



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 301 N. First Street **Number of Ambulance Vehicles in Fleet:** 3
Alhambra, CA 91801

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

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

6695 Total number of responses
6303 Number of emergency responses
392 Number of non-emergency responses

3354 Total number of transports
3334 Number of emergency transports
20 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** All Town Ambulance, LLC (AT) **Response Zone:** Countywide (Non-9-1-1)

Address: 7755 Haskell Avenue **Number of Ambulance Vehicles in Fleet:** 36
Van Nuys (City of Los Angeles) 91406

Phone Number: 877.599.4282 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT
					<input checked="" type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

21864 Total number of responses
10 Number of emergency responses
21854 Number of non-emergency responses

21209 Total number of transports
7 Number of emergency transports
21202 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulife Ambulance, Inc. (AB) **Response Zone:** Countywide (Non-9-1-1)

Address: 6644 Van Nuys Boulevard #B **Number of Ambulance Vehicles in Fleet:** 9
Van Nuys (City of Los Angeles) 91405

Phone Number: 877.557.7888 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

7210 Total number of responses
0 Number of emergency responses
7210 Number of non-emergency responses

6994 Total number of transports
0 Number of emergency transports
6994 Number of non-emergency transports

Air Ambulance Services

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

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



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ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulnz Health, LLC (AZ) **Response Zone:** Countywide (Non-9-1-1)

Address: 1907 Border Avenue **Number of Ambulance Vehicles in Fleet:** 30
Torrance 90501

Phone Number: 877.311.5555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

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

17220 Total number of responses
242 Number of emergency responses
16978 Number of non-emergency responses

16578 Total number of transports
198 Number of emergency transports
16380 Number of non-emergency transports

Air Ambulance Services

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

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



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** AmbuServe, Inc. (AU) **Response Zone:** Countywide (Non-9-1-1)

Address: 15105 South Broadway Avenue **Number of Ambulance Vehicles in Fleet:** 21
Gardena (Unincorporated Rosewood) 90248

Phone Number: 310.664.0500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 17

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

12120 Total number of responses
180 Number of emergency responses
11940 Number of non-emergency responses

11757 Total number of transports
126 Number of emergency transports
11631 Number of non-emergency transports

Air Ambulance Services

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

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



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Medical Response, Inc. (AR) **Response Zone:** EOA # 1

Address: 12634 Saticoy Street South
 North Hollywood (City of Los Angeles) 91605
Phone Number: 626.636.4612
Number of Ambulance Vehicles in Fleet: 117
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 90

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service:	
			<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

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"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>78660</u> Total number of responses	<u>56362</u> Total number of transports
<u>73848</u> Number of emergency responses	<u>51694</u> Number of emergency transports
<u>4812</u> Number of non-emergency responses	<u>4668</u> Number of non-emergency transports

Air Ambulance Services

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



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Professional Ambulance, Corp. (AA) **Response Zone:** Countywide (Non-9-1-1)

Address: 16945 Sherman Way
Van Nuys (City of Los Angeles) 90746 **Number of Ambulance Vehicles in Fleet:** 34

Phone Number: 818.996.2200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

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

17394 Total number of responses
0 Number of emergency responses
17394 Number of non-emergency responses

16686 Total number of transports
0 Number of emergency transports
16686 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)**



Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Amwest Ambulance (AW) **Response Zone:** Countywide (Non-9-1-1)

Address: 13257 Saticoy Street **Number of Ambulance Vehicles in Fleet:** 31
North Hollywood (City of Los Angeles) 91605

Phone Number: 818.859.7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 23

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
				<input type="checkbox"/> LALS
				<input type="checkbox"/> 9-1-1
				<input checked="" type="checkbox"/> CCT
				<input checked="" type="checkbox"/> IFT
				<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> Air
				<input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

27184 Total number of responses
12 Number of emergency responses
27172 Number of non-emergency responses

26370 Total number of transports
8 Number of emergency transports
26362 Number of non-emergency transports

Air Ambulance Services

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

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



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ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Antelope Ambulance Service, Inc. (AN) **Response Zone:** Countywide (Non-9-1-1)

Address: 42540 North 6th Street East **Number of Ambulance Vehicles in Fleet:** 7
Lancaster, 91605, 93535

Phone Number: 661.951.1988 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>	
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS
				<input type="checkbox"/> LALS
				<input type="checkbox"/> 9-1-1
				<input checked="" type="checkbox"/> Ground
				<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> Air
				<input type="checkbox"/> CCT
				<input type="checkbox"/> Water
				<input checked="" type="checkbox"/> IFT

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

9624 Total number of responses
1825 Number of emergency responses
7799 Number of non-emergency responses

9340 Total number of transports
1278 Number of emergency transports
8062 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

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

Phone Number: (626) 574-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

3929 Total number of responses
3854 Number of emergency responses
75 Number of non-emergency responses

2992 Total number of transports
2992 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 445 North Rexford Drive **Number of Ambulance Vehicles in Fleet:** 6 (5 ALS + 1 BLS)
Beverly Hills CA 90210

Phone Number: (310) 281 - 2733 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

4309 Total number of responses
4309 Number of emergency responses
0 Number of non-emergency responses

2691 Total number of transports
2691 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 311 E. Orange Grove Avenue **Number of Ambulance Vehicles in Fleet:** 3 frontline and 3 reserve = 6 total
Burbank CA 91502

Phone Number: (818) 238-3473 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

12,298 Total number of responses
8,365 Number of emergency responses
3,933 Number of non-emergency responses

4,854 Total number of transports
3,839 Number of emergency transports
1,015 Number of non-emergency transports

Air Ambulance Services

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

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



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EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** California Medical Response, Inc. Cal-Med Ambulance (CL) **Response Zone:** Countywide (Non-9-1-1)

Address: 1557 South Santa Anita Avenue **Number of Ambulance Vehicles in Fleet:** 19
South El Monte, 91733

Phone Number: 562.968.1818 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

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

4204 Total number of responses
48 Number of emergency responses
4156 Number of non-emergency responses

4102 Total number of transports
34 Number of emergency transports
4068 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** College Coastal Care, LLC (CO) **Response Zone:** Countywide (Non-9-1-1)

Address: 1754 Pacific Avenue **Number of Ambulance Vehicles in Fleet:** 3
Long Beach, 90806

Phone Number: 562.997.2020 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

3820 Total number of responses
0 Number of emergency responses
3820 Number of non-emergency responses

3592 Total number of transports
0 Number of emergency transports
3592 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 201 South Acacia Ave **Number of Ambulance Vehicles in Fleet:** 0
Compton, Ca 90220

Phone Number: 310-605-5670 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

12079 Total number of responses
11817 Number of emergency responses
262 Number of non-emergency responses

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** County of Los Angeles Fire Dept. **Response Zone:** Los Angeles

Address: 1320 N Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 10 (Air Ambulance Only)
Los Angeles, CA 90063-3294

Phone Number: (213) 267-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input checked="" type="checkbox"/> Ground
					<input checked="" type="checkbox"/> Air
					<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>380,853</u> Total number of responses	<u>N/A</u> Total number of transports
<u>380,853</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Air Ambulance Services

<u>969</u> Total number of responses	<u>536</u> Total number of transports
<u>969</u> Number of emergency responses	<u>536</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 9770 Culver Blvd. Third Floor **Number of Ambulance Vehicles in Fleet:** 4 (3 ALS, 1 BLS)
Culver City, CA 90232

Phone Number: 310-253-5900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4 (3 ALS, 1 BLS)

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

4558 Total number of responses
4558 Number of emergency responses
0 Number of non-emergency responses

3123 Total number of transports
2537 Number of emergency transports
586 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Dibiassi, Inc. dba: Symbiosis (SO) **Response Zone:** Countywide (Non-9-1-1)

Address: 5365 Alhambra Avenue **Number of Ambulance Vehicles in Fleet:** 9
El Sereno (City of Los Angeles) 90032

Phone Number: 888.214.5263 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

3912 Total number of responses
28 Number of emergency responses
3884 Number of non-emergency responses

3481 Total number of transports
12 Number of emergency transports
3469 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 11111 Brookshire Avenue **Number of Ambulance Vehicles in Fleet:** 4
Downey, CA 90241

Phone Number: (562) 904-7301 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

11,590 Total number of responses
11,590 Number of emergency responses
0 Number of non-emergency responses

5,892 Total number of transports
2,963 Number of emergency transports
2,929 Number of non-emergency transports

Air Ambulance Services

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

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



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)



Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Eastwestproto, Inc. **Response Zone:** Countywide (Non-9-1-1)
dba: Lifeline Ambulance (LE)

Address: 6605 East Washington Boulevard **Number of Ambulance Vehicles in Fleet:** 66
 City of Commerce, 90040

Phone Number: 800.700.9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 50

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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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"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

40296	Total number of responses
122	Number of emergency responses
40174	Number of non-emergency responses

39095	Total number of transports
84	Number of emergency transports
39011	Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 314 Main Street **Number of Ambulance Vehicles in Fleet:** 3
El Segundo, Ca 90245

Phone Number: 310-524-2269 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

2953 Total number of responses
2910 Number of emergency responses
43 Number of non-emergency responses

649 Total number of transports
582 Number of emergency transports
67 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Emergency Ambulance Service, Inc. **Response Zone:** Countywide (Non-9-1-1)
 _____ (EA) _____

Address: 3200 East Birch Street **Number of Ambulance Vehicles in Fleet:** 11
 Brea, (Orange County) 90221 _____

Phone Number: 800.700.9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

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

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

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Explorer-1 Ambulance, LLC (EX) **Response Zone:** Countywide (Non-9-1-1)

Address: 1040 East Compton Boulevard **Number of Ambulance Vehicles in Fleet:** 3
Compton, 90221

Phone Number: 800.700.9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1392 Total number of responses
8 Number of emergency responses
1384 Number of non-emergency responses

1371 Total number of transports
6 Number of emergency transports
1365 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Filyn Corporation, dba :Lynch EMS (LY) **Response Zone:** Countywide (Non-9-1-1)

Address: 2950 East La Jolla Street **Number of Ambulance Vehicles in Fleet:** 28
Anaheim (Orange County) 92806

Phone Number: 800.347.3262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 17

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

<u>3123</u> Total number of responses	<u>3056</u> Total number of transports
<u>122</u> Number of emergency responses	<u>78</u> Number of emergency transports
<u>3001</u> Number of non-emergency responses	<u>2978</u> Number of non-emergency transports

Air Ambulance Services

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** First Rescue Ambulance, Inc. (FC) **Response Zone:** Countywide (Non-9-1-1)

Address: 5365 Arrow Highway, #2 **Number of Ambulance Vehicles in Fleet:** 11
Irwindale, 91706

Phone Number: 626.338.2273 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6234 Total number of responses
36 Number of emergency responses
6198 Number of non-emergency responses

5909 Total number of transports
26 Number of emergency transports
5883 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Firstmed Ambulance Services, Inc. (FM) **Response Zone:** Countywide (Non-9-1-1)

Address: 8630 Tamarack Avenue **Number of Ambulance Vehicles in Fleet:** 36
Sun Valley (City of Los Angeles) 91352

Phone Number: 818.982.8333 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

18614 Total number of responses
323 Number of emergency responses
18291 Number of non-emergency responses

18077 Total number of transports
287 Number of emergency transports
17790 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 421 Oak Street **Number of Ambulance Vehicles in Fleet:** 12
Glendale CA 91204

Phone Number: 818-550-5612 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>20,172</u> Total number of responses	<u>11,469</u> Total number of transports
<u>20,172</u> Number of emergency responses	<u>11,469</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>NA</u> Total number of responses	<u>NA</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Go Green Ambulance, Corp. (GG) **Response Zone:** Countywide (Non-9-1-1)

Address: 1001 Wilmington Boulevard **Number of Ambulance Vehicles in Fleet:** 3
Wilmington (City of Los Angeles) 90774

Phone Number: 818.600.2579 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

2328 Total number of responses
0 Number of emergency responses
2328 Number of non-emergency responses

2112 Total number of transports
0 Number of emergency transports
2112 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Guardian Ambulance Service (GU) **Response Zone:** Countywide (Non-9-1-1)

Address: 12121 Barringer Street **Number of Ambulance Vehicles in Fleet:** 11
South El Monte, 91733

Phone Number: 626.405.8848 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6291 Total number of responses
2190 Number of emergency responses
4101 Number of non-emergency responses

6108 Total number of transports
2125 Number of emergency transports
3983 Number of non-emergency transports

Air Ambulance Services

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

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



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles
Provider: Journey via Gurney, LLC dba Journey Ambulance (JA)
Response Zone: Countywide (Non-9-1-1)

Address: 8116 Byron Road, Suite C
Number of Ambulance Vehicles in Fleet: 7
Whittier, 90606

Phone Number: 887.262.4838
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

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

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Habra Heights Fire Department **Response Zone:** City of La Habra Heights

Address: 1245 N. Hacienda Road **Number of Ambulance Vehicles in Fleet:** 0
La Habra Heights, CA 90631

Phone Number: (562) 694-8283 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

494 Total number of responses
436 Number of emergency responses
58 Number of non-emergency responses

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 2061 Third Street **Number of Ambulance Vehicles in Fleet:** 2
La Verne, CA 91750

Phone Number: 909-596-5991 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

<u>2901</u> Total number of responses	<u>1886</u> Total number of transports
<u>2901</u> Number of emergency responses	<u>1103</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>783</u> Number of non-emergency transports

Air Ambulance Services

<u>NA</u> Total number of responses	<u>NA</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Liberty Ambulance, LLC (LT) **Response Zone:** Countywide (Non-9-1-1)

Address: 9441 Washburn Road **Number of Ambulance Vehicles in Fleet:** 32
Downey, 90242

Phone Number: 562.741.6230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

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

21009 Total number of responses
104 Number of emergency responses
21005 Number of non-emergency responses

20789 Total number of transports
73 Number of emergency transports
20716 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2021 (Fiscal Year 2020-2021)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 3205 N. Lakewood Blvd **Number of Ambulance Vehicles in Fleet:** ALS Units: 10 BLS Units: 7
Long Beach, CA 90808

Phone Number: 562-570-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

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

67,018 Total number of responses
63,511 Number of emergency responses
3,507 Number of non-emergency responses

28,087 Total number of transports
28,044 Number of emergency transports
43 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 200 N. Main Street **Number of Ambulance Vehicles in Fleet:** 135
Los Angeles, CA 90012

Phone Number: (213) 485-7153 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 135

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>466,246</u> Total number of responses	<u>222,125</u> Total number of transports
<u>440,528</u> Number of emergency responses	<u>214,135</u> Number of emergency transports
<u>25,716</u> Number of non-emergency responses	<u>7,990</u> Number of non-emergency transports

Air Ambulance Services

<u>1,009</u> Total number of responses	<u>58</u> Total number of transports
<u>1,009</u> Number of emergency responses	<u>58</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 1060 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 3 helicopters, 3 ambulances, 3 boats
Los Angeles, CA 90062

Phone Number: (323) 881-7810 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 Helicopter

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

<u>124</u>	Total number of responses	<u>0</u>	Total number of transports
<u>118</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>6</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>308</u>	Total number of responses	<u>148</u>	Total number of transports
<u>39</u>	Number of emergency responses	<u>122</u>	Number of emergency transports
<u>269</u>	Number of non-emergency responses	<u>26</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 400 15TH Street **Number of Ambulance Vehicles in Fleet:** 2
Manhattan Beach, CA. 90266

Phone Number: 310.802.5203 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

<u>2166</u> Total number of responses	<u>1538</u> Total number of transports
<u>2166</u> Number of emergency responses	<u>780</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>758</u> Number of non-emergency transports

Air Ambulance Services

<u>NA</u> Total number of responses	<u>NA</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Mauran Ambulance Service (MA) **Response Zone:** Countywide (Non-9-1-1)

Address: 1211 1st Street **Number of Ambulance Vehicles in Fleet:** 5
San Fernando 91340

Phone Number: 818.365.3182 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

5932 Total number of responses
0 Number of emergency responses
5932 Number of non-emergency responses

5764 Total number of transports
0 Number of emergency transports
5764 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Medcoast Ambulance Service (MT) **Response Zone:** Countywide (Non-9-1-1)

Address: 9033 Washington Boulevard **Number of Ambulance Vehicles in Fleet:** 2
Pico Rivera 90660

Phone Number: 866.626.9900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1092 Total number of responses
0 Number of emergency responses
1092 Number of non-emergency responses

1034 Total number of transports
0 Number of emergency transports
1034 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedReach, Inc. (MR) **Response Zone:** Countywide (Non-9-1-1)

Address: 1303 Kona Drive, Rancho Dominguez **Number of Ambulance Vehicles in Fleet:** 14
(City of Compton) 90220

Phone Number: 310.781.9395 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

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

31302 Total number of responses
63 Number of emergency responses
31239 Number of non-emergency responses

30456 Total number of transports
48 Number of emergency transports
30408 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedResponse, Inc. (MI) **Response Zone:** Countywide (Non-9-1-1)

Address: 1907 Border Avenue **Number of Ambulance Vehicles in Fleet:** 2
Torrance 90501

Phone Number: 818.989.3000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 141 E. Lemon Avenue **Number of Ambulance Vehicles in Fleet:** 0
Monrovia, CA 91016

Phone Number: (626) 256-8181 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

3711 Total number of responses
3700 Number of emergency responses
11 Number of non-emergency responses

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 600 N. Montebello Blvd **Number of Ambulance Vehicles in Fleet:** 0
Montebello CA, 90640

Phone Number: 323-887-4510 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>		
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT
					<input type="checkbox"/> IFT
					<input checked="" type="checkbox"/> Ground
					<input type="checkbox"/> Air
					<input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6,722 Total number of responses
6,423 Number of emergency responses
299 Number of non-emergency responses

3,378 Total number of transports
2,141 Number of emergency transports
1,237 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 350 W. Newmark Avenue **Number of Ambulance Vehicles in Fleet:** 3
Monterey Park, CA 91754

Phone Number: (626) 307-1270 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

4345 Total number of responses
4345 Number of emergency responses
0 Number of non-emergency responses

2679 Total number of transports
2679 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 215 N. Marengo Avenue #195 **Number of Ambulance Vehicles in Fleet:** 11
Pasadena, CA 91101

Phone Number: 626-744-7189 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

<u>19,439</u> Total number of responses	<u>8,685</u> Total number of transports
<u>18,602</u> Number of emergency responses	<u>2,113</u> Number of emergency transports
<u>837</u> Number of non-emergency responses	<u>6,572</u> Number of non-emergency transports

Air Ambulance Services

<u>NA</u> Total number of responses	<u>NA</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Premier Medical Transportation (PE) **Response Zone:** Countywide (Non-9-1-1)

Address: 260 North Palm Street, Suite 200 **Number of Ambulance Vehicles in Fleet:** 58
Brea (Orange County) 92821

Phone Number: 888.353.9556 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 45

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

17347 Total number of responses
731 Number of emergency responses
16616 Number of non-emergency responses

16894 Total number of transports
642 Number of emergency transports
16252 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** PRN Ambulance, Inc. (PN) **Response Zone:** Countywide (Non-9-1-1)

Address: 8928 Sepulveda Boulevard **Number of Ambulance Vehicles in Fleet:** 79
North Hills (City of Los Angeles) 91343

Phone Number: 818.810.3600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 65

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

64536 Total number of responses
156 Number of emergency responses
64380 Number of non-emergency responses

64502 Total number of transports
102 Number of emergency transports
644000 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** REACH Air Medical Services LLC **Response Zone:** Countywide (Non-9-1-1)

Address: 8880 Cal Center Drive Suite 125 **Number of Ambulance Vehicles in Fleet:** 4
Sacramento 92826

Phone Number: 888.241.5263 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

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

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 401 South Broadway **Number of Ambulance Vehicles in Fleet:** 1
Redondo Beach, CA 90277

Phone Number: 310-318-0663 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

5,505 Total number of responses
5,505 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Rescue Services International, Ltd. **Response Zone:** Countywide (Non-9-1-1)

Address: 12806 Schabarum Avenue #A **Number of Ambulance Vehicles in Fleet:** 25

 Irwindale 91706

Phone Number: 888.214.5263 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

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

15996	Total number of responses	14342	Total number of transports
67	Number of emergency responses	43	Number of emergency transports
15929	Number of non-emergency responses	14299	Number of non-emergency transports

Air Ambulance Services

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Royalty Ambulance Services, Inc. (RY) **Response Zone:** Countywide (Non-9-1-1)

Address: 13235 North San Fernando Road, Building 6 **Number of Ambulance Vehicles in Fleet:** 18
Los Angeles, 90065

Phone Number: 818.550.5833 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

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

8148 Total number of responses
1095 Number of emergency responses
7053 Number of non-emergency responses

8034 Total number of transports
734 Number of emergency transports
7300 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 1303 S. Del Mar Avenue **Number of Ambulance Vehicles in Fleet:** 2
San Gabriel, CA 91776

Phone Number: 626-308-2880 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

2740 Total number of responses
2740 Number of emergency responses
0 Number of non-emergency responses

1232 Total number of transports
1232 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 2200 Huntington Drive **Number of Ambulance Vehicles in Fleet:** 2
San Marino CA 91108

Phone Number: 626-300-0735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1490 Total number of responses
1490 Number of emergency responses
0 Number of non-emergency responses

1089 Total number of transports
1089 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Fe Springs Fire Rescue **Response Zone:** City of Santa Fe Springs

Address: 11300 Greenstone Ave **Number of Ambulance Vehicles in Fleet:** 0
Santa Fe Springs, CA 90670

Phone Number: 562-944-9713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

<u>2302</u> Total number of responses	<u>0</u> Total number of transports
<u>2302</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u>NA</u> Total number of responses	<u>NA</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 333 Olympic Drive **Number of Ambulance Vehicles in Fleet:** 4
Santa Monica, CA 90401

Phone Number: 310-458-8652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

17,105 Total number of responses
17,105 Number of emergency responses
0 Number of non-emergency responses

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 242 W Sierra Madre Blvd **Number of Ambulance Vehicles in Fleet:** 2
Sierra Madre, CA 91024

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Executed on: 1/25/2023</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

2114 Total number of responses
1797 Number of emergency responses
317 Number of non-emergency responses

1417 Total number of transports
1417 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

NA Total number of responses

Number of emergency responses
Number of non-emergency responses

NA Total number of transports

Number of emergency transports
Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Solartricity, dba:
Zoom Medical Transportation (ZM) **Response Zone:** Countywide (Non-9-1-1)

Address: 1315 North Bullis Road, #16 **Number of Ambulance Vehicles in Fleet:** 1
Compton, 90220

Phone Number: 323.617.2620 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (licensed April 2022)	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"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

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

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

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 817 Mound Avenue **Number of Ambulance Vehicles in Fleet:** 1
South Pasadena, CA 91030

Phone Number: (626)403-7300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2494 Total number of responses
2494 Number of emergency responses
0 Number of non-emergency responses

1408 Total number of transports
1408 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Symons Emergency Specialties, Inc. dba: Symbiosis (SY) **Response Zone:** Countywide (Non-9-1-1)

Address: 1801 Orange Tree Lane
Redlands (Riverside County) 92374 **Number of Ambulance Vehicles in Fleet:** 11

Phone Number: 909.880.2979 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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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"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8337</u> Total number of responses	<u>8123</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>8337</u> Number of non-emergency responses	<u>8123</u> Number of non-emergency transports

Air Ambulance Services

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 1701 Crenshaw Blvd. **Number of Ambulance Vehicles in Fleet:** 11
Torrance, CA 90501

Phone Number: 310-781-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 7

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

11,322 Total number of responses
11,322 Number of emergency responses
0 Number of non-emergency responses

8490 Total number of transports
8490 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Viewpoint Ambulance, Inc. (VA) **Response Zone:** Countywide (Non-9-1-1)

Address: 1341 North Miller Street, Suite 209 **Number of Ambulance Vehicles in Fleet:** 18
Anaheim (Orange County) 92806

Phone Number: 888.202.6500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7038 Total number of responses
0 Number of emergency responses
7038 Number of non-emergency responses

6956 Total number of transports
0 Number of emergency transports
6956 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Vital Care Ambulance, Inc. (VI) **Response Zone:** Countywide (Non-9-1-1)

Address: 1480 Colorado Boulevard #135 **Number of Ambulance Vehicles in Fleet:** 14
Eagle Rock (City of Los Angeles) 90041

Phone Number: 323.747.1072 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

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

7572 Total number of responses
0 Number of emergency responses
7572 Number of non-emergency responses

7403 Total number of transports
0 Number of emergency transports
7403 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

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

Address: 1444 W. Garvey Avenue South **Number of Ambulance Vehicles in Fleet:** 3 (In-Service), 2 (Reserve)
West Covina, CA 91790

Phone Number: (626) 939-8824 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

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

6610 Total number of responses
6610 Number of emergency responses
0 Number of non-emergency responses

3533 Total number of transports
1840 Number of emergency transports
1693 Number of non-emergency transports

Air Ambulance Services

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

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



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2022 (Fiscal Year 2021-2022)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Westmed, Inc.
dba: McCormick Ambulance (WM) **Response Zone:** EOA #6 #7 #8 and # 9

Address: 2020 South Central Avenue
Compton, 90220 **Number of Ambulance Vehicles in Fleet:** 88

Phone Number: 888.349.8994 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 65

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

110280 Total number of responses
110280 Number of emergency responses
0 Number of non-emergency responses

77256 Total number of transports
77256 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

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

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