



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



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Royalty Ambulance Services, Inc. **Response Zone:** _____

Address: 3235 N. San Fernando Road, Bldg. 6 **Number of Ambulance Vehicles in Fleet:** 21

Los Angeles CA 90065

Phone Number: 818-550-5833 **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> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table>				<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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		<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

<u>15110</u>	Total number of responses	<u>10,923</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>15110</u>	Number of non-emergency responses	<u>10,923</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