DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **REPORTING ALS UNIT STAFFING EXCEPTIONS** REFERENCE NO. 409

PURPOSE: To outline the procedure for monthly reporting of any exceptions to Reference No. 408, ALS Unit Staffing.

PROCEDURE:

1. Complete a report for each calendar month where an ALS unit operates with less than the minimum staff.

2. The report shall contain the agency name, unit number, date the exception occurred with hours, number of responses occurring during the exception period, and the reason for the exception (refer to Reference No. 409.1).

3. The report must be submitted no later than 10 days after the close of the calendar month to:

   Director
   Emergency Medical Services Agency
   10100 Pioneer Boulevard, Suite 200
   Santa Fe Springs, CA 90670

EFFECTIVE: 9-11-79
REVISED: 7-15-11
SUPERSEDES: 9-15-08

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