valley Occupational Center – Aviation Center 11450 Sharp Avenue Mission Hills, CA 91345		Katherine Carroll Office: 818 365-9645 Ext. 446
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$45.00 Refresher \$40.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: 12/31/06 Number of courses: Initial training: 8 Refresher: 2 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: 2005-06

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

Training Institution Name/Address

Contact Person/Telephone No.

Pasadena City College 1570 E. Colorado Blvd. Pasadena, CA 91106		Steven Jensen Office: 626-585-7325 Fax: 626-585-7977	
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$65.00 Refresher: No charge	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration Date: 12/31/06 Number of courses: Initial training: 6 Refresher: 1 Cont. Education:	

Training Institution Name/Address

Contact Person/Telephone No.

Pasadena Fire Dept. 199 S. Los Robles Ave., Suite 550 Pasadena, CA 91101		Gerry Gardner Office: 626-744-4745 Fax:	
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: N/A Expiration date: 8/31/00 Number of courses: 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:** 2005-06

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

Training Institution Name/Address		Contact Person/Telephone No.
San Gabriel Fire Dept. 1303 South Del Mar San Gabriel, CA 91176		Bryan Frieders Office: 626 308-2880
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
San Marino Fire Dept. 2200 Huntington Drive San Marino, CA 91108		Jason Sutliff Office: 626 300-0735
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic: N/A Refresher: N/A	**Program Level: EMT-I Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: 1 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:** 2005-06

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

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: 12/31/06 Number of course: Initial training: Refresher: 1 Cont. Education:
School of Emergency Medical Training 2669 N. Myrtle St., Suite 207 Long Beach, CA 90806		Jeff Gould Office: 714 377-0252
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$325.00 Refresher: \$100.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 16 Refresher: 12 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**

TABLE 9: RESOURCES DIRECTORY – Approved Training Programs

EMS System: Los Angeles

County: Los Angeles

Reporting Year: 2005-06

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

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 – No Charge Adult \$100.00 Refresher \$50.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: 3 Initial training: 3 Refresher: 0 Cont. Education: N/A

Training Institution Name/Address		Contact Person/Telephone No.
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Tom LaPonsey Office: 310 458-8658
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic N/A Refresher ; N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: Refresher: 1 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: 2005-06

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		Stephen Heydorff 626 355-7135 x 652
Student Eligibility*: <u>Dept. Personnel Only and City Residents</u>	Cost of Program: Basic N/A Refresher N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses Initial training: Refresher: 3 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
Torrance Fire Dept. 1701 Crenshaw Blvd. Torrance, CA 90501		Dan McNeley 310 781-7018
Student Eligibility*: <u>Dept. Personnel Only</u>	Cost of Program: Basic N/A Refresher N/A	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of course: Initial training: Refresher: 1 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:** 2005-06

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		Patricia Luna Office 562-698-9571 Fax: 562-945-0687
Student Eligibility*: <u>Open</u>	Cost of Program: Basic: \$40.00 Refresher: \$40.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of courses: Initial training: 7 Refresher: 3 Cont. Education:

Training Institution Name/Address		Contact Person/Telephone No.
UCLA Center for Prehospital Care 11303 W. Washington Blvd., Suite 200 Los Angeles, CA 90066		Barry Jensen Office: 310-572-2060 Fax: 310-572-2070
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$560.00 Refresher \$75.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 6/30/06 Number of course: Initial training: 13 Refresher: 12 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:** 2005-06

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		David Brecher Office: 818-346-3540 Fax: 818-883-8973
Student Eligibility*: <u>Open</u>	Cost of Program: Basic \$75.00 Refresher \$50.00	**Program Level: <u>EMT-I</u> Number of students completing training per year: Initial training: Refresher: Cont. Education: Expiration date: 12/31/06 Number of course: Initial training: 5 Refresher: 1 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: FACILITIES

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 10: RESOURCES DIRECTORY – Facilities

EMS System: Los Angeles Emergency Medical Services

County: Los Angeles

Reporting Year: 2005-2006

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		Pediatric Medical Center:* <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 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:		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		Pediatric Medical Center:* <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 Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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

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 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 Medical Center:* <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 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: 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone: Beverly Hospital 309 W. Beverly Blvd. Montebello, CA 90640 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 type="checkbox"/> yes <input checked="" type="checkbox"/> no
Pediatric Medical Center:* <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: Brotman Medical Center 3828 Delmar Terrace Culver City, CA 90231 310-836-7000		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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

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: <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 Medical Center:* <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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	
						If Trauma Center, what Level:**** <u>II</u>	

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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone:		Catalina Island Medical Center (formerly Avalon Municipal Hospital) 100 Falls Canyon Road Avalon, CA 90704 310-510-0700		Primary Contact: ED 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		Pediatric Medical Center*: <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 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 Medical Center*: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 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 Medical Care Center (PMC) 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: 2005-2006

Name, Address & Telephone:		Centinela Hospital Regional Medical Center Centinela Campus 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		Pediatric Medical Center:* <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:		Centinela Freeman Regional Medical Center Memorial Campus 333 N. Prairie Ave. Inglewood, CA 90301 310-674-7050		Primary Contact:			
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 Medical Center:* <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 type="checkbox"/> yes <input checked="" type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
						If Trauma Center, what Level:**** _____	

TABLE 10: RESOURCES DIRECTORY – Facilities

EMS System: Los Angeles Emergency Medical Services

County: Los Angeles

Reporting Year: 2005-2006

Name, Address & Telephone: <i>Now Marina Del Rey</i> Centinela Freeman Regional Medical Center Marina Campus 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
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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

Name, address & telephone: Century City Doctors Hospital 2070 Century Park East Los Angeles, CA 90067 310-772-4500		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 checked="" type="checkbox"/> yes <input 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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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

Name, address & telephone:		Childrens Hospital Los Angeles 4650 Sunset Blvd. Los Angeles, CA 90027 323-660-2450		Primary Contact:		Emergency Department Director	
Written Contract:		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:		Pediatric Medical Center:*	
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no 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:		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:		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:		Pediatric Medical Center:*	
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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:		City of Angels Medical Center <i>Now Silver Lake Med Center</i> 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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone: <i>Helford</i> 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 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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

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
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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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

Name, address & telephone: <i>Now Vista Hospital of So. Cal</i> Community Hospital of Gardena 1246 W. 155 th St. Gardena, CA 90247-4062		Primary Contact: CEO	
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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Medical Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

Name, address & telephone: Community Hospital Long Beach 1720 Termino Avenue Long Beach, CA 90804 562-498-1000		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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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

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: <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 Medical Center:* <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 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:		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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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:		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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

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	
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	
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 Medical Care Center (PMC) 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: 2005-2006

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

Name, address & telephone: <i>Providence Tarzana Med Clinic</i> 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
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	Pediatric Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric 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
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 Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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: <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 Medical Center:* <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 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:		Glendale Adventist Medical Center 1509 E. Wilson Terrace Glendale, CA 91206 818-409-8000		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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	
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	
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 Medical Care Center (PMC) 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: 2005-2006

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: <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 Medical Center:* <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:		Henry Mayo Newhall Memorial Hospital 23845 West McBean Parkway Valencia, CA 91355 661-253-8000		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 Medical Center:* <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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	
						If Trauma Center, what Level:**** II	

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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 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	If Trauma Center, what Level:**** _____
Name, Address & Telephone: <i>Valley Presbyterian Hospital</i> 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
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 Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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

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 Medical Center:* <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 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:		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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005- 2006

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 Medical Center:* <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 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 – South Bay 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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 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 – 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 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 Medical Center*: <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 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: 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 Medical Center*: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone: <i>now ambulatory care</i> 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 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	Pediatric Medical Center*: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Pediatric Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

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: <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 Medical Center*: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
		If Trauma Center, what Level:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone:		LAC - Rancho Los Amigos Hospital 7601 Imperial Highway Downey, CA 90242 562-401-6554		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	
				If Trauma Center, what Level:**** _____	

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	
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:**** 1	

- * Meets EMSA Pediatric Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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

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 Medical 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:**** _____	

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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, address & telephone: <i>closed</i> 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 Medical Center:* <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 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: <i>Promise Health of East LA</i> 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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone:		Little Company of Mary Hospital 4101 Torrance Blvd. Torrance, CA 90503 310-540-7676		Primary Contact:		Prehospital Care Coordinator	
Written Contract: <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 Medical Center:* <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:		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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:		Referral emergency service <input type="checkbox"/>		Base Hospital:		Pediatric Medical Center:*	
<input checked="" type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> yes		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> no		Basic emergency service <input checked="" type="checkbox"/>		<input type="checkbox"/> no		Pediatric Trauma Center	
		Comprehensive emergency service <input type="checkbox"/>				<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:**** II			

Name, Address & Telephone:		Los Angeles Community Hospital 4081 E. Olympic Blvd. Los Angeles, CA 90023-3330		Primary Contact:		Chief Executive Officer	
Written Contract:		Referral emergency service <input checked="" type="checkbox"/>		Base Hospital:		Pediatric Medical Center:*	
<input type="checkbox"/> yes		Standby emergency service <input type="checkbox"/>		<input type="checkbox"/> yes		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
<input checked="" type="checkbox"/> no		Basic emergency service <input type="checkbox"/>		<input checked="" type="checkbox"/> no		Pediatric Trauma Center	
		Comprehensive emergency service <input type="checkbox"/>				<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 Medical Care Center (PMC) 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: 2005-2006

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 Medical Center:* <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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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 Medical Center:* <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:		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 Pediatric Medical 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

Name, Address & Telephone: Motion Picture & Television Hospital 23388 Mulholland Dr. Woodland Hills, CA 91364 818-876-1888		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 type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	
Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Medical Center:* <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 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: Northridge Hospital Medical Center Roscoe Campus 18300 Roscoe Blvd. Northridge, CA 91328 818-885-8500		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 Pediatric Medical 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:**** II			

- * Meets EMSA Pediatric Medical Care Center (PMC) 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: 2005-2006

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

Name, address & telephone:		Olympia Medical Center (formerly Midway) 5900 West Olympic Blvd. Los Angeles, CA 90036 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 Medical Center:* <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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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 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 Medical Center:* <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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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 Medical Center:* <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:		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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 Pediatric Medical 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 Pediatric Medical 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 Medical Care Center (PMC) 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: 2005-2006

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:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Medical 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: 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:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Medical 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Pediatric Medical 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	
						If Trauma Center, what Level:**** II	

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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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 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:**** II

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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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

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 Pediatric Medical 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:		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 Medical Center:* <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 Medical Care Center (PMC) 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: 2005-2006

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"/>	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Medical Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Trauma Center <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"/>	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Trauma Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Pediatric Medical Center <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 Medical Care Center (PMC) 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: 2005-2006

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 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 Medical Center:* <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 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: <i>Kindred</i> 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 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 Medical Center:* <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 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 Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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 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 Medical Center:* <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 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: 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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <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 checked="" type="checkbox"/> yes <input type="checkbox"/> no		Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		If Trauma Center, what Level:**** _____	

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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 Medical Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 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>1</u>		

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 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 Medical Center:* <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 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 Medical Care Center (PMC) 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: 2005-2006

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

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 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 Medical Center:* <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 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:		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 Medical Center:* <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:**** _____	

- * Meets EMSA Pediatric Medical Care Center (PMC) Standards
- ** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
- *** Meets California Children's 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: 2005-2006

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 Medical Center: * <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 Medical Center: * <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 Medical Care Center (PMC) 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: 2005- 2006

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: <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 Medical Center:* <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:		Whittier Hospital Medical Center 9080 Colima Road Whittier, CA 90605 562-945-3561		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 Medical Center:* <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 Medical Care Center (PMC) 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: DISPATCH AGENCIES

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2005-2006

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 <u>12</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 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:		AmbuServe, Inc. 13105 S. Crenshaw Blvd. Hawthorne, CA 90250 310-644-0500		Primary Contact: Tracy Taylor, General 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	<u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u>6</u> BLS <u> </u> LALS <u> </u> Other		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input checked="" 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:** 2005-2006

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

Name, Address & Telephone:		American Medical Response 20101 Hamilton Ave., Suite 300 Torrance, CA 90502 310-851-7032		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: <u>78</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> 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:		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: <u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u>15</u> 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: 2005-2006

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

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:		
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 6 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:		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		
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:	_____ 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 (dispatches every agency on the island including fire, police, search & rescue and the two Baywatch boats)		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2005-2006

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

Name, Address & Telephone:		Beverly Hills Fire/Police Dept. 445 N. Rexford Drive Beverly Hills, Ca 90210 310-281-2703		Primary Contact: Theresa Taylor, Communications Manager 310-285-2123	
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		

Name, Address & Telephone:		Bowers Ambulance 3355 E. Spring St. #301 Long Beach, CA 90806 949-355-6537		Primary Contact: Wesley Kingsbury	
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 ____ 11 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:** 2005-2006

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

Name, Address & Telephone:		Culver City Fire/Police Dept. 4045 Duquesne Culver City, CA 90232 310-253-6244		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: ____ EMD Training ____ EMT-D ____ ALS BLS LALS 12 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:		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:** 2005-2006

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

Name, Address & Telephone:		El Segundo City Fire Department 348 Main St El Segundo, CA 90245 310-524-2299		Primary Contact: Max Phipps	
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 2 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		

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: 12 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: 2005-2006

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

Name, Address & Telephone:		Gerber Ambulance Service 19801 Mariner Ave Torrance, CA 90503 310-542-6464		Primary Contact: Matt Steeneken	
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:		Guardian Ambulance Service 1854 E. Corson Pasadena, CA 91107 626-792-3688		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:** 2005-2006

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 909-596-1913		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: <u>7</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 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. 2990 Redondo Ave. Long Beach, CA 90802 562-570-9470		Primary Contact: John Landsrom	
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>14</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		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2005-2006

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 213-485-6009		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: 75 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		

Name, Address & Telephone:		Los Angeles County Fire Department 1320 N. Eastern Ave. Los Angeles, CA 90063 213-881-6139		Primary Contact: AC Jerry Vandenberg	
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: 91 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 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:** 2005-2006

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

Name, Address & Telephone:		Manhattan Beach Fire Dept. South Bay Regional Public Communication Authority 4440 W. Broadway Hawthorne, CA 90250 310-9731802		Primary Contact: Janey Hall	
Written Contract:	Medical Director:	<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 ___ 6 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership:		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		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private					

Name, Address & Telephone:		McCormick/Westmed Ambulance 5462 2 nd St. Irwindale, CA 91706 888-331-1420		Primary Contact: Joe Chidley	
Written Contract:	Medical Director:	<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 ___ 1 ___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership:		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		
<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no				
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private					

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

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

Reporting Year: 2005-2006

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

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: ____ EMD Training ____ EMT-D ____ ALS 15 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:		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		

TABLE 11: RESOURCES DIRECTORY – Dispatch Agency

EMS System: Los Angeles County Emergency Medical Services **County:** Los Angeles **Reporting Year:** 2005-2006

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

Name, Address & Telephone:		Priority One Medical Transport Inc. 740 S. Rochester Ave, Suite E Ontario, CA 91761 909-948-4422		Primary Contact: Jim Karras, VP & General 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: <u>7</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> 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 415 Diamond St. Redondo Beach, CA 90277 310-379-5416		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 <u> </u> EMD Training <u> </u> EMT-D <u> </u> ALS <u>4</u> BLS <u> </u> LALS <u>18</u> 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:** 2005-2006

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

Name, Address & Telephone:		South Bay Regional Communications Center 4440 W. Broadway Hawthorne, CA 90250 310-973-1602		Primary Contact: Ralph Mallioux, 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 35 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:		Santa Monica Fire Dept. 333 Olympic Blvd. Santa Monica, CA 90401 310-458-8761		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: 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 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:** 2005-2006

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. 3300 Civic Center Drive. Torrance, CA 90503 310-781-7019		Primary Contact: Capt. Steven Devel	
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:** 2005-2006

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 818-548-4820		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 <div> <div>16</div> <div>EMD Training</div> <div>0</div> <div>EMT-D</div> <div>0</div> <div>ALS</div> </div> <div> <div>0</div> <div>BLS</div> <div>0</div> <div>LALS</div> <div>0</div> <div>Other</div> </div>		
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: <div> <div>8</div> <div>EMD Training</div> <div>0</div> <div>EMT-D</div> <div>0</div> <div>ALS</div> </div> <div> <div>0</div> <div>BLS</div> <div>0</div> <div>LALS</div> <div>0</div> <div>Other</div> </div>		
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:** 2005-2006

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

Name, Address & Telephone:		West Covina Fire Dept./Police 1444 W. Garvey Ave. West Covina, CA 91790 626-939-8581		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		
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>17</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </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 11a:
DISASTER MEDICAL RESPONSE (COUNTY)

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

TABLE 11a: RESOURCES DIRECTORY – Disaster Medical Responders

EMS System: Los Angeles

County: Los Angeles

Date: 2005-2006

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

County Office of Emergency Services (OES) Coordinator:

Alternate's Name:

Constance Perrett

Michael Brooks

Work Telephone No: 323-980-2261

Work Telephone No.: 323-980-2254

Home Telephone No: 909-596-8296

Home Telephone No.: 626-332-4017

Office Pager No.: 213-508-3350

Office Pager No.: 323-339-2682

FAX No.: 323-881-6897

FAX No.: 323-881-6897

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

24-hr No.: 213-458-6348 (cell)

County EMS Disaster Medical Services (DMS) Coordinator:

Alternate's Name:

Carol Meyer

Gertha Benson

Work Telephone: 323-890-7545

Work Telephone No.: 323-869-80417559

Home Telephone No.: 562-592-6300

Home Telephone No.: 310-320-2025 -

Office Pager No.: 213-208-0594

Office Pager No.: _____

FAX No.: 323-890-8536

FAX No.: 323-869-8065

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

24-hr No. 562-235-7307

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: 2005-2006

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

County Health Officer's Name:

Alternate's Name:

Jonathan Fielding, MPH, M.D.

Robert Kim-Farley, MPH, M.D.

Work Telephone No.: 213-240-8117

Work Telephone No.: 213-989-7161

Home Telephone No.: 310-394-6040

Home Telephone No.: 818-783-4606

Office Pager No.: 888-855-4813

Office Pager No.: 213-208-0571

FAX No.: 213-975-1273

FAX No.: 213-481-9853

24-hr No.: 213-974-1234

24-hr No.: 213-974-1234

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

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

Amateur Radio contact name: _____

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

Who is the RHC for your region? LA County

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:
DISASTER MEDICAL RESPONSE (RDMHC)

EMERGENCY MEDICAL SERVICES PLAN
COUNTY OF LOS ANGELES

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 1

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 1.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

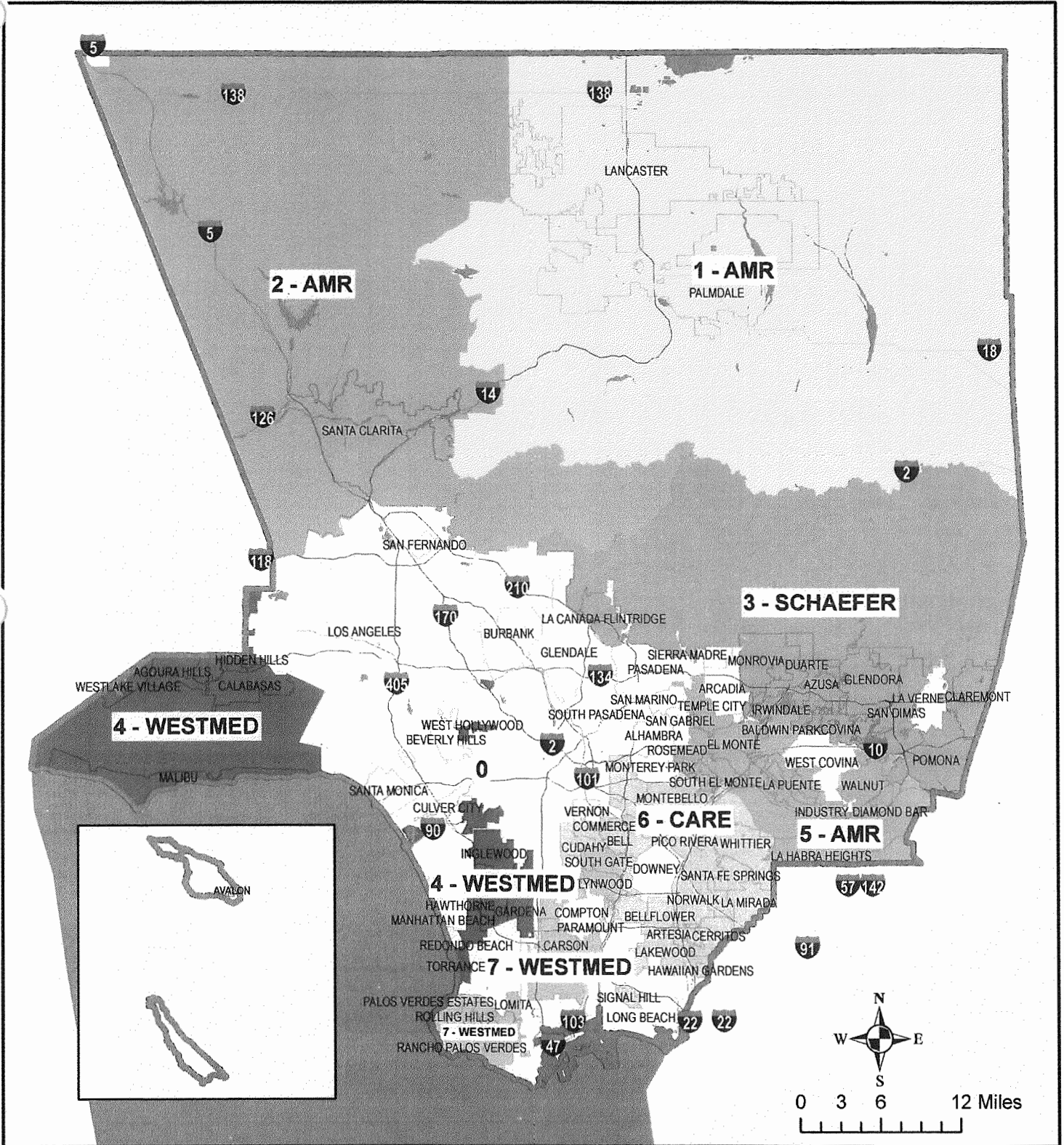
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

- 0
- AREA 1
- AREA 2
- AREA 3
- AREA 4
- AREA 5
- AREA 6
- AREA 7
- cities2000

Freeway

Highway

laco2000_V

LAC_OCEAN_BDRY

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 2

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 2.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

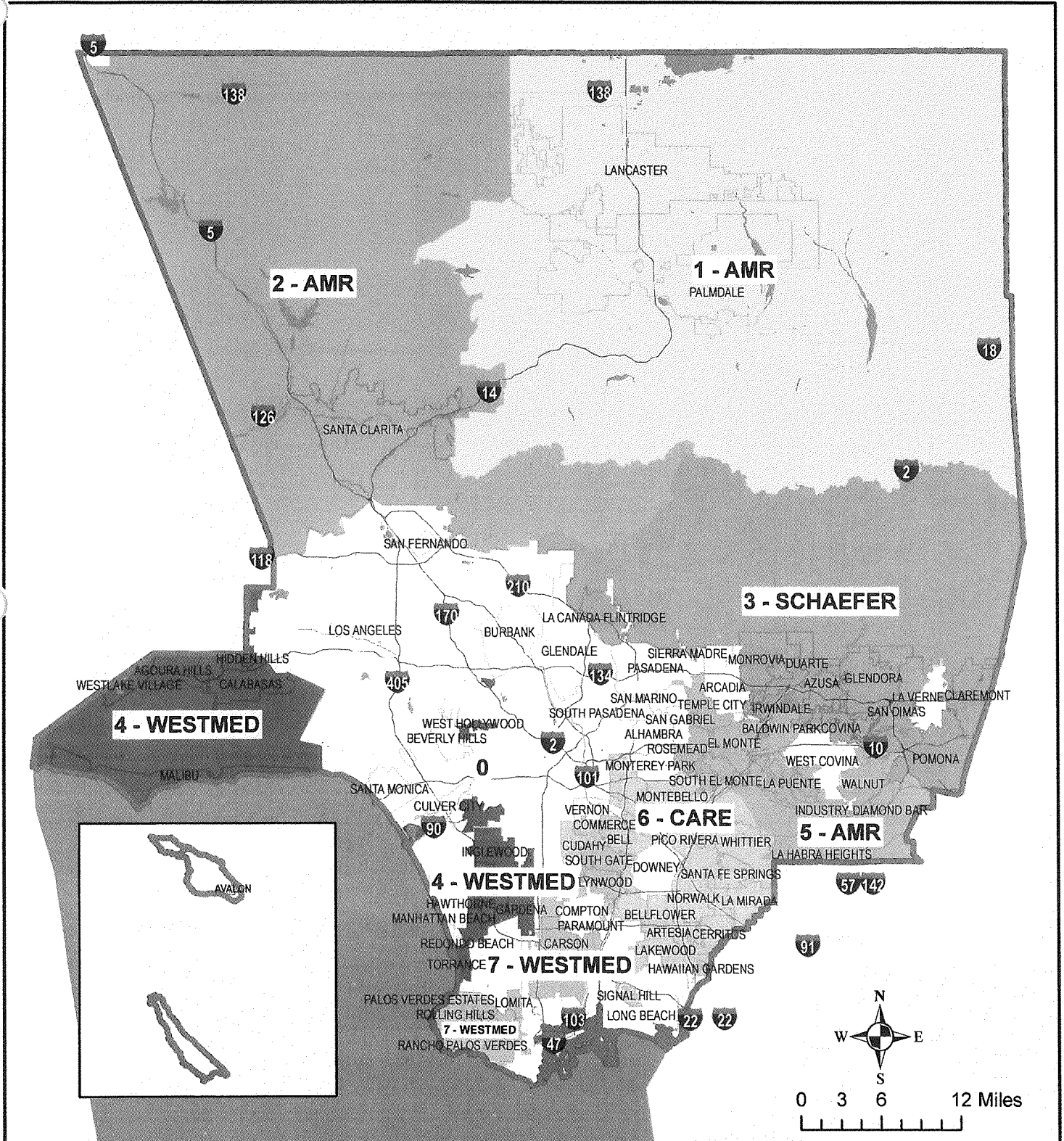
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

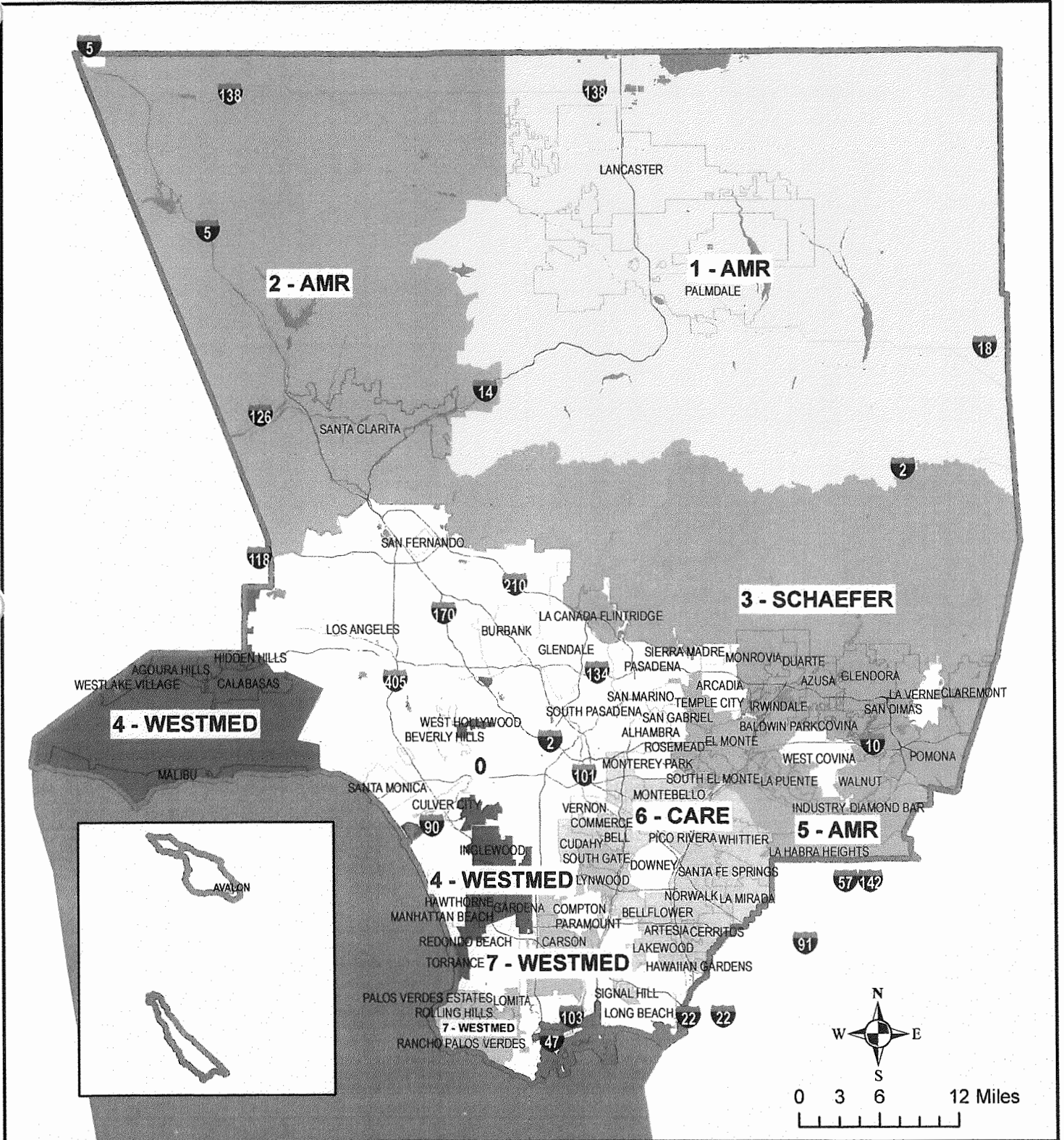
0	AREA 4	Freeway
AREA 1	AREA 5	Highway
AREA 2	AREA 6	laco2000_V
AREA 3	AREA 7	LAC_OCEAN_BDRY
	cities2000	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: Emergency Operating Area 3
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Schaefer Ambulance Service
Area or subarea (Zone) Geographic Description: Contains urban and wilderness areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 3.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

- 0
- AREA 1
- AREA 2
- AREA 3

- AREA 4
- AREA 5
- AREA 6
- AREA 7
- cities2000

- Freeway
- Highway
- laco2000_V
- LAC_OCEAN_BDRY

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 4

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Westmed/McCormick Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains urban, rural and wilderness areas

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 4.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

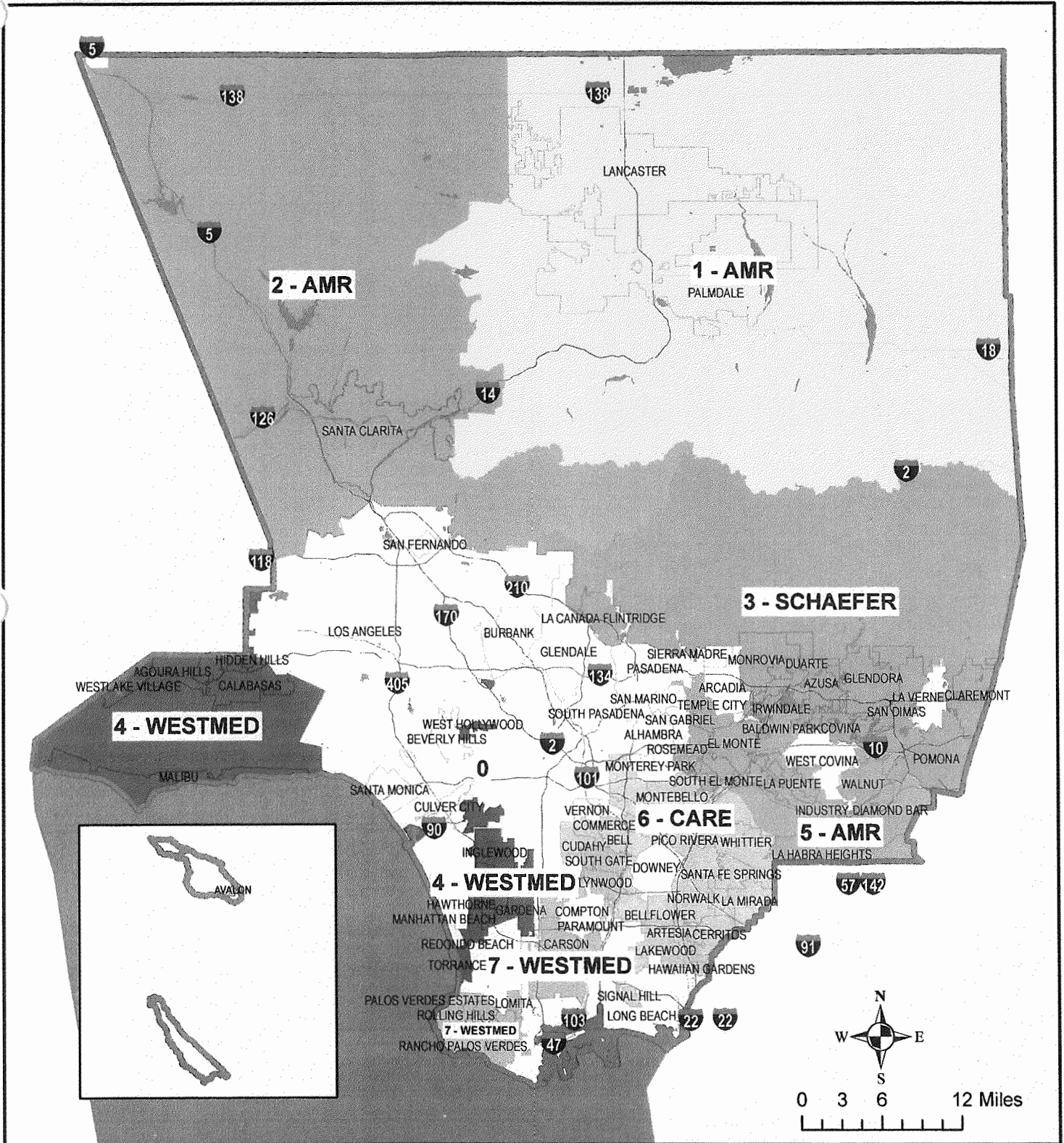
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

0	AREA 4	Freeway
AREA 1	AREA 5	Highway
AREA 2	AREA 6	laco2000_V
AREA 3	AREA 7	LAC_OCEAN_BDRY
	cities2000	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 5

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response of Southern California

Area or subarea (Zone) Geographic Description:

Contains urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 5.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

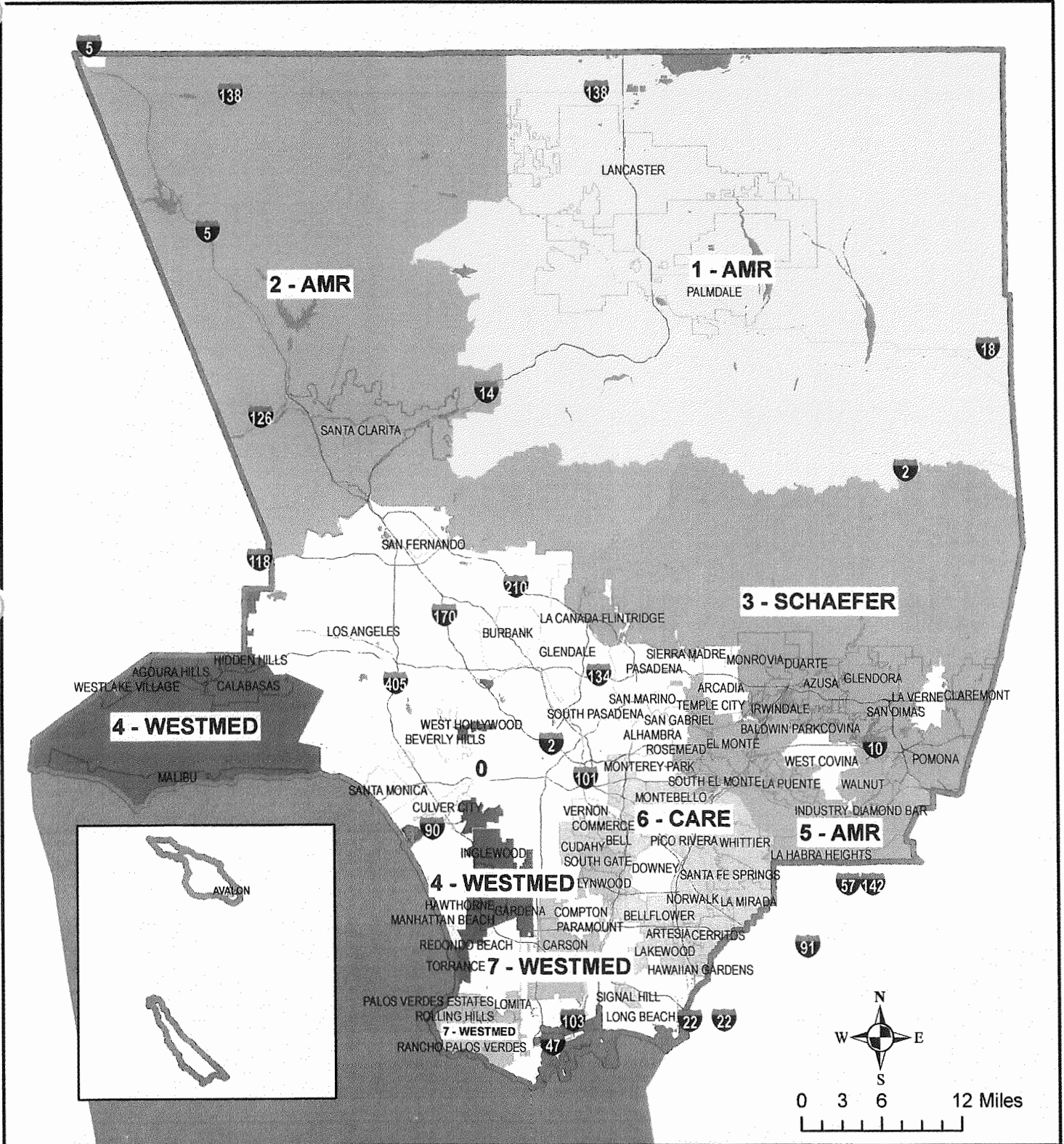
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

- 0
- AREA 1
- AREA 2
- AREA 3

- AREA 4
- AREA 5
- AREA 6
- AREA 7
- cities2000

- Freeway
- Highway
- Iaco2000_V
- LAC_OCEAN_BDRY

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

Emergency Operating Area 6

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Care Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains Urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 6.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

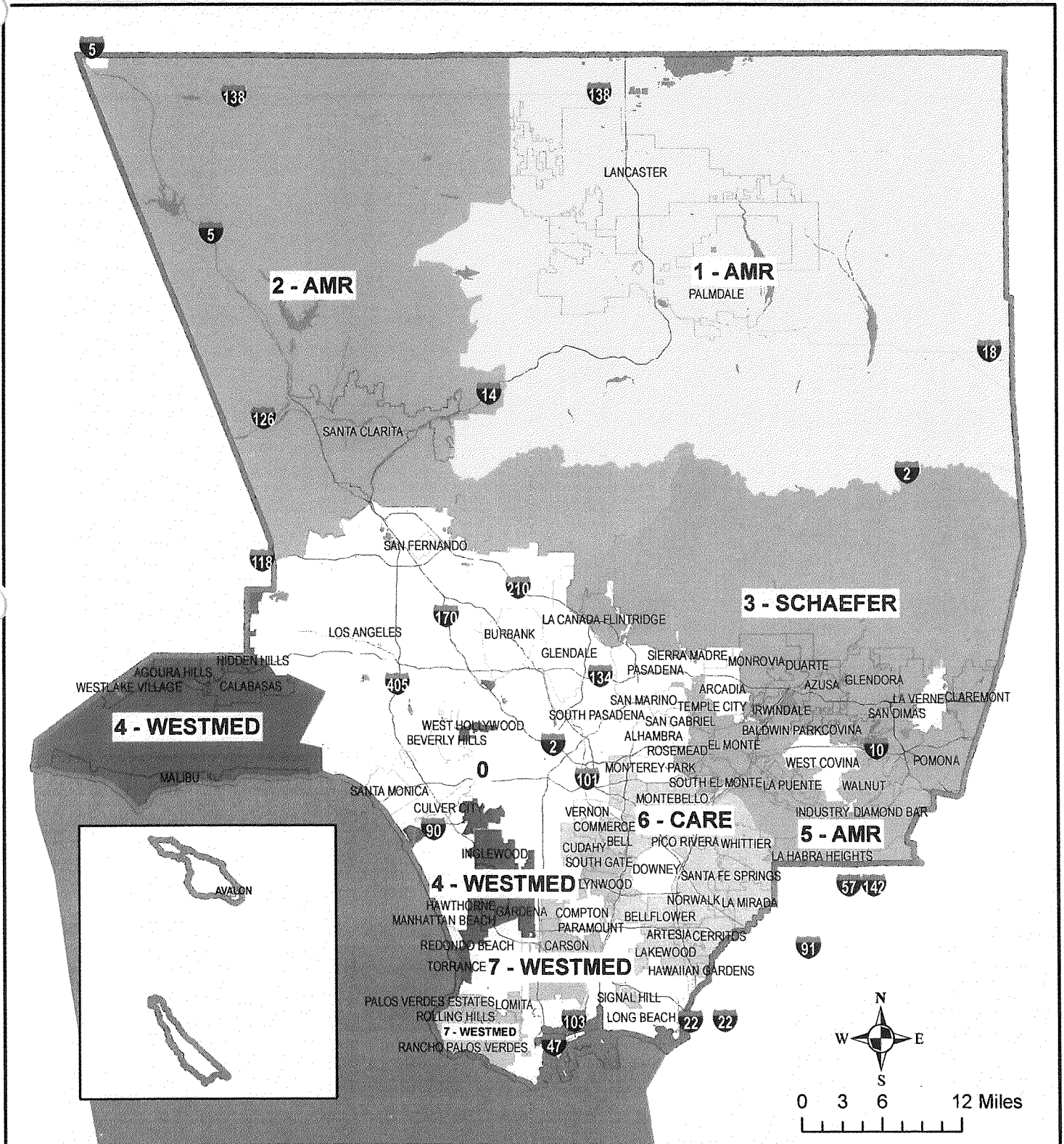
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

0	AREA 4	Freeway
AREA 1	AREA 5	Highway
AREA 2	AREA 6	laco2000_V
AREA 3	AREA 7	LAC_OCEAN_BDRY
	cities2000	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:
Emergency Operating Area 7

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Westmed/McCormick Ambulance Service

Area or subarea (Zone) Geographic Description:

Contains urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on March 30, 2006 for the provision of basic life support services in Emergency Operating Area 7.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from May 31, 2006 through May 31, 2016.

Legend

Exclusive Operating Areas

0

AREA 1

 AREA 2

AREA 3

 AREA 4

 AREA 5

 AREA 6

AREA 7

cities200

Freeway

Highway

laco2000_V

LAC_OCEAN_BDRY

 cities2000

Created on: 06/20/07
File: W:\Production\Ambulance_061907a
Mxd: Ambulance032306a
By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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



Q

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

city0304

Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923

Freeway

Highway

laco2000_v

LAC OCEAN BDRY

Source: Ambulance 061907

File:W/Production/Ambulance/Ambulance alhambra 061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Arcadia

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Arcadia Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Arcadia has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

City of Arcadia entered into an Emergency Ambulance Service Agreement with Los Angeles County on May 16, 1992 covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

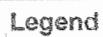
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.



0

AREA 3

AREA 5

AREAS

A55A 3

TABLE 1

Highway

laco2000_v

LAC_OCEAN_BDRY

File: W/Production/Ambulance/Ambulance_Arcadia_061907

By:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Avalon

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Avalon Fire Department

Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Avalon has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The City of Avalon entered into an agreement for the provision of ambulance services with Los Angeles County in 1970. Avalon has entered into subsequent agreements with Los Angeles County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

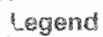
Exclusivity covers 9-1-1 calls only

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.



Q

AREA 2

AREA 3


AREA 5

AREA 6

AREA 7

cities2000

Highway



lapco2000_V

LAC_OCEAN_BDRY

AVALON

Source: ambulance_061907
File: W/Production/Ambulance/Ambulance_Avalon_061907
By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Beverly Hills

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Beverly Hills Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Beverly Hills has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

City of Beverly Hills entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 2, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Burbank

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Burbank Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Burbank has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

City of Burbank entered into an Emergency Ambulance Service Agreement with Los Angeles County on May 30, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

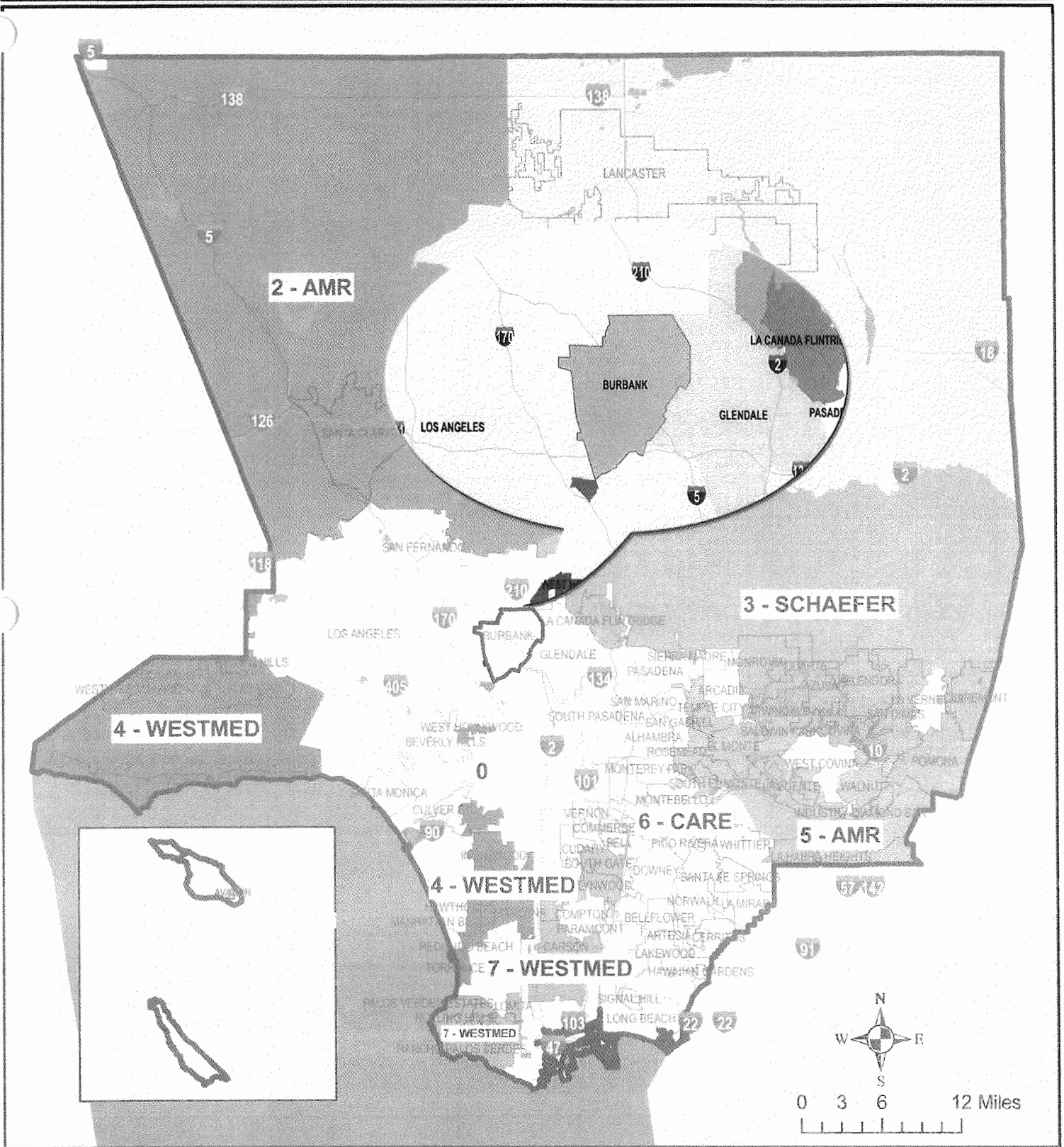
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

0	AREA 4
AREA 1	AREA 5
AREA 2	AREA 6
AREA 3	AREA 7
	cities2000

Freeway

Highway

laco2000_V

LAC_OCEAN_BDRY

Source: Ambulance_061907

File: W:\Production\ambulance\ambulance_Burbank_061907
by: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Compton

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Compton Fire Department

Length of service prior to 1981

Area or subarea (Zone) Geographic Description:

Compton has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The City of Compton entered into an Emergency Ambulance Service Agreement with Los Angeles County on September 7, 1999 covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

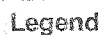
Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

On November 8, 1994, the Los Angeles County Board of Supervisors (Board) approved a County/Laidlaw Agreement effective November 15, 1994 through December 31, 1999, with the option to renew the agreement on a year-to-year basis for a maximum of five additional years. On June, 1997, the Board approved a Laidlaw/City of Compton subcontract for the provision of 9-1-1 ambulance services by the City of Compton Fire Department. On September 7, 1999, the Board approved a mutual rescission of County's agreement with Laidlaw, and approved an Emergency Ambulance Service Agreement with the City of Compton. The Agreement expires on June 30, 2009.



Exclusive Operating Areas

0 AREA 5 Highway
AREA 1 AREA 6 lacc2000_V
AREA 2 AREA 7 LAC_OCEAN_BDRY
AREA 3 cities2000

Source: Ambulance_061907
File: W/Production/Ambulance/Ambulance_Compton_061907
By:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Culver City

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Culver City Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Culver City has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The City of Culver City entered into an Emergency Ambulance Service Agreement with the County on April 30, 1991 covering the city's continued provision of emergency ambulance service within their corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Service agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner prior to 1981.



0

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

 cities2000

Freeway

Highway

iaco2000_v

LAC OCEAN BDRY

Source: Ambulance_061907

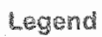
File: W/Production/ambulance/Ambulance_Culver_061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Downey
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Downey Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Downey has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of Downey entered into an Emergency Ambulance Service Agreement with Los Angeles County on January 8, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.



0

AREA 3

cities200

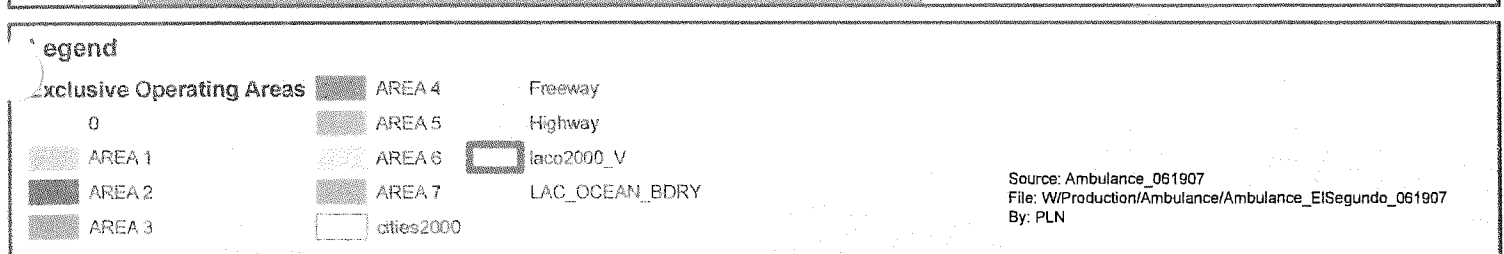
cities2000

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

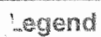


Source: Ambulance_061907
File: W/Production/Ambulance/Ambulance_ElSegundo_061907
By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Glendale
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Glendale Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Glendale has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. The City of Glendale entered into an Emergency Ambulance Service Agreement with Los Angeles County on March 16, 1993 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.



0

AREA 2

AREA 3


AREA 5

AREA 6

AREA 7

 cities2000

Highway

 jaco2000_V

LAC OCEAN BERY

By:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Hermosa Beach

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Hermosa Beach Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Hermosa Beach has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

City of Hermosa Beach entered into an Emergency Ambulance Service Agreement with Los Angeles County on June 19, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.



Exclusive Operating Areas

0

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities2000

Freeway

Highway

laco2000_v

LAC OCEAN BDRY



0 3 6 12 Miles

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of La Verne
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> La Verne Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: La Verne has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of La Verne entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 27, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.



Exclusive Operating Areas

Q

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

 cities2000

Freeway

Highway

The logo of the International Association of Agricultural Economists (Iaag) is located in the top right corner of the page. It consists of a stylized graphic of a field or landscape within a square frame, followed by the text "Iaag" in a bold, sans-serif font.

LAC OCEAN BDY

Source: Ambulance 061907

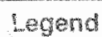
File: W/Production/Ambulance/Ambulance LaVern 061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Long Beach
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Long Beach Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Long Beach has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> City of Long Beach entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 3, 1990 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.



C

AREA 2

AREA 3

AREA 5

AREA 6

AREA 7

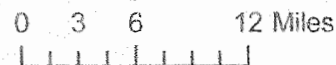
cities2000

Freeway

Highway



LAC_OCEAN_BDRY



Source: Ambulance 061907

File: W/Production/Ambulance/Ambulance_LongBeach_061907

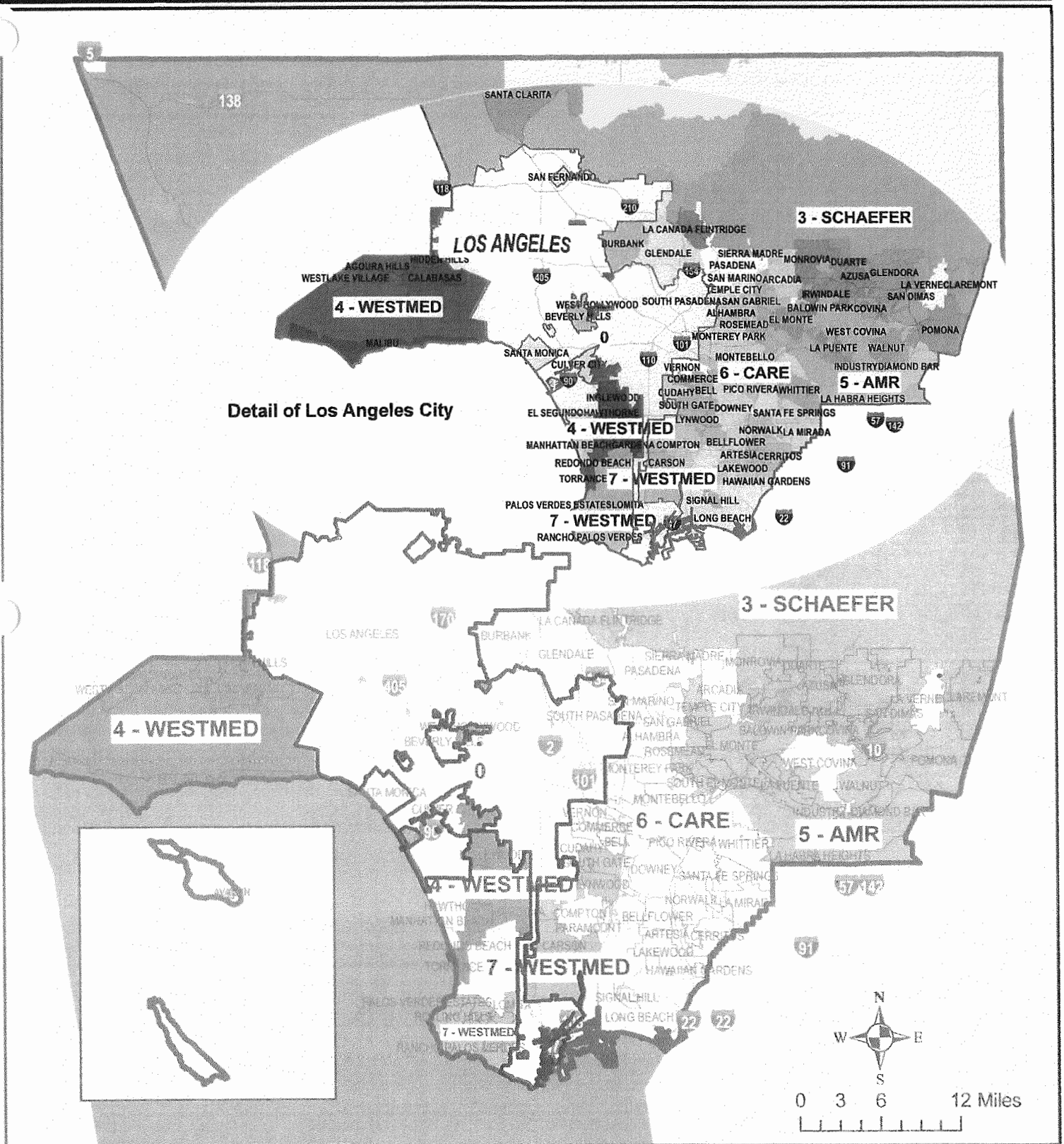
By:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Los Angeles
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Los Angeles City Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Los Angeles has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. City of Los Angeles entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 23, 1989 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016

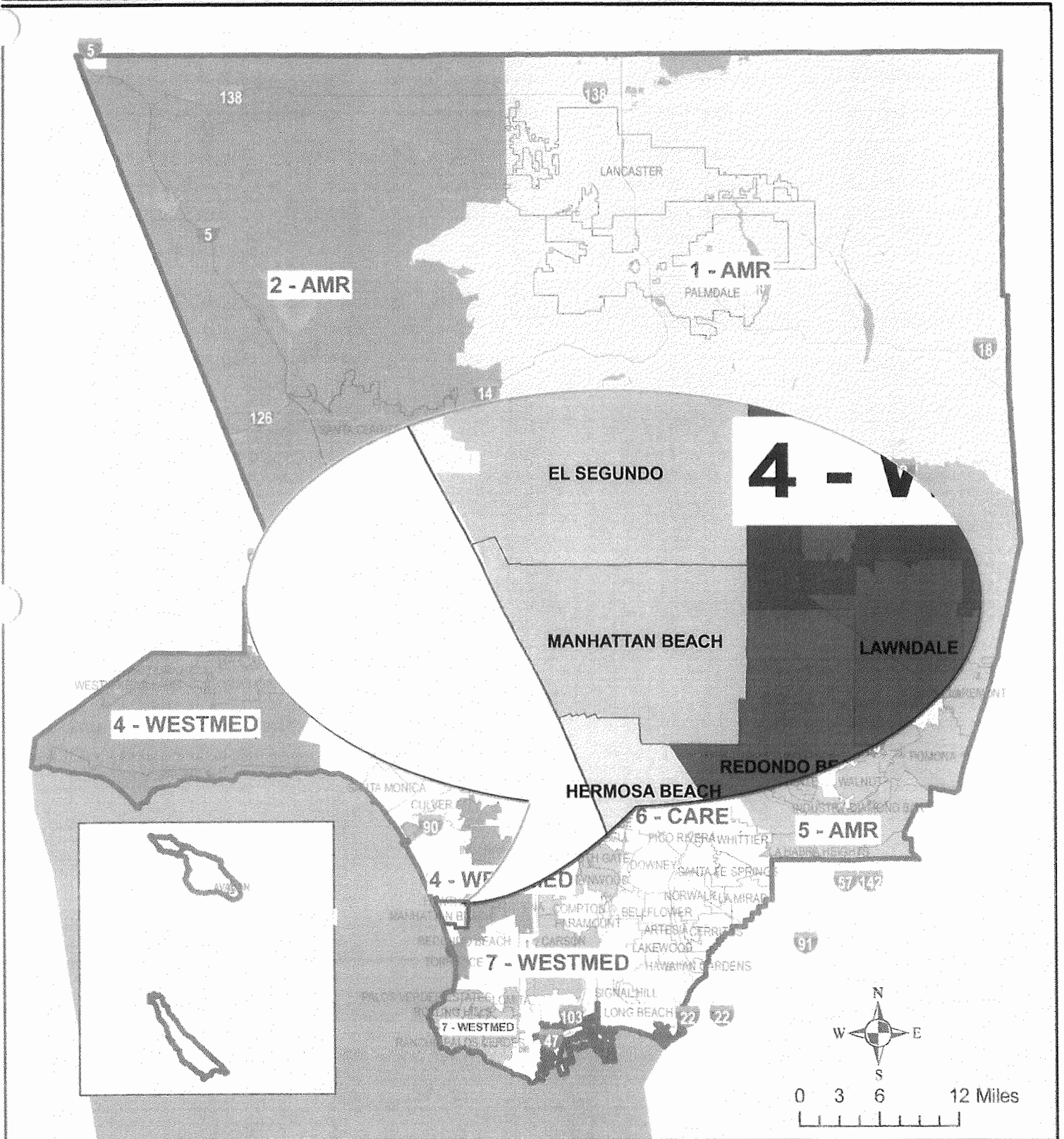


**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

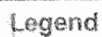
Exclusive Operating Areas

0	AREA 4	Freeway
AREA 1	AREA 5	Highway
AREA 2	AREA 6	Laco2000_V
AREA 3	AREA 7	LAC_OCEAN_BDRY
	cities2000	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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



Q

AREA 2

AREA 3

AREA 5

cities200

Highway

LAC OCEAN BDRY

Source: Ambulance 061907

File: W/Production/Ambulance/Ambulance_MontereyPark_061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Pasadena

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Pasadena Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Pasadena has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The City of Pasadena entered into an Emergency Ambulance Service Agreement with Los Angeles County on April 23, 1993 covering the city's continued provision of emergency ambulance service within its corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

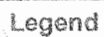
Exclusivity covers 9-1-1 calls only.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.



LAC OCEAN BDRY

 cities2000

AREA 3

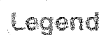
AREA 3

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Fernando
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of Los Angeles Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: San Fernando has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of San Fernando entered into an agreement with the City of Los Angeles on or about December 14, 1978 for the provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.



Exclusive Operating Areas

Q

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities200

Freeway

History



LAC_OCEAN_BDRY



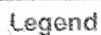
0 3 6 12 Miles

Source: Ambulance_061907
File: W/Production/Ambulance/Ambulance_SFernando_061907
By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of San Gabriel
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of San Gabriel Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: San Gabriel has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of San Gabriel entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 20, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.



④

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities200

Freeway

Highway

iac02000_v

LAC_OCEAN_BDRY

Source: Ambulance 061907

File: W/Production/Ambulance/Ambulance SanGabriel 061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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



Q

AREA 2

AREA 3

AREA 5

AREA 6

AREA.7

cities2000

Highway

lac02000_v

LAC_OCEAN

File: W:\Production\ambulance\Ambulance_SanMarino_061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Santa Monica
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of Santa Monica Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Santa Monica has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of Santa Monica entered into an Emergency Ambulance Service Agreement with Los Angeles County on March 16, 1993 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.



5

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities2000

Freeway

Highway

laco2000 V

LAC OCEAN BDY

Source: Ambulance 061907

File: W/Production/ambulance/Ambulance_StMonica_061907
by:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County

Area or subarea (Zone) Name or Title:

City of Sierra Madre

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City of Sierra Madre Fire Department

Length of operation prior to 1981

Area or subarea (Zone) Geographic Description:

Sierra Madre has urban area only

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The City of Sierra Madre entered into an Emergency Ambulance Service Agreement with Los Angeles County on December 17, 1991 covering the City's continued provision of emergency ambulance service within their corporate limits.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity covers 9-1-1 calls only.

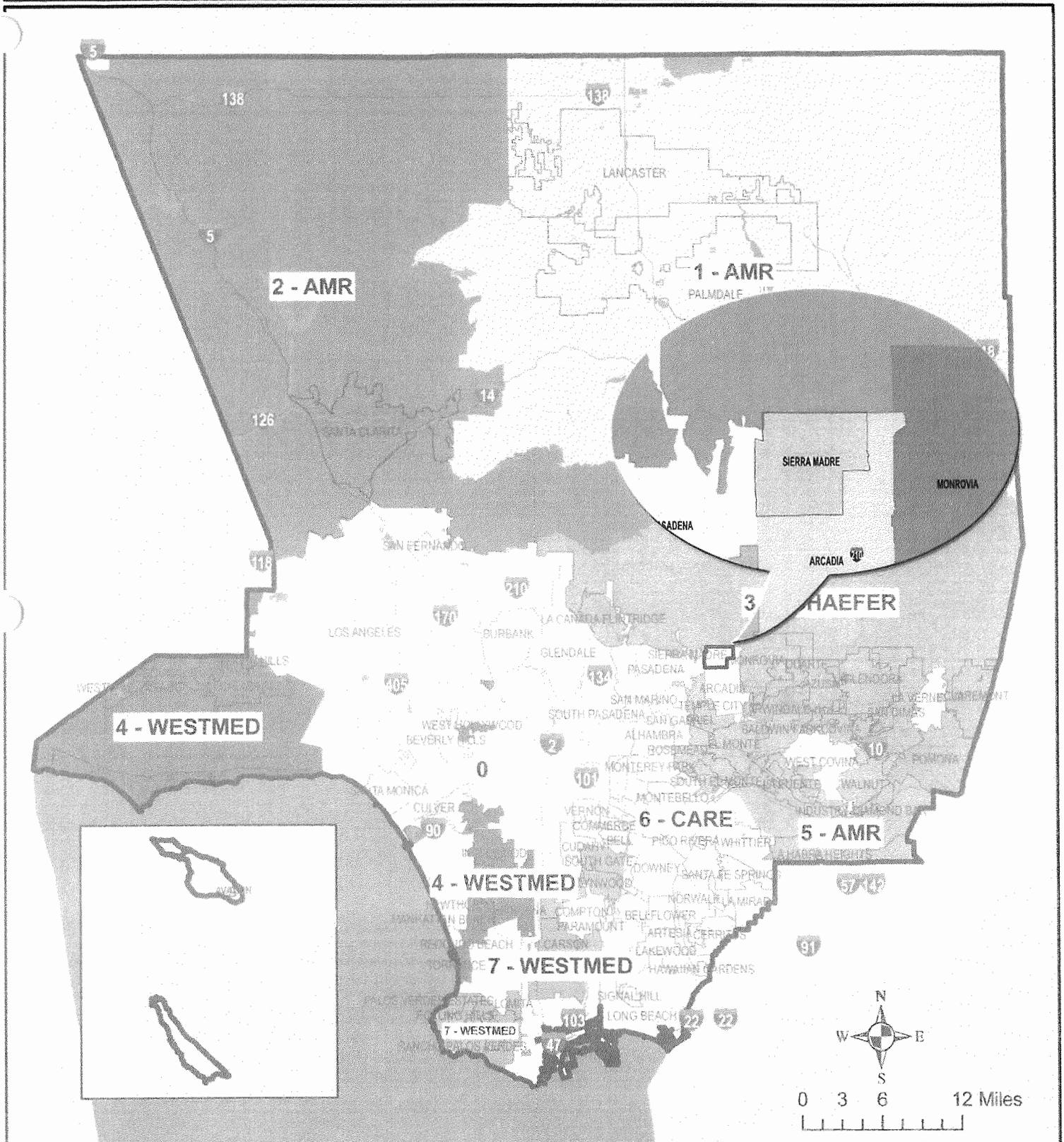
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

0	AREA 4
AREA 1	AREA 5
AREA 2	AREA 6
AREA 3	AREA 7
	cities2000

Freeway

Highway

	laco2000_V
	LAC_OCEAN_BDRY

Source: Ambulance_061907

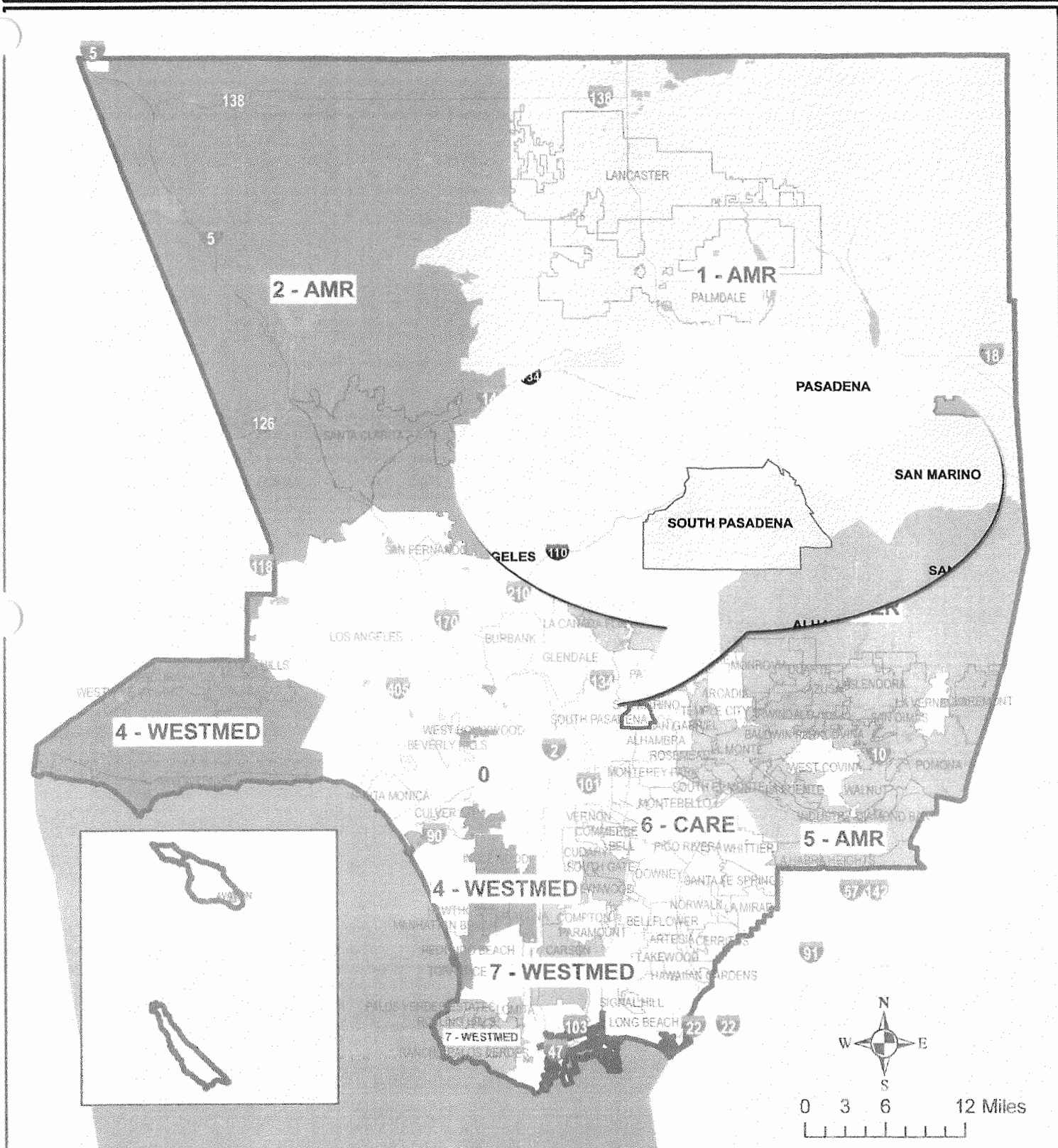
File: W/Production/Ambulance/Ambulance_SierraMadre_061907
by: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of South Pasadena
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of South Pasadena Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: South Pasadena has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of South Pasadena entered into an Emergency Ambulance Service Agreement with Los Angeles County on July 25, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

- 0
- AREA 1
- AREA 2
- AREA 3
- AREA 4
- AREA 5
- AREA 6
- AREA 7
- cities2000

- Freeway
- Highway
- Iaco2000_V
- LAC_OCEAN_BDRY

Source: Ambulance_061907

File: W:\Production\Ambulance\Ambulance_SouthPasadena_061907
by: PLN

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Torrance
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of Torrance Fire Department Length of operation prior to 1981
Area or subarea (Zone) Geographic Description: Torrance has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of Torrance entered into an Emergency Ambulance Service Agreement with Los Angeles County on August 27, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.




AREA 2

AREA 3

AREA 5

AREA 6

AREA 7



Highway

lac02000_v

LAC_OCEAN

Source: Ambulance_061907

File: W:\Production\Ambulance\Ambulance_Torrance_061907
by:PLN

by:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: City of Vernon
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> City of Vernon Fire Department Length of service prior to 1981
Area or subarea (Zone) Geographic Description: Vernon has urban area only
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> The City of Vernon entered into an Emergency Ambulance Service Agreement with Los Angeles County on November 26, 1991 covering the City's continued provision of emergency ambulance service within its corporate limits.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Exclusivity covers 9-1-1 calls only.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.



Exclusive Operating Areas

0

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities2000

Freeway

Highway

laco2000_v

LAC OCEAN BDRY

Source: Ambulance 061907

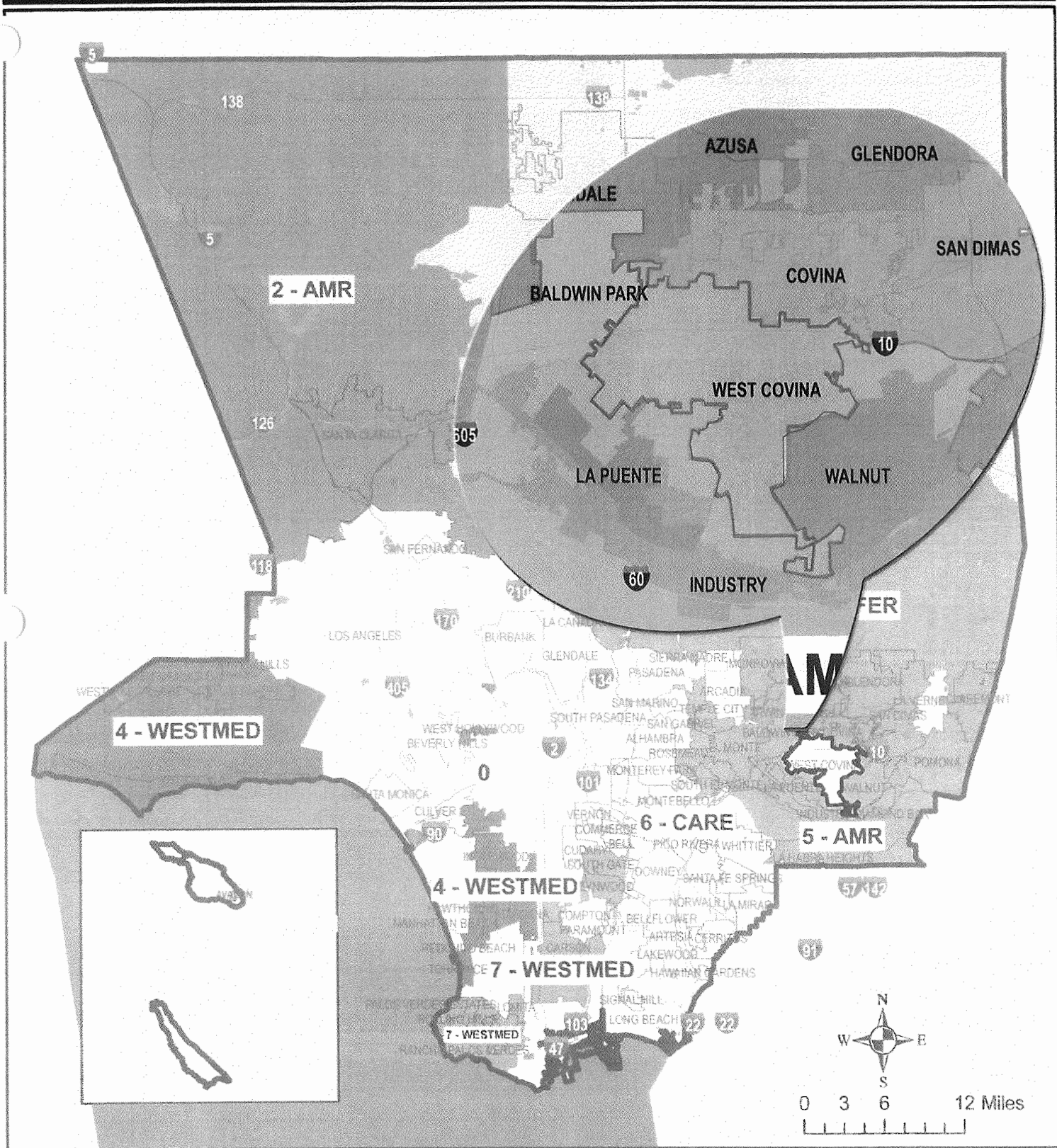
File: W/Production/Ambulance/Ambulance_Vernon_061907
by:PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS - 2006 - 2016



Legend

Exclusive Operating Areas

0

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

cities2000

Freeway

Highway

Laco2000_V

LAC_OCEAN_BDRY

Source: Ambulance_061907

File: W:\Production\Ambulance\Ambulance_WCovina_061907

By: PLN

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: Los Angeles County
Area or subarea (Zone) Name or Title: The county is divided into seven Exclusive Operating Areas (EOAs), EOA 1-7. Any areas that is not covered in the EOA are by covered contract with the individual 201 cities.
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 10 year contract beginning June 2006 EOA 1 and 2 – American Medical Response EOA 3 – Schaefer Ambulance Service EOA 4 – WestMed/McCormick EOA 5 – American Medical Response EOA 6 – Care Ambulance EOA 7 – WestMed/McCormick
Area or subarea (Zone) Geographic Description: See attached map Areas 1-7 have urban populations. Areas 1, 2, and 7 have some rural and wilderness.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Los Angeles County utilized the Request for Proposal (RFP) process and submitted the RFP to the State EMS Authority for review and approval.
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity covers 9-1-1 calls only.

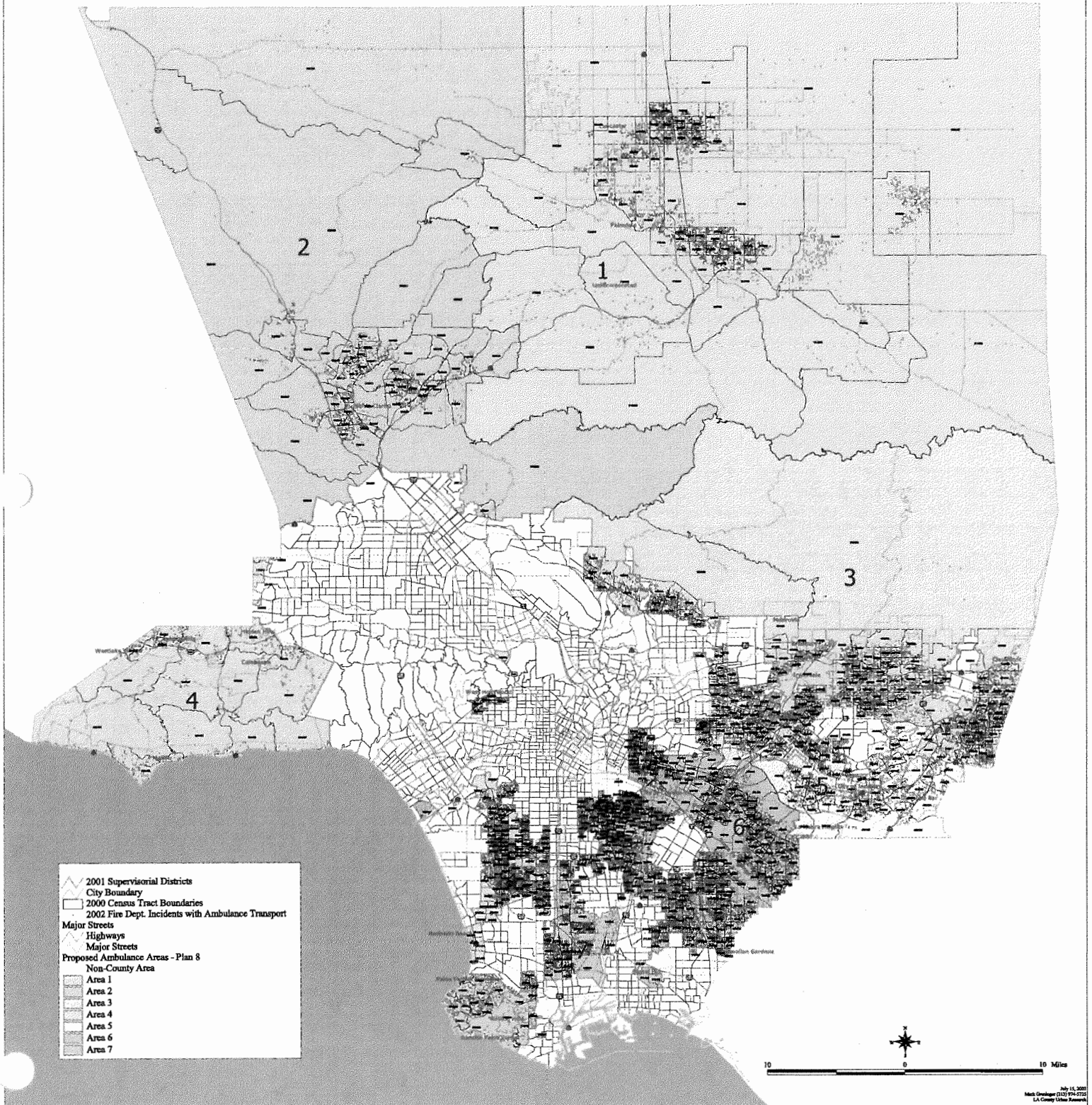
Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Request for Proposal, competitive bidding process was utilized to award EOAs.

Proposed Ambulance Areas (Plan 8)



EMERGENCY MEDICAL SERVICES AUTHORITY1930 9th STREET

SACRAMENTO, CA 95814-7043

(916) 322-4336 FAX (916) 324-2875



September 12, 2007

Cathy Chidester, BSN, MSN
Acting EMS Director
Los Angeles County EMS Agency
5555 Ferguson Drive, Suite 220
Commerce, CA 90022

Dear Ms. Chidester:

We have completed our review of *Los Angeles' 2005/06 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*.

Standard 1.19 - Policies, Procedures, Protocols - In Los Angeles County's 2004 EMS plan your objective was to develop medical dispatch protocols. I encourage you to continue working towards the completion of this standard.

Standard 1.24 - Enhanced ALS System - I encourage you to continue your effort towards negotiating and implementing provider agreements with all ALS providers.

Each of the above standards reflects a long-range plan. In the next update, please provide a progress report on Los Angeles' activities related to meeting the long-range plan for each of the above standards.

City of Compton - The information provided indicates the following providers serviced the City of Compton:

- 1/1/81 - 1991, Goodhew Ambulance
- 1991, Rescue 1 Ambulance Service, which was subsequently purchased by Laidlaw Ambulance
- 9/7/99, the agreement with the County and Laidlaw was rescinded and an emergency ambulance service agreement with the City of Compton was approved

Before the transportation plan can be approved for the City of Compton, additional information is required to make a determination if the City of Compton meets the criteria for grandfathering under Health and Safety Code 1797.224. For each change since 1/1/81 please:

- 1) List changes in names;

- 2) List dates of ownership changes (include a copy of the contract and/or sale/transfer agreements); and
- 3) Answer the questions below:
 - a) Disposition of assets: Were all assets transferred to new owner(s)? If not, please explain.
 - b) Transfer of employees: Were all employees hired by new owner(s)? If not, please explain.
 - c) Disposition of accounts payable and receivable: Were accounts payable and receivable transferred? If not please explain.

Please provide a response to the above questions to Luanne Heuer by October 29, 2007. Your annual update 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,



Cesar A. Aristeiguieta, M.D., F.A.C.E.P.
Director

CAA:ss