CITY OF LONG BEACH

Memorandum

Date: May 20, 2026

To: Thomas B. Modica, City Manager

From: Dennis Buchanan, Fire Chief

For: Mayor and Members of the City Council

Subject: **Update on Paramedic Service Enhancements**

This memorandum provides an update on the paramedic service enhancements funded through the Fiscal Year 2026 (FY 26) Budget adoption process and the approved 2025–2028 Memorandum of Understanding (MOU) with the Long Beach Firefighters Association (LBFFA).

Background

On September 9, 2025, the City Council adopted the City Manager's Proposed FY 26 Budget, inclusive of modifications recommended by the Mayor and Budget Oversight Committee (BOC). As part of the adopted budget, the City Council approved ongoing structural funding to operate a paramedic ambulance, designated as the Peak Load Rescue 2, on a 12-hour, 7-day a week schedule. In addition, FY 26 budget adoption actions included a motion by the BOC requesting that solutions be identified to transition the Peak Load Rescue 2 to a 24-hour, 7-day-per-week deployment model.

On November 11, 2025, the City Council approved the 2025–2028 MOU with the LBFFA, which included funding for an additional full-time paramedic rescue unit staffed by six firefighter paramedic personnel. Consistent with the FY 26 Adopted Budget and the approved LBFFA MOU, the Long Beach Fire Department (LBFD) implemented multiple emergency medical service enhancements effective December 1, 2025. Due to elevated 911 emergency medical service demand in the surrounding community near Fire Station 2, the newly added full-time paramedic rescue unit was assigned to this station. The existing Peak Load Rescue 2 was subsequently reassigned to Fire Station 13 and designated as Peak Load Rescue 13 in West Long Beach to strengthen emergency medical response capacity in the westside of the City. Additionally, the fire engine assigned to Fire Station 11 was enhanced to operate as a paramedic assessment unit, increasing paramedic response capability in North Long Beach.

Financial investment into enhanced paramedic services totals $1,331,000 to fund a Peak Load Ambulance Unit staffed by four fire sworn personnel (currently operating as Peak Load Rescue 13) as part of the FY 26 Adopted Budget and $1,616,325 for a full-time Paramedic Ambulance units staffed by six personnel (currently operating as Rescue 2) as part of the outcome of LBFFA and City negotiations.

The FY 26 Adopted Budget and 2025–2028 LBFFA MOU have supported strategic enhancements to emergency medical services across multiple areas of the City.

Overview of Paramedic Services

The primary responsibility of all paramedic ambulance units, or Rescues, and PAU Fire Engines is to provide advanced life support emergency medical services identified via the City's 911 emergency dispatch system. Core advanced life support response includes patient assessment, patient stabilization, and/or patient transportation to a local area hospital for emergency room support.

Table 1 demonstrates the year-to-year fluctuation in the number of patient transports provided by paramedic ambulance units. Patient transports increased by 10.38 percent between FY 23 and FY 24. In FY 25 a modest 2.4 percent decline was observed. FY 26 year-to-date transport activity reflects continued utilization of the City's paramedic ambulance system that mirrors transport levels in FY 24 and FY 25. The data below demonstrates the operational baseline for evaluating the impact of the Department's recent paramedic system enhancements. The following section will highlight key findings of operating Rescue 2 as a 24-hour, 7-day a week resource and Peak Load Rescue 13 as a 12-hour, 7-day a week resource.

Table 1: Citywide Comparative Analysis of Paramedic Ambulance Patient Transport Volume

Timeframe	Total Transports	Year to Year Comparison
FY 23	17,696	
FY 24	19,533	+10.38 percent
FY 25	19,062	-2.4 percent
Q1 and Q2 FY 26	9,778	

The enhancement of Rescue 2 and the addition of Rescue 13 as new paramedic ambulance resources have provided operational benefits to the City's emergency medical response system. Prior to deployment, Rescue 2 did not transport patients in FY 23. However, following its phased implementation as a peak load unit, Rescue 2 completed 895 patient transports in FY 24 and 1,006 transports in FY 25. Rescue 2 continued to operate as a peak load unit from October 1 to November 30, 2025, and then as a 24-hour unit effective December 1, 2025. During this time Rescue 2 completed 910 patient transports during the first two quarters of FY 26 alone, operating at utilization levels comparable to the systemwide median among Citywide paramedic ambulance resources.

Additionally, newly deployed Peak Load Rescue 13 completed 392 patient transports during the first two quarters of FY 26 following its activation on December 1, 2025. Collectively, these additional resources expanded the City's overall ambulance transport capacity, distributed workload demands across a larger number of frontline units, and reduced reliance on existing paramedic ambulances already operating at high utilization levels. Further details are provided below in Table 2.

Table 2: Annual Patient Transport Volume by Paramedic Ambulance Unit

Unit	FY 23	FY 24	FY 25	Q1 and Q2 FY 26	Total Patient Transports
Rescue 1	2,126	2,101	2,097	905	7,229
Rescue 2	Not in Service	895	1,006	910	2,811
Rescue 3	2,437	2,595	2,424	1,050	8,506
Rescue 4	2,360	2,214	2,152	1,038	7,764
Rescue 9	2,366	2,572	2,500	1,218	8,656
Rescue 10	2,562	2,536	2,432	1,081	8,611
Rescue 11	1,799	2,148	1,996	955	6,898
Rescue 12	1,435	1,648	1,654	781	5,518
Rescue 13	Not in Service	Not in Service	Not in Service	392	392
Rescue 18	1,358	1,341	1,280	668	4,647
Rescue 22	1,253	1,483	1,521	780	5,037
Total	**17,696**	**19,533**	**19,062**	**9,778**	**66,069**

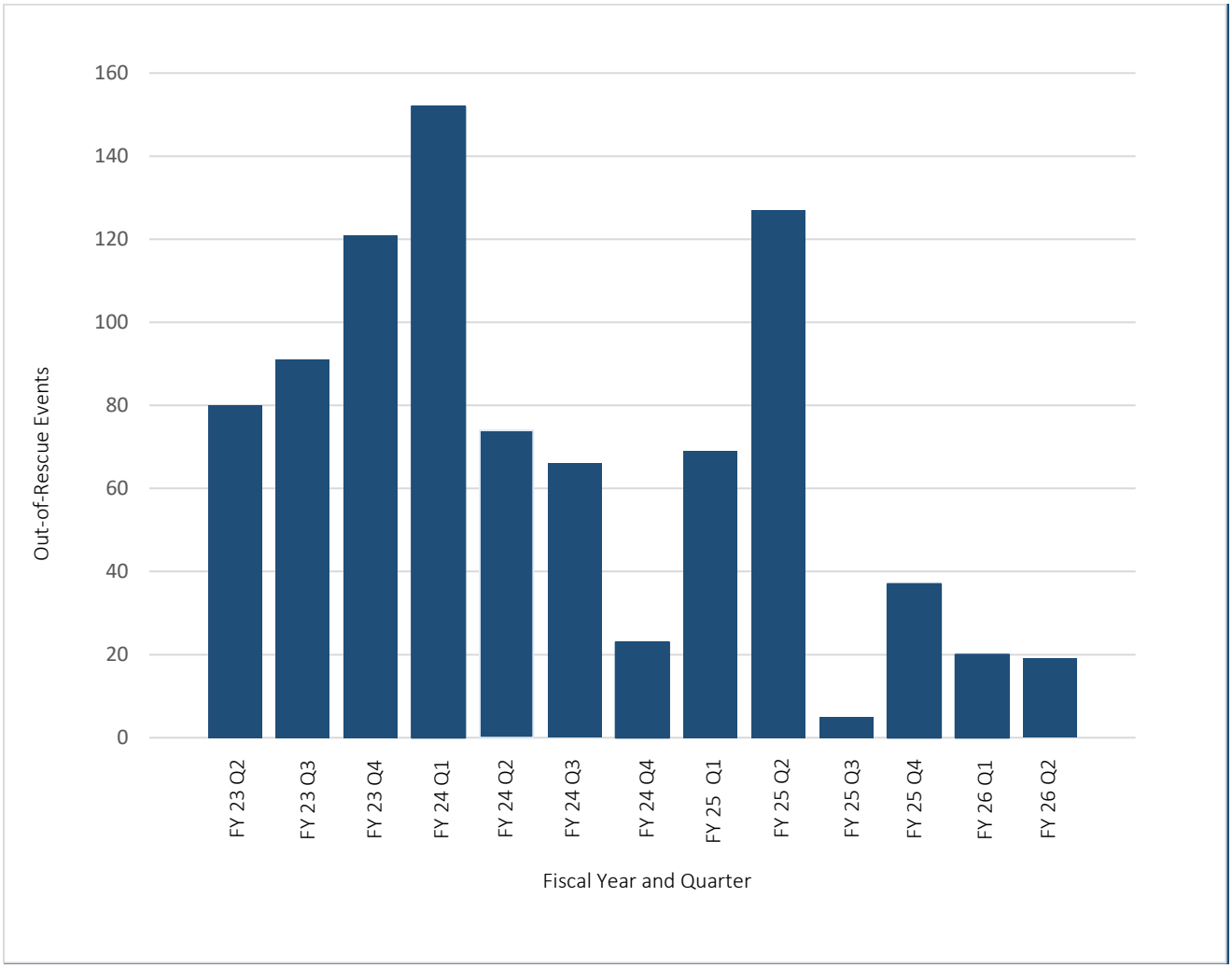
Finding One: Reduction in Out-of-Rescue Events

When 911 emergency medical calls exceed the capacity available LBFD paramedic ambulance units, this results in an Out-of-Rescue Event. Such events result in delayed paramedic response to the most critical 911 emergency medical calls. An increase in paramedic ambulance units enhances the Department's patient transportation capacity, while PAU Fire Engines allow LBFD to provide advance medical care while a patient is waiting for a paramedic ambulance to arrive and provide transport to a local area hospital.

The Department experienced a notable reduction in Out-of-Rescue events exceeding one minute during FY 2026 Quarter 1 and Quarter 2. This reflects improved paramedic ambulance coverage and overall system performance following the enhancement of Rescue 2 and the deployment of Peak Load Rescue 13. Historically, the Department experienced periods of elevated Out-of-Rescue activity, including 152 events in FY 2024 Quarter 1 and 127 events in FY 2025 Quarter 2. In contrast, Out-of-Rescue events declined significantly to 20 events in FY 2026 Quarter 1 and 19 events in FY 2026 Quarter 2. This trend suggests that paramedic ambulances are more consistently available to respond to emergency incidents without delay, reducing system saturation and improving geographic coverage throughout the city. From an operational and public safety perspective, fewer Out-of-Rescue events support the Department's ability to provide prompt advanced life support response during critical medical emergencies, while also reducing workload pressures on frontline ambulance units. These results are summarized below in Graph 1. It is important to note that LBFD was unable to acquire data for FY 23 Quarter 1.

Graph 1: Out-of-Rescue Events Greater than 1-minute

Note: FY 23 Q1 data is unavailable.



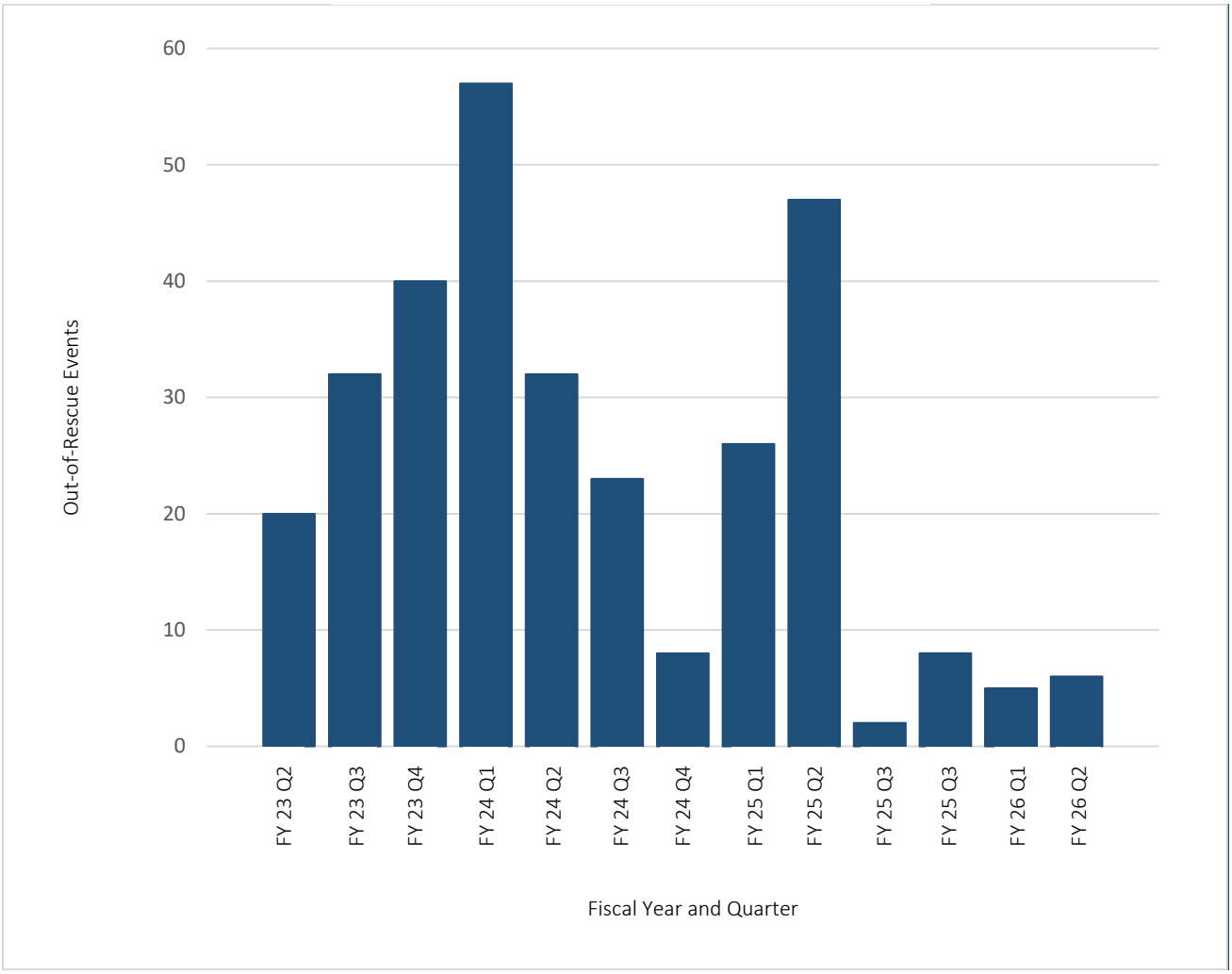
Out-of-Rescue events lasting longer than five minutes represent a heightened risk to the Department and community. These events occur when no paramedic rescue ambulance is immediately available to respond to emergencies, potentially delaying advanced medical care for patients experiencing time-sensitive conditions such as cardiac arrest, stroke, respiratory failure, severe trauma, and pediatric emergencies.

Out-of-Rescue events greater than five minutes also notably reduced with the deployment of Rescue 2 and the addition of Peak Load Rescue 13. As shown below in Graph 2, the Department experienced elevated levels of Out-of-Rescue incidents exceeding five minutes during portions of FY 2023 through FY 2025. This reflects periods of significant ambulance system strain and limited unit availability. The highest levels occurred in FY 2024 Quarter 1 with 57 incidents and FY 2025 Quarter 2 with 47 incidents, indicating periods when paramedic ambulance resources were frequently unavailable for extended durations. Additional elevated activity was also observed during FY 2023 Quarter 4 with 40 incidents and FY 2023 Quarter 3

with 32 incidents. In contrast, prolonged Out-of-Rescue incidents declined substantially during the second half of FY 2025 and into FY 2026, reaching 5 incidents in FY 2026 Quarter 1 and 6 incidents in FY 2026 Quarter 2. These reductions suggest improved ambulance availability following the enhancement of Rescue 2 and deployment of Peak Load Rescue 13.

Graph 2: Out-of-Rescue Events Greater than 5-Minutes

Note: FY 23 Q1 data is unavailable.



Finding Two: Localized Reductions in Paramedic Ambulance Response Time

Rapid paramedic ambulance response times are critical to protecting life, reducing long-term medical complications, and improving patient survival outcomes during time-sensitive medical emergencies. The National Fire Protection Association (NFPA) publishes industry-wide best practice standards. The NFPA Standard 1710 establishes performance benchmarks intended to support rapid advanced life support intervention. Specifically, NFPA 1710 identifies a 60 second turnout time for EMS incidents and 8-minute travel time for the arrival of a Paramedic Ambulance Unit to 90 percent of incidents requiring advanced life support care.

Medical emergencies such as cardiac arrest, stroke, respiratory failure, severe trauma, overdoses, and pediatric emergencies are particularly sensitive to response time delays, as patient outcomes can deteriorate significantly within minutes. Rapid paramedic response enables earlier airway management, cardiac monitoring, defibrillation, medication administration, bleeding control, and other advanced life support interventions that can stabilize patients prior to hospital arrival. Maintaining strong response times is a critical component of public health and safety.

The Department's paramedic ambulance response data indicates localized improvements in emergency medical response performance during Quarter 1 and 2 in FY 26, following the enhancement of Rescue 2 and the deployment of Peak Load Rescue 13. Several frontline ambulance units demonstrated reduced average response times compared to prior fiscal years, including Rescue 1, Rescue 4, Rescue 9, Rescue 10, Rescue 11, and Rescue 12. Most notably, Rescue 11 improved from an average response time of 07:12 in FY 23 to 06:50 in FY 26. For Rescues 3, 12, 18, and 22, these units experienced increases in response time between FY 23 and FY 25. In FY 26, these units also benefitted from Rescue 2 and Peak Load Rescue 13 in FY 26 as demonstrated by either stable or decreasing response times when compared to FY 25. The addition of Rescue 13 and the expansion of Rescue 2 to a full-time deployment model helped reduce unit saturation and improve Citywide response efficiency.

Table 3: Paramedic Ambulance Response Times Shown in Minutes

Unit	Average Response Times in FY 23	Average Response Times in FY 24	Average Response Times in FY 25	Average Response Times in Q1 and Q2 FY 26
Rescue 1	06:57	06:45	06:38	06:17
Rescue 2*	Not In Service	05:04	06:39	06:41
Rescue 3	06:52	07:09	07:11	07:12
Rescue 4	07:18	07:19	07:19	07:07
Rescue 9	08:44	08:46	08:27	08:17
Rescue 10	06:37	06:35	06:36	06:20
Rescue 11	07:12	07:22	07:20	06:50
Rescue 12	07:13	07:43	07:33	07:16
Rescue 13**	Not in Service	Not in Service	Not in Service	07:20
Rescue 18	08:28	08:42	08:38	08:31
Rescue 22	08:23	08:19	08:51	08:47

*Note: Rescue 2 was deployed as a 12-hour, 7 day a week resource on January 13, 2024, and was enhanced to 24-hour, 7-day a week paramedic ambulance on December 1, 2025.
**Note: Rescue 13 was deployed as a new ambulance resource on December 1, 2025.

Conclusion

In summary, the addition of Peak Load Rescue 13 and the expansion of Rescue 2 to a full-time deployment model increased overall ambulance capacity and distributed emergency medical workload across additional resources coinciding with reduced response time and out-of-rescue

events. These newly enhanced resources reflect investment to address a growing service need in the City.

The department aspires to provide high quality emergency medical services and response to all residents and visitors to the City. LBFD has made progress in this area due to new paramedic services that were deployed during FY 26, and the department will continue to provide updates on these services.

For more information, please contact Fire Chief Dennis Buchanan, at Dennis.Buchanan@longbeach.gov.

CC: DAWN MCINTOSH, CITY ATTORNEY
DOUGLAS P. HAUBERT, CITY PROSECUTOR
LAURA L. DOUD, CITY AUDITOR
APRIL WALKER, ASSISTANT CITY MANAGER
TERESA CHANDLER, DEPUTY CITY MANAGER
MEREDITH REYNOLDS, DEPUTY CITY MANAGER
GRACE YOON, DEPUTY CITY MANAGER
TYLER BONANNO-CURLEY, DEPUTY CITY MANAGER
KEVIN LEE, CHIEF PUBLIC AFFAIRS OFFICER
MONIQUE DE LA GARZA, CITY CLERK
DEPARTMENT HEADS