



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2019-2020)



Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2019-2020**

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

Name & Address: OPERATED by LA County Fire Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Primary Contact & Phone Number: Michael Krug Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ____97____ EMD ____14____ EMT-D _____ ALS ____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210			Primary Contact & Phone Number: Dona Noris Communications Manager 310.288.2634		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through Dr Angelique Campen.)</i>	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>3</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Name & Address: Culver City Fire Department- MERGED WITH SBRCC 9770 Culver Boulevard Culver City, CA 90232			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div></div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Downey Fire Dispatch Center, “Downey Dispatch” 12222 Paramount Blvd. Downey, CA 90242			Primary Contact & Phone Number: Tracy Gonzales Fire Communication Supervisor 562.299.5413 Tracy.Gonzales@areaefire.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>11</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Name & Address: Merged with LA County Fire La Verne Police Department 2061 3 rd Street La Verne, CA 91750			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div></div> <div>EMD</div> <div>1</div> <div>EMT-D</div> <div>30</div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			Primary Contact & Phone Number: Tony Ramirez Assistant Fire Chief 323.881.2370 Tony.Ramirez@fire.lacounty.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>97</div> <div>EMD</div> <div>14</div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div>97</div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Name & Address: Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012			Primary Contact & Phone Number: Carlos Calvillo Assistant Fire Chief 213.576.8900 Carlos.Calvillo@lacity.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>86</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div>33</div> <div>ALS</div> </div> <div> <div>53</div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State </div> <div> <input type="checkbox"/> Fire District <input type="checkbox"/> Federal </div>		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808			Primary Contact & Phone Number: Dan Cunningham 562.570.9470		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>31</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277 310-379-2477			Primary Contact & Phone Number: Jason Kilpatrick Communications Supervisor 310.374.0287 Jason.Kilpatrick@redondo.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div></div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div>12</div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Santa Monica Public Safety Communications 333 Olympic Drive, 2 nd Floor Santa Monica, CA 90401			Primary Contact & Phone Number: Lindsay Call Officer, OEM 310.864-4183 Lindsay.Call@smgov.net		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>20</div> <div>EMD</div> <div>4</div> <div>EMT-D</div> <div>4</div> <div>ALS</div> </div> <div> <div>3</div> <div>BLS</div> <div></div> <div>LALS</div> <div>6</div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250			Primary Contact & Phone Number: Shannon Kauffman 310.973.1802 x102 skauffman@rcc911.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>49</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div>8</div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503			Primary Contact & Phone Number: Lieutenant Jeremiah Hart 310.618.5673 jhart@torranceca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>16</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div>14</div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204			Primary Contact & Phone Number: Battalion Chief Phil Ambrose 818.548.5668 pambrose@glendaleca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div>17</div> <div>EMD</div> <div></div> <div>EMT-D</div> <div></div> <div>ALS</div> </div> <div> <div></div> <div>BLS</div> <div></div> <div>LALS</div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790			Primary Contact & Phone Number: Kim West 626.939.8519 Kim.west@wcpd.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <div> <div> <div>12</div> <div>EMD</div> </div> <div> <div></div> <div>EMT-D</div> </div> <div> <div></div> <div>ALS</div> </div> </div> <div> <div></div> <div>BLS</div> </div> <div> <div></div> <div>LALS</div> </div> <div> <div></div> <div>Other</div> </div>		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____ Uses Powerphone and their medical director	<div> <div> <div>If Public:</div> <div> <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District </div> </div> <div> <div>If Public:</div> <div> <input type="checkbox"/> City <input type="checkbox"/> Fire District </div> </div> <div> <div>If Public:</div> <div> <input type="checkbox"/> City <input type="checkbox"/> Fire District </div> </div> </div>		