

THE KITCHEN TABLE

PERIODICAL NEWSLETTER OF LONG BEACH FIREFIGHTERS, LOCAL 372



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VIDEO MESSAGE



Scan the QR code to watch the latest President's Message from Rex Pritchard



ROSA RUN



THE KITCHEN TABLE

Published Quarterly

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MAX WHITT

MAX WHITT IS 26 YEARS OLD, currently working as a Firefighter Paramedic at station 1C. He was born and raised in Long Beach, California where his family has spent the last four generations. Max's first job was as a gondolier in the Naples canals where he learned to sing Italian opera for his guests (and most fire stations on probation). A 2015 Millikan graduate, Max has always had his eyes set on the Long Beach Fire Department. After attending Santa Ana Junior College to play football and study Fire Science, Max started working as an EMT for Care Ambulance. Although it wasn't the dream job, he knew it was the proper step to gain entry into the field.

While working for Care Ambulance, Max completed the Santa Ana Fire Academy, and started two new roles - Auxiliary Firefighter for Santa Fe Springs and a Confined Space Technician for Total Safety. He ultimately found himself working for San Bernadino County Fire as a Wildland Firefighter where he spent 2 seasons. Interviewing everywhere that was accepting applicants, Max was ultimately hired as Long Beach Firefighter in 2020 and has since graduated from Paramedic School. He continues to enjoy serving the community he, and the last four generations of Whitt's, grew up in.

Max recently got married in March 2023 and lives in Long Beach with his wife, Emily. Although born and raised in Northern California, Emily is happy to call SoCal home. For the past 5 years, Emily has worked at Cal State Fullerton where she assists students in creating their post-college plans. In their spare time, Max and Emily enjoy hiking with their station 7 junkyard dog, Wrigley, and exploring local breweries.



STRESS MANAGEMENT

WE HAVE JUST PASSED the 5-year anniversary of the sudden and tragic loss of our Brother Captain David Rosa.

I'd like to share an interesting article that was published on *FIREHOUSE*. The accumulation of stress from fires, EMS calls, ITA's and other emergencies often leads to chronic anxiety amongst firefighters. Certain emergency calls such as the one we experienced on June 25, 2018, death of a child and traumatic incidents can significantly impact a firefighter's psychological well-being. These experiences can lead to irritability, flashbacks, compromised sleep and post-traumatic stress disorder.

Recognizing critical incidents when they occur is essential to building resilience, activating the Critical Incident Stress Debriefing team assists in preventing more severe behavioral health problems. Defusing and debriefing sessions are the first steps to healing.

As firefighters, we are accustomed to stress. Each time we hear the dispatch our body senses a sudden spike in adrenaline. We learn to focus on the emergency and rely on

our Training. There's no time for distractions because every second counts and we do this each shift repeatedly. We remind ourselves not to get caught up in emotion, because it may impact your performance.

Over time, stress accumulates subconsciously. Some firefighters grow irritable, distant and unable to relax or sleep. Compassion fatigue of witnessing others suffer often takes hold and affects our ability to show empathy in our personal lives. Stress tends to weaken a firefighter's psychological resilience, which leaves us vulnerable to other triggering events.

Triggering events are emergency calls that can cause a distressing emotional response that can overwhelm resilience and typical coping mechanisms. These calls aren't routine fires or non-injury traffic accidents. These calls are shocking and painful. They can be emotionally debilitating. They can derail a firefighter's emotional stability and cause immediate grief and suffering. Triggering events also are known as triggers or critical incidents.

A Critical Incident Stress Defusing is an



immediate intervention to minimize the psychological trauma of a triggering event. The focus is on talking. Group discussions are important to communicate each person's experiences. The session also should assess the emotional effect that the triggering event has on each firefighter as an individual. This discussion demonstrates that firefighters aren't alone in experiencing stress and grief. Group discussions help to mitigate ongoing stress and to rebuild resilience and to reestablish coping mechanisms. It's crucial

Continued on pg. 9

CISD/PEER SUPPORT INFORMATION

LBFD PEER SUPPORT MEMBERS

A. ANDERSON 805-901-8525
 C. BLATNER 971-226-3661
 P. CHEEK 562-673-6562
 S. FAGAN 562-229-2042
 B. HUNTER 562-708-0823
 B. MAUGA 949-874-1122
 K. RINDONE 714-267-8772
 K. SCOTT 714-269-5558
 E. SMITH 562-233-6836

T. TAYLOR 562-644-3310
 E. VOLIVITCH 714-742-5783
 R. WHALING 562-936-8103
 J. ARNOLD 619-279-7750
 J. AVILA 760-224-2849
 A. BEHRENS 760-413-5906
 L. BERNAL 562-607-4485
 J. CASH 562-279-4954
 J. DAVIS 562-743-9247

M. GOMEZ 714-773-2495
 M. HANNAN 909-725-3806
 B. HEALY 714-421-0877
 L. HILL 951-553-8062
 N. MARKOUIZOS 562-822-6126
 M. MARTIN 949-306-9221
 P. McCLANAHAN 949-322-7595
 W. NASH 562-400-5310
 A. SUAREZ 951-818-4219
 C. TERHUNE 949-888-1109

I. WENGER 562-900-5921
 A. ZINTSMASER 310-936-3874
 K. ANE 714-943-6950
 J. BREEDEN 323-972-6888
 C. CABRAJAC 805-624-2044
 D. CAREY 562-822-9729
 M. CARTER 714-673-1837
 C. DUFFY 951-552-3262
 P. GONSAL 626-483-5806
 J. GRIMES 949-735-0945

J. JENKINS 323-513-3293
 N. KAY 909-471-9075
 K. KELEHER 310-593-3449
 C. MILBURN 714-420-8167
 G. NEWMAN 562-833-9388
 J. ORTIZ 626-536-1031
 M. THURSTON 559-759-9215
 D. TORRES 909-680-9092
 R. WARD 562-754-0499
 C. ABEL 562-810-2311

C. BROWN 562-450-4488
 J. CRABTREE 562-833-2182
 D. CURETON 562-230-5355
 S. DIXON 562-685-3102
 J. FRASER 562-715-9445
 R. GREGO 714-553-9151
 W. HALLER 562-889-0707
 J. HEFLIN 949-500-1224
 K. KACOUILLAS 562-787-0386
 C. LICKHALTER 310-406-7908

PROFESSIONAL THERAPISTS

Dr. Duggan & Associates
 (562) 433-7652
 4137 E. 7th St
 Long Beach, 90804

Dr. Gallivan
 (310) 951-1282
 10940 Wilshire Bl. #1600
 Los Angeles, 90024

Dr. Williams
 (949) 246-6869
 Premier First Responder Psychological Services
 premier1stresponder.com

LBFD CHAPLAINS

Duaine Jackson
 Firefighters for Christ
 (714) 675-3066

Caleb Brown
 Firefighters for Christ
 (562) 450-4488

EMPLOYEE ASSISTANCE PROGRAM

Provided by Anthem Blue Cross through the Mental Health Network. Mental Health Network offers six (6) face-to-face, phone, or web-video sessions with licensed professionals in their network. Anyone who resides in the employee's home is eligible for EAP services through the Mental Health Network.

Contact: 1-888-426-0025 or visit: mhn.advantageengagement.com and use Company Code: **LBBeWell**

THE LONG BEACH FIREFIGHTERS MEMORIAL ASSOCIATION



The Long Beach Firefighters Memorial Association was founded in 1954 with a goal to promote and support fellowship amongst our Long Beach Firefighters and their families. It has been a long-standing tradition as an organization to provide opportunities for Long Beach Firefighters families to come together at various events throughout the year.

From the old traditions of the Pizza night and Annual Firefighters Picnic to the new traditions of the Golf Tournament and Luau. The intention is to offer an environment that encourages our firefighters and their families to share more than just a work schedule. Without the support of our members, none of this would be possible.

Keep an eye on the upcoming dates for the Firefighter Picnic and the next Golf Tournament is scheduled for November 20th, 2023. Special thanks to Brad Robideaux and Billy Hubbard for putting together this year's Pizza Night.

Hope to see you and your family at the next event.



LONG BEACH
RETIRED FIREFIGHTERS
 ASSOCIATION

GREETINGS BROTHERS AND SISTERS!

Hope you are all doing as well as possible. Just a few things to share with all of you.

We want to thank all of you active and retired members that came out to the annual Irish Wake held at the hall on March 25th. To the families and friends of those members that we have lost over the years. The LBRFA Board would like you to know that you are always welcome to attend any Irish Wake to share

stories or speak about your loved one that has passed. We announce their names at the Irish Wake for the year they passed but understand that it may be too soon to attend and speak about them. All Irish Wakes are open to family and friends of any members that have passed no matter the year of their death.

It has been another good year for our membership numbers. We have increased to 110 dues paying members. Thank you to all that have continued to support our Association.

We continue to donate to local charities, the bike program headed by Rich Ter Haar, LBFD Museum and 3 yearly events (Irish Wake, Wellness/Social Meeting and Retired Firefighters Day) hosted by the association. Hope to see you at any or all of our events!

Finally, we hope this gets to you before the LBRFA's June Wellness/Social Meeting. It will be held on Saturday June 24th from 4-8pm at the Union Hall. There will be information on the Department's Wellness Program and how retirees can be involved. Information will also be shared on the LBFD's Cancer Screening opportunity offered to retirees. Last but not least a quick talk about our Mental Health will be given by Paul Cheek. These issues will be briefly discussed and will not interrupt our social part of the evening; well not much. Hope to see you all there!

HOBIE STOREY AWARD

The Long Beach Fire Museum is reaching a milestone of 40 years. Special thanks go out to the City of Long Beach and the Long Beach Fire Department, for without their support and the support of all of the volunteers, we would not be here.

One of the awards that we display in the museum is the Hobie Storey Award, in recognition of the hard work of volunteers and all the heart and soul they put into this museum to make it as great as it is. The list below includes the names of a number of volunteers that have supported and helped us. Please forgive us for any names missed.

We meet every Wednesday from 8 am to 12 noon for fellowship with coffee and donuts around the table. Come on out and join us as we plan our next project. We are also open to the public the second Saturday of each month to showcase our efforts to the community.

The Long Beach Fire Museum is always expanding and always looking for volunteers and donations to help us restore and purchase vehicles that the Long Beach Fire Department has used in the past, and for the upkeep and maintenance of our fleet and facility.



- | | | | |
|-----------------------|------------------------|-----------------------|-------------------------|
| Hobie Storey | Linda Nelson | Colin Harris | Frank Galindo |
| John Coley | Sharon Kovanda | Dave Holden | Dave Jacobson |
| Rod Gesell | Tom Mayo | Carol Holden | Bob Moll |
| Harold King | Bob Eldridge | Steve Good | Steve Moritz |
| Clyde Wilcott | Rich Williams | John Jenkins | Robby Monzon |
| Tom Crawford | Gary Brycznsky | John Acosta | Ed Nelson |
| Milo Brown | Mary Jane Alger | Chris Barton | Jim Puls |
| Jeff Webb | Ron Alger | Chan Brainard | Gary Starkenberg |
| Herb Bramley | Mike Kinney | John Dahlquist | Don Willcut |
| Glenn Goodrich | George Brown | Mark Flo | |

UPDATE - THE CANCER PRESUMPTION HAS BEEN ENHANCED



HOW OFTEN ON CALLS FOR SERVICE have you noticed the steady-low rumble of a diesel engine idling next to you? This may not spark any sense of immediate danger, but diesel exhaust has been identified by the International Agency for Research on Cancer ("IARC") as a class one "known" carcinogen. This is but one of many known carcinogens that officers are exposed to on a routine and daily basis. It should be of no surprise then to learn that First Responders are at an increased risk of developing cancer and subsequently passing away from it.

Standard firefighter duties require near-constant exposure to known carcinogens. Just think about the times your job required you to: respond to fires and set perimeters (particularly downwind), refuel your patrol vehicle, respond to traffic collisions with gasoline and other automotive chemical spills, breathe in second-hand cigarette smoke, enter drug-production labs and kitchens, report to the range for firearm training, and even simply be out in the sun exposed to UV radiation.

Because it is impossible to determine what causes cancer, the Legislature has enacted a cancer presumption, which states that when a fire fighter "develops or manifests" cancer it is presumed to be work-related. To trigger this presumption, you must demonstrate that you were exposed to a known carcinogen during your employment. Hence, we strongly recommend keeping a personal exposure log. CFP has an online portal for exposure reporting that is both free and confidential to use.

This exposure log may prove highly beneficial later in life since cancers can easily take upwards of 10 years to manifest. Proving exposure that long after a career can be difficult, but the exposure log takes that concern away. This particularly comes into play on post-retirement claims. The cancer presumption can extend up to 10 years after retirement, calculated by multiplying the number of years you worked by 3, then converting to months. For example, a fire fighter who worked for 15 years has up to 45 months to get the benefit of the presumption, while a 30-year officer gets 90 months from the last date of employment. Also, because the cancer presumption states "develop or man-

ifest" within that period, claims can still be filed even if diagnosis is made after that presumptive period has expired. This is because cancer was "developing" during this period, but you simply did not know it! Even if the presumptive period expired, you should contact an attorney to discuss whether a claim can still be filed.

Thankfully, the Legislature has further strengthened this presumption with recently enacted legislation. It is hopeful that these changes will result in a greater number of cases being accepted without the excessive litigation that is all-too-often required by employers. The first change was to shorten the time from 90 days down to 75 days for an employer to decide to accept or deny the claim. That decision now comes at a potentially pricey cost!

If the employer decides to unreasonably deny the claim, the employer faces a penalty of 5x the amount of benefits unreasonably delayed (up to \$50,000). Recognizing the protracted battles with cancer that people face, the third change now extends the amount of temporary disability benefits up to 240 weeks. This was increased from 104 weeks that could only be used within a period of five years and gives greater financial security to those facing uncertain times. It particularly benefits those who go into remission but subsequently have the cancer recur.

In the unfortunate circumstance where cancer claims a life, please rest assured that death benefits are also provided to financial dependents. This includes a spouse, domestic partner, children, and even parents or others who received financial support from the officer in the year preceding the death.

Death benefits are typically available up to \$290,000. In some instances, benefits can exceed this amount, particularly when dealing with minors, who can receive benefits up to the age of eighteen. One of the most important considerations is that a claim for death benefits must be filed within a year of death; otherwise, the claim is barred.

Cancer takes a toll on more than just the individual. It also impacts family and friends, who serve as a support network for each officer. Ferrone Law Group considers itself a part of that support network and stands ready to provide guidance to anyone who needs it. Since each individual case differs, it is important to note this article is not intended to provide specific legal advice and is meant to be informative only. Please do not hesitate to reach out.



- Workers' Compensation
- Labor Negotiations
- Internal Affairs / Critical Incidents
- Criminal Defense
- Personal Injury
- Employment Litigation
- Disability Retirement

805.373.5900

SERVING PUBLIC SAFETY THROUGHOUT CALIFORNIA

AMBULANCE PATIENT OFFLOAD DELAYS (APOD)

Summer is officially here, which means sunshine, ice cream, and... full hospitals? Over the past year, we have seen unprecedented rates of ambulance patient offload delays (APOD) and everyone has spent more than their fair share of time "holding the wall." While this issue isn't isolated to Long Beach or even Los Angeles County (it is being discussed at the local, state and national level), we are acutely aware of the impact it is having on wellness, morale, and availability to care for our community.

Fixing this problem will not occur overnight. We are actively working with the local hospitals, the EMS agency, and other stakeholders to come up with solutions. But in the meantime, here are some things that you can do to maintain excellent patient care and get back in service as soon as possible:

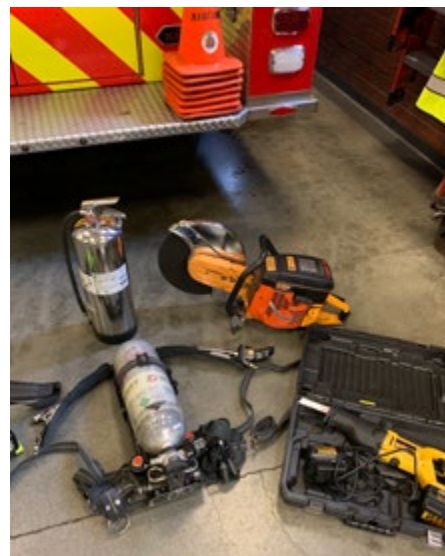


- 1. Document** accurate "at facility" and "facility equipment" times- Accurate data allows us to have informed conversations with the hospitals and to make data driven changes.
- 2. Review Ref 505-** Section IIC lists criteria for offloading to the waiting room. Utilize this as much as possible and make it the rule rather than the exception.
- 3. Communicate** with the charge nurse- Stay visible and remember "out of sight, out of mind."
- 4. Remain with your patient-** Keep them on the cardiac monitor (if required), frequently reassess them, and document vitals per policy (q5 v q15 minutes).
- 5. Advocate for your patient-** Make a case for why they need a bed and let hospital staff know immediately if the patient's clinical status changes.
- 6. Work with hospital staff** to ensure high quality care- Allow point of care testing (i.e. 12-lead EKG, point of care testing) that may expedite getting the patient to a bed or make the team feel comfortable placing the patient in the waiting room.
- 7. Remain professional** - Treat the hospital staff with respect, avoid confrontation or complaining in front of patients, and escalate concerns through appropriate channels.

Thank you for all that you do!

If you have a question or any ideas for future "Medical Director's Corner" sections, shoot me an email at tiffany.abramson@longbeach.gov

TOOL SPECIALIST



LOCAL 372 MEMBER EQUIPMENT POINT-OF-CONTACT

Local 372 members have a long history of taking care of our tools and equipment in-house. Below are the members you can call to get information about tools and equipment.

- | | | | |
|---------------------|------------------------|--------------------|---------------------|
| Jon Breedan, 16B | Nozzles | Brad Smith, 19C | Turnouts |
| James Avila, 7B | Ladders | Station 5 | Hose |
| Adam Gjersvold, 6B | Hurst | Richard Storey, 6B | SCBA |
| Johnny Jenkins, 10A | Flashlights | Scott Hart, HQ | Fleet |
| Matt Wu, 1B | Thermal Imagers | Station 24 | Gas Monitors |
| Brad Robideaux, 6A | Saws | Mike Martin, 1B | EPCR |
| John Wright, 6A | Radios | | |

Continued from pg. 4

cial to remember that recovery takes time and often involves multiple steps.

The greatest potential obstacle in stress management is an unwillingness to participate. Firefighters might embrace stereotypes of swagger and strength. They might think of grief and anxiety as weakness rather than as natural human responses to a crisis. This skepticism diminishes teamwork and undermines the supportive environment that's indispensable to recovery. Although there's no one-size-fits-all treatment for stress, firefighters must remember that peer support is important.

A discussion of behavioral health statistics also can help to mitigate the tendency to think of grief and anxiety as weakness. Various studies show that: psychological stress causes depression in 21.7 percent of firefighters; more than 32 percent of firefighters report significant levels of post-traumatic stress symptoms; binge drinking alcohol is prevalent among career (56 percent) and volunteer (45 percent) firefighters; and 46.8 percent of firefighters reported suicidal ideation (thoughts/ideas), 19 percent made suicidal plans and 16 percent attempted suicide. Clearly, untreated stress and anxiety



are prevalent in the fire service, and it's very important to build ongoing resilience.

Finally, defusings and debriefings are an opportunity to reinforce the importance of diet, exercise and sleep as essential components of holistic health and wellness and positive psychological health. Harvard University's "Feeding America's Bravest"

program encourages firefighters to eat a Mediterranean diet that values high-fiber foods over meats and sugars. Harvard also recommends 150 minutes per week of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity.

Let's honor our fallen Brother and take care of one another.

PARKING REMINDER



LONG BEACH FIREFIGHTERS
LOCAL 372

BOARD MEMBERS



REX PRITCHARD
PRESIDENT
Cell: 714-225-3351
Email: rdp372@mac.com



KEVIN SCOTT
GENERAL
SECRETARY-TREASURER
Cell: 714-269-5558
Email: kscott@lbff.org



RACHEL MA
VICE PRESIDENT
Cell: (310) 749-5146
Email: Rachel.y.ma@outlook.com



JAMES DOLAS
VICE PRESIDENT
Cell: 562-716-5928
Email: jcdolas@yahoo.com



LAMONT NYGUEN
VICE PRESIDENT
Cell: 405-209-5846
Email: lamont.nguyen@gmail.com



JASON CASH
DIRECTOR
Cell: 562-279-4954
Email: jcash@lbff.org



CHRIS ROBNETT
DIRECTOR
Cell: 323-854-1384
Email: crob372@gmail.com



WILL MONTGOMERY
DIRECTOR
Cell: 805-451-3683
Email: willtmontgomery@gmail.com



JIMMY ADDANTE
DIRECTOR
Cell: 630-605-3908
Email: jaddante@lbff.org



TJ CURRAN
DIRECTOR
Cell: (764) 351-6338
Email: tjcurran6@gmail.com



SEWARD KHEM
DIRECTOR
Cell: (562) 209-6196
Email: sewardkhem@hotmail.com

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THE ALEXMERRILL
MORTGAGE TEAM

457 LB

DEFERRED COMPENSATION PLAN

LADIES AND GENTLEMEN, I would like to take a moment to thank Paul Rodriguez for shepherding our 457 program for over a decade now. He has been involved in many aspects of the program and in his tenure, Paul has voted on and been a key player in many large, behind the scenes choices in regards to the plan. Paul has put untold hours into making sure the plan is the best it could be for all Long Beach employees and we should thank him. Moving forward, the goal of this article (in the spirit of the firehouse kitchen table), is to keep you informed on not only what you can expect from Deferred Comp and any future changes coming down, but also to address any current events and rumors taking place at the table.

A few items I found noteworthy for this issue:

- As part of your 457 plan you have access (free of any additional charge) to a certified financial planner. They will walk you (and your spouse) through your financial health, goals, runway to retirement, PERS, college savings, 401k, real estate, and long term healthcare. *The market value of this in the private sector is several thousand dollars...**
- Take a day and update ALL of your beneficiary information, not only for Mission Square, but on any retirement accounts, (Update power of attorney with Cal PERS). The consequences of this information not being accurate in the event of a death are substantial.
- After separation from the city, be it retirement or otherwise. There is no need to move funds out of Mission Square, (a common misconception among members) the benefits and fee structure afforded to you during service continues after retirement. The maintenance and management fees (these are commonly hidden in the fine print or by fractions of a percent in other areas) we have through Mission Square are some of the lowest you will find, this is made possible by the size of the account as a whole.
- If you have questions about our 457 plan, digital access, education, or any and all Deferred Comp issues, please contact Ms. Tisha Neal, the City of Long Beach's Retirement Plans Specialist @ (866) 731-1061. Also, if you have any topics you would like to see discussed here or an issue that needs some color, please contact me at john.jenkins@longbeach.gov.



Topics to look out for in coming issues:

- **How to read and understand your paycheck**
- **Managed Accounts and Target Date Funds**
- **Secure 2.0**
- **Taking a loan from your Deferred Comp**
- **Separating from the City... Now What?**

"As always, I am not a financial advisor and this is not financial advice.

Cheers"

- Johnny Jenkins

KNOW YOUR RIGHTS

THE FIREFIGHTERS PROCEDURAL BILL OF RIGHTS

YOU HAVE THE RIGHT ...

- » To know if you are under investigation
- » To representation before answering any questions
- » To tape record any questioning
- » To have copies of all recordings and transcripts
- » To a written offer of immunity from criminal prosecution
- » To be questioned on-duty at a reasonable time
- » To be reassigned only to another normal department job during any probe
- » To review and sign any adverse comment in any personnel-related file before it's submitted
- » To attach a response to any adverse comment before it's submitted

NEVER ANSWER QUESTIONS WITHOUT REPRESENTATION

BEFORE ANY QUESTIONING, YOUR EMPLOYER MUST ...

- » Tell you if you're under investigation for misconduct
- » Tell you if your responses could result in discipline
- » Tell you the nature of any possible charges
- » Tell you who will be conducting any investigation
- » Tell you who will be interrogating you
- » Offer you written immunity from criminal prosecution
- » Authorize tape recording of any inquiry

The Firefighters Procedural Bill of Rights gives first responders the strongest on-the-job protections in California. Its signing in 2007 capped a 20 year struggle by California Professional Firefighters to bring these strong workplace protections to first responders.

YOUR EMPLOYER MAY NOT ...

- » Force you to answer questions without representation
- » Interrogate you off-duty without compensation
- » Subject you to physical or verbal abuse
- » Subject you to threats or promise of reward
- » Compel you to take a lie-detector test
- » Discipline you for refusing to take a lie-detector test
- » Search your private space without court order, unless you are present or give consent
- » Force you to reveal personal financial data, except by law or court order

ALWAYS ASK: "CAN THIS LEAD TO DISCIPLINARY ACTION?"

IF THE ANSWER IS "YES," ASK FOR REPRESENTATION

KNOWING YOUR RIGHTS CAN SAVE YOUR JOB.

If you find you're being asked questions that might result in disciplinary action or criminal prosecution:

1. Ask if you are at risk of disciplinary action.
2. Ask for union representation before responding to any questions.
3. Insist that any statement be tape recorded.
4. Don't volunteer to take a lie-detector, alcohol or drug test.
5. Don't reveal any personal financial information without a court order.
6. Make note of physical or verbal abuse, threats, extortion or any other attempt to compel your answers.

NON-WAIVER STATEMENT

If you're compelled to make a statement or answer questions in violation of your right to representation or any of the rights listed above, **demand that it be recorded and read the following:**

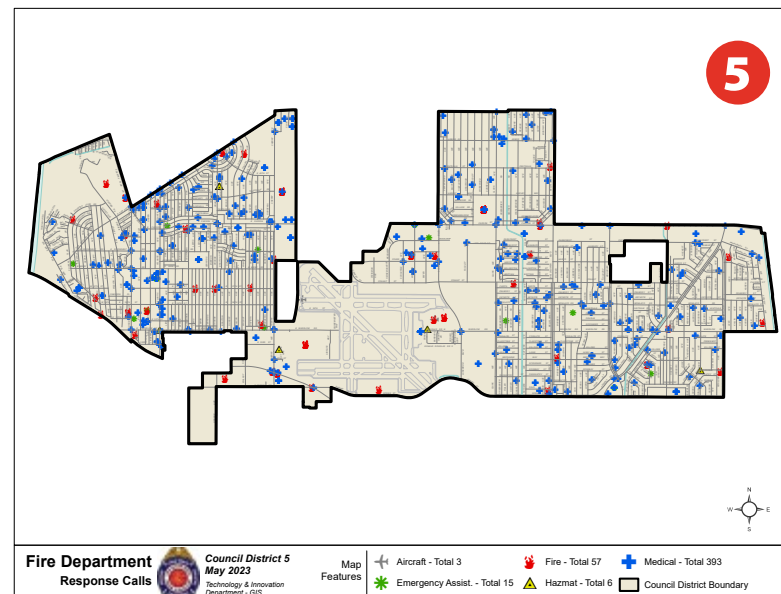
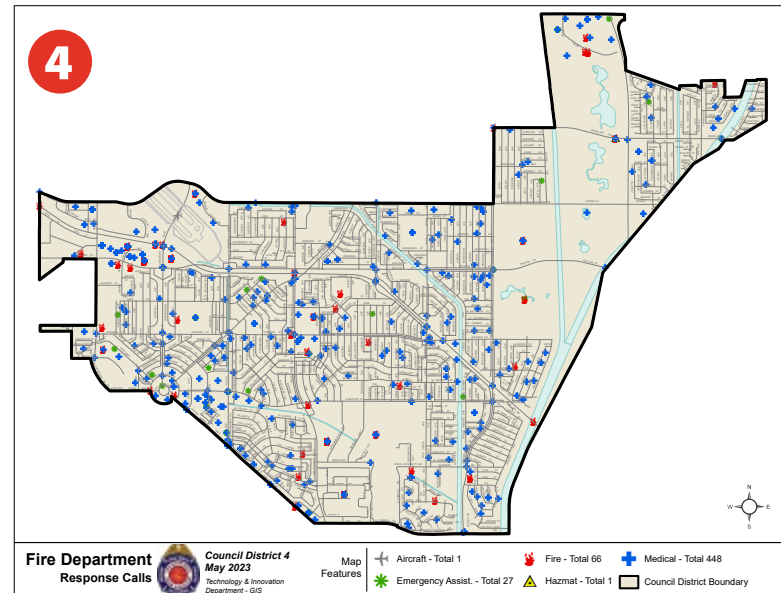
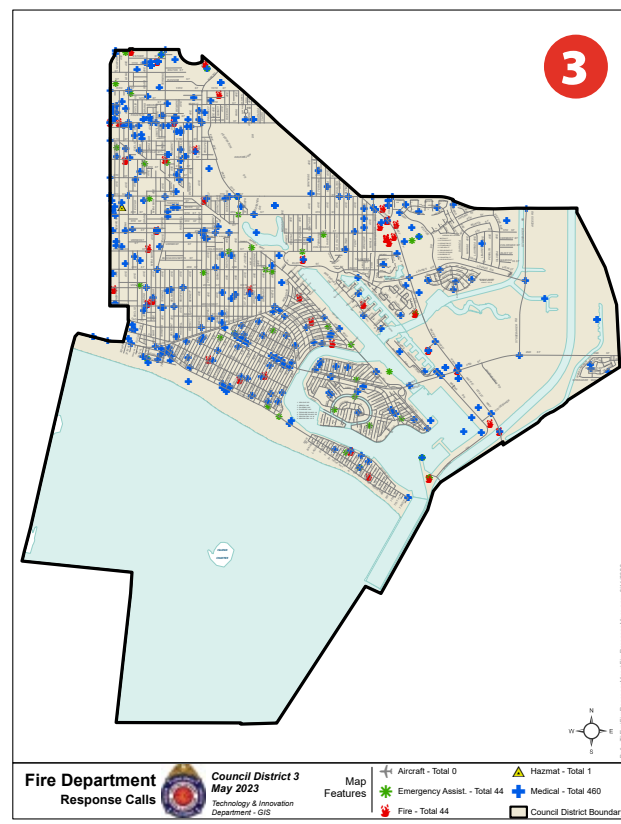
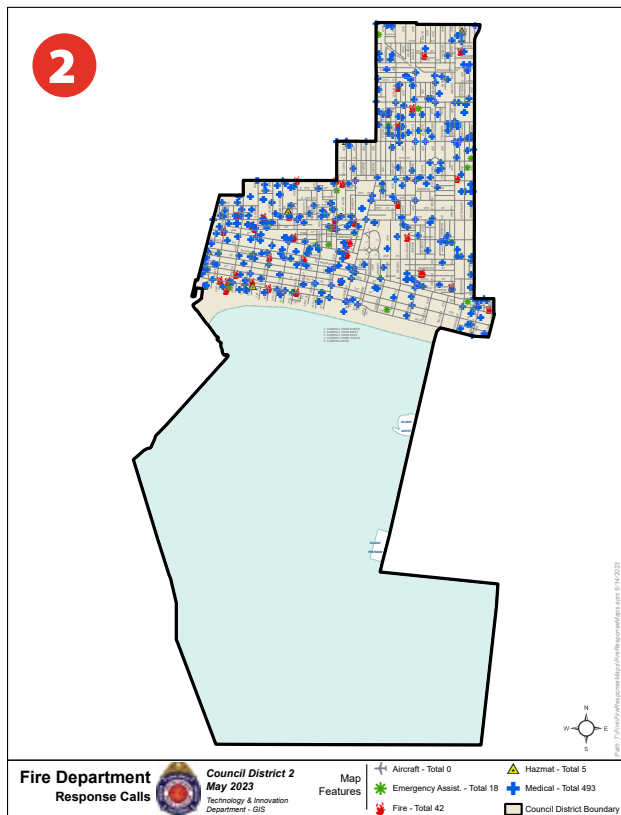
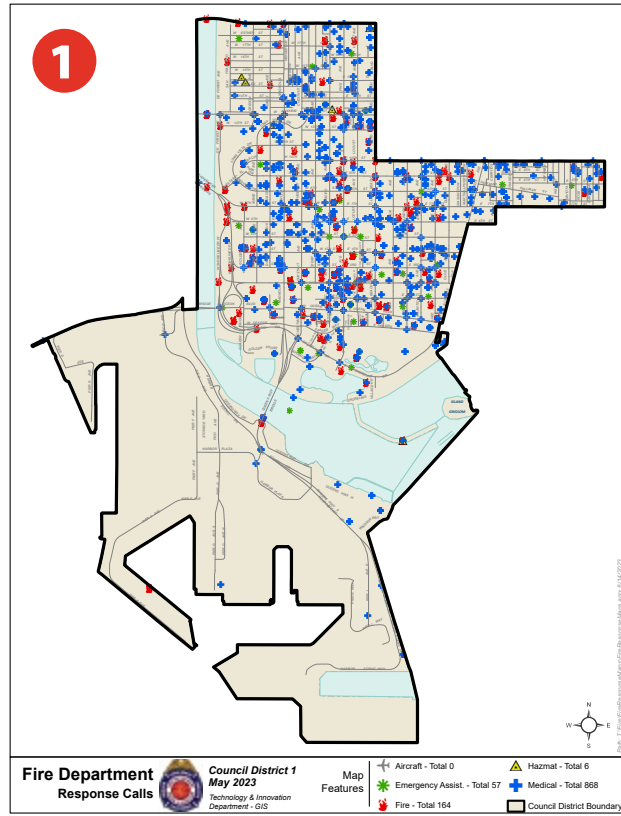
I am making this statement involuntarily, in compliance with a direct order made under penalty of sanction and/or termination. In compelling my statement without representation, you are in violation of the California Government Code, Sections 3250 through 3262, and are subject to civil penalties prescribed by law. I do not waive any of my rights under this law, our current union contract, any other local, state or federal law, or my right to remain silent under the Fifth and Fourteenth Amendments of the United States Constitution.



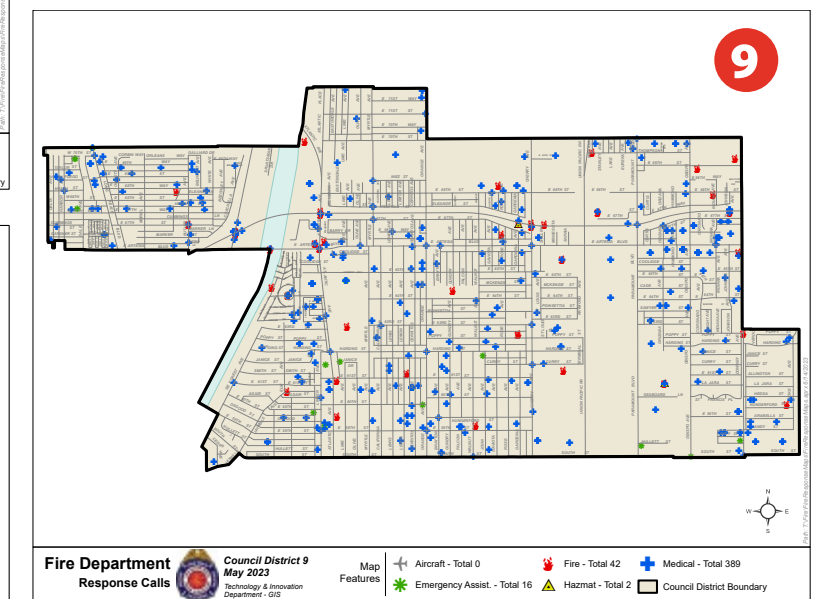
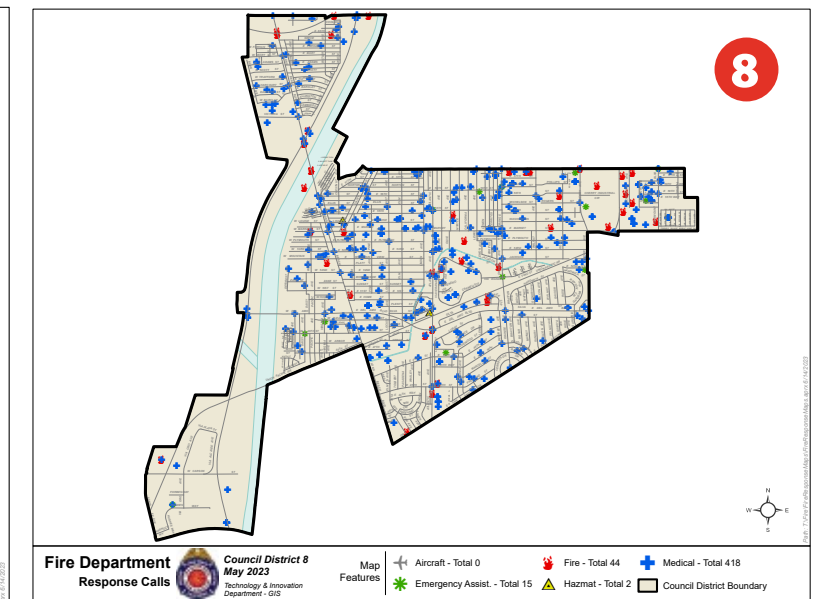
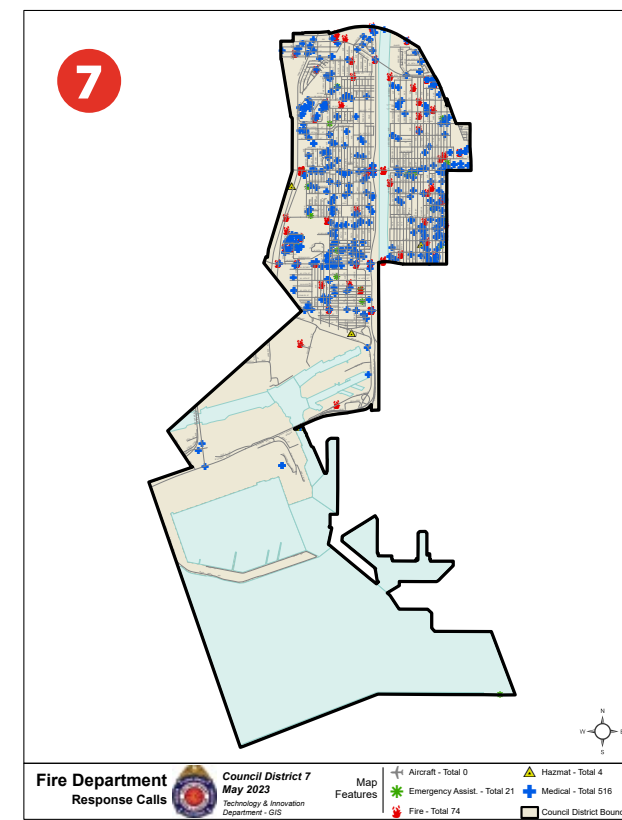
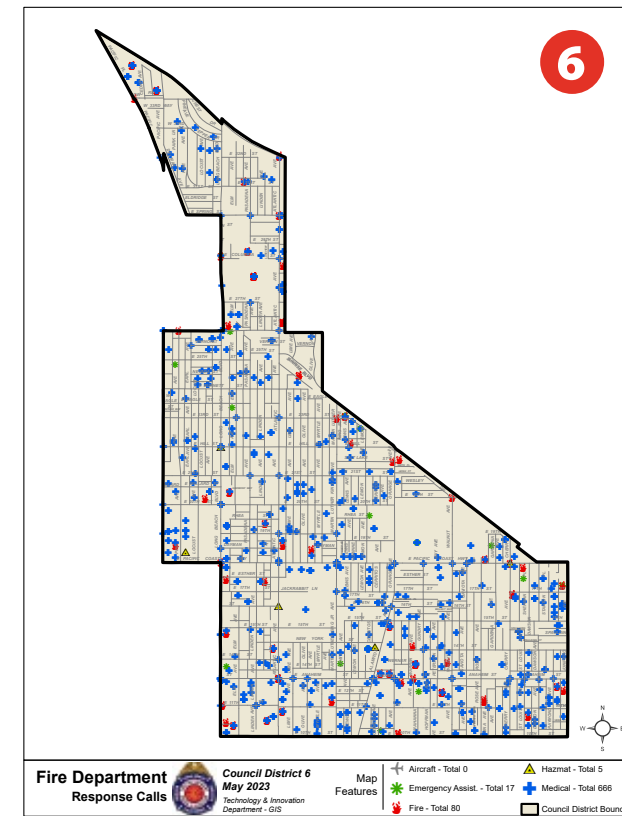
CALIFORNIA PROFESSIONAL FIREFIGHTERS

1780 Creekside Oaks, Sacramento, CA 95833
(916) 921-9111 • info@cpf.org • www.cpf.org

RESPONSE CALLS



RESPONSE CALLS



MISSISSIPPI POT ROAST

Inspired by the Wechsung Mississippi Pot Roast (where he got this recipe from the fellas at Detroit Fire), this simple recipe comes with some delicious alternative options.

The flavors of this 5-ingredient meal will make your Apex taste buds feel like they're chillin' on the Eastside.

Plan for 6-8hrs of cook time, so if possible, get this one going by lunch. It should only take you 10-15min to get it into the oven.

FOR 4 FIREFIGHTERS

- 3-4lb Chuck roast
- 1 Packet of Hidden Valley Ranch dressing mix (good for 3-5lbs)
- 1 Packet of Au Jus gravy mix (for 3-5lbs)
- 1 - 1.5 sticks of Butter
- 16oz Jarred pepperoncini peppers (whole or sliced)

DIRECTIONS:

1. Preheat your oven to 200deg (8hr cook) or 300deg (6hr cook)
2. You'll need a Dutch oven for this, or a crock pot (put on low)
3. Get your Dutch oven or cast iron pan hot to sear your meat.
4. Season the Chuck (3lbs) with salt & pepper, add oil to the pan and sear all sides
5. Leave the chuck in the Dutch oven (or move to your crock pot)
6. Put the packets of the Ranch Dressing mix and Au Jus mix on the Chuck
7. Cut the stick of butter into 1/2" pieces and put on the meat.
8. Put Half of the Pepperoncinis on and around the chuck, as well as half of the brine (pepperoncini juice of the jar) into the pot.
9. Close the lid and throw it in the oven (or put the crock pot on low)

That's it!

The fat from the meat, the butter, and the brine are enough liquid to keep the meat from drying out. Just to be safe, check in 3-4hrs to make sure it's not drying out. If you need to, add a cup of beef bouillon or just water. Your chuck may be done ahead of schedule, but is safe to sit in there a while, so no need to panic.

Once ready, it should be completely falling apart. Shred the chuck with tongs or forks, but keep it in bigger chunks. Remove large pieces of gristle and fat.

For this version of the roast you want to have, at least, 1lb per man, since it's the main event. It's typically served with mashed potatoes and a salad or some green veggio.

HERE ARE SOME WAYS YOU CAN CHANGE UP THIS RECIPE!

ROAST (SANDWICH VERSION): Think of it as a cheese steak. Chunk up the Roast and remove the gristle. Warm up some fresh bolillos, pepperjack cheese, sauté some bell peppers and onions, a swipe mustard & mayo, chips or fries/tots.



MEXISSIPPI ROAST (TACOS VERSION): You can plan for 1/2-3/4lb beef per man for tacos. Instead of the regular Ranch mix, find the "Fiesta" hidden ranch mix, or add Taco Seasoning (Half Ranch packet, half Taco seasoning). One hour before it's ready, add Juilliene bell peppers and onions to the pot. Try not to disturb the Roast to much as it'll fall apart.

Make Rice and/or beans, heat up some torts, chunk up the meat and remove the gristle. Mix back in with the veggies.

Whatever route you take, glad to see this recipe floating around!

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FIREFIGHTERS' MENTAL HEALTH IS AT RISK. A CALIFORNIA BILL COULD HELP.

by Julie Cart • CalMatters • May 29, 2023



A STATE SENATE BILL that would expand workers' compensation coverage for California first responders experiencing post traumatic stress — aimed at addressing what Cal Fire officials call a mental health crisis — has cleared its first legislative hurdle and been sent to the Assembly.

Authored by Sen. John Laird, a Santa Cruz Democrat, the bill is one of a growing number of state initiatives attempting to address the cause of mental health struggles and the difficulty first responders encounter when seeking medical care through state-run insurance.

The bill would extend by seven years a provision in existing state law that says PTSD qualifies as an occupational illness that is covered by workers' comp for firefighters, police and other first responders. The extension would last through Jan 1, 2032, rather than expiring in 2025. The bill also would add more categories of dispatchers, peace officers, investigators and public security officers in claims for psychological injury.

"Trial by Fire," a series of CalMatters stories published last summer, revealed how overwork and distress from intensifying wildfires have left Cal Fire crews with increasing PTSD, suicidal thoughts and other mental health problems. Cal Fire Director Joe Tyler told CalMatters that the department faced a mental health crisis and called it his top priority.

Cal Fire does not track suicides or PTSD among its ranks, but many firefighters and their supervisors told CalMatters that the problems are rampant, and described their trauma in detail. Stress from long hours and dangerous work triggers health problems, excessive drinking, drug use and marital discord among firefighters, experts say.

Laird said the CalMatters series "set the context" for his bill and other efforts to address the mental health crisis among first responders. The state has already agreed to a union contract that would reduce Cal Fire

firefighters' 72-hour workweeks to 66 hours beginning in late 2024.

The state firefighters' union has long called for legislators to plug gaps in workers' comp coverage that make it difficult for them to receive robust mental health care coverage.

This bill, SB-623, would be a first step toward doing that. But some issues facing first responders are more nuanced and difficult to legislate: encouraging them to report their struggles, while ensuring that their jobs are not threatened. And expanding Cal Fire's accountability and improving its data reporting, while maintaining individuals' medical privacy.

The bill "moves things in the right direction," said Tim Edwards, president of Cal Fire Local 2882. "We support any bill that would bring awareness and funding to help fight the growing number of calls for help."

Edwards added that other core issues, such as work hours and the lack of treatment centers for mental health issues, still need to be addressed.

The bill passed the Senate on a floor vote of 35-0 last week and now moves to the Assembly.

Laird said state officials are reluctant to write checks to fix a problem they cannot quantify, making it critical that first responders share their PTSD experiences with legislators as evidence of the extent of the issue.

"The difficulty has been that the governor wants to know that this is, in fact, necessary," he said. "We are working with professional firefighters to compile data and first-hand stories. Our goal is to demonstrate that this is vital. That was the thing that was missing, the data."

Laird said lobbying efforts from the first responders groups were effective because they included personal stories from workers suffering from PTSD and other mental health illnesses. "It makes a difference," he said. "People can relate."

The proposed legislation recognizes the stress experienced by dispatchers and 911 operators who may not witness accidents or fires but nonetheless experience trauma and may want to seek counseling.

To qualify for workers' comp coverage under existing law, a mental health disorder must be diagnosed and cause a disability or need for medical treatment, and the employee must "demonstrate by a preponderance of the evidence" that on-the-job events were the main cause.

Opposition to the bill comes from a coalition of workers' comp organizations and the state Association of Counties. They say psychological problems are difficult to diagnose and their origins tricky to pinpoint, setting a high bar to ascribe trauma and PTSD as a workplace injury.

"There is no objective basis to evaluate the operation of current law, the need for this expansion, or the impact of stripping away protections for taxpayer funded public entities," the group told the Senate.

According to an analysis by the Senate Appropriations Committee, "extending coverage of presumptive injuries ... would likely result in increased workers compensation costs. The magnitude is unknown."

The bill's sponsors are the California Chapter of the National Emergency Number Association, the California Professional Firefighters, the California Statewide Law Enforcement Association and the Peace Officers Research Association of California.

In remarks submitted to the Senate, California Professional Firefighters, which represents state and local fire agencies, said occupational stress among their ranks is well-documented, and that "repeated and chronic exposure to traumatic events and critical incidents increases the risk for post-traumatic stress and other stress-induced symptoms."

AMBULANCES HELD HOSTAGE: CAN THE HOSPITAL MAKE YOU STAY?

Leveling the playing field on hospital bed delays

By Doug Wolfberg, Esq.; and Steve Wirth, Esq. • EMS Legal Update • Nov 16, 2021

AMBULANCES IN VIRTUALLY EVERY part of the United States are experiencing significant delays while offloading patients in hospital emergency departments. While ED offload delays have long been a fact of EMS life in larger cities, the crisis has now infiltrated suburban and even rural areas of the country. [At the end of this article, download a guide to mitigating hospital bed delays, with FAQs and quick tips from Wolfberg and Wirth.]

The origins of the current crisis are multifaceted. High ED demand (much of it for non-emergency conditions), inadequate hospital staffing, poor hospital throughput and other root causes have all conspired to cause extended wait times as ambulance crews attempt to transfer their incoming patients to hospital beds. For this reason, while the crisis is known by many different names, the most appropriate descriptor is "hospital bed delays."

A common thread of this crisis is that EMS personnel and ambulance vehicles are being involuntarily held at hospital EDs — or hospital parking lots — until the hospital staff indicate that they are ready to "accept" the patient handoff. In most cases, hospital staff imply — or even directly state — that the EMS personnel are legally responsible for patient care until transfer is accepted by hospital staff. Ambulances and their crews are therefore held hostage, sometimes for hours on end, by hospitals who compel EMS personnel to remain with the patient until such time as the hospital indicates its willingness to accept responsibility for care.

Essentially, hospitals are improperly making their staffing problem an EMS staffing problem by not promptly accepting patients. And the problem of hospital bed delays has placed incredible added burdens on EMS agencies nationwide.

Put simply, these extended hospital bed delays deprive communities of the already-scarce EMS resources that may be needed in emergencies. The crisis also takes a human toll on EMS providers and wreaks economic havoc on EMS agencies. Many EMS personnel have experienced unnecessary stress, frustration,

fatigue and feelings of helplessness as a direct result of extended hospital bed delays, as they wait "on the wall" of a hospital ED, impairing their ability to practice their profession. This adds yet another negative impact onto an already fragile EMS system nationwide. On top of that, EMS agencies have been forced to foot the bill with overtime and countless non-productive unit hours of deployment as EMS crews rack up substantial amounts of unproductive time waiting in a hallway or sitting idly in hospital parking lots at the mercy of hospital staff.

There are no easy answers to this multi-layered crisis. Collaboration and discussion between EMS agencies, their hospital partners and oversight/regulatory agencies to develop practical solutions to this crisis is essential. But one thing has become crystal clear: these discussions and this collaboration needs to happen on a level playing field, and the field is currently not level. That playing field can be leveled, and productive discussions can be held and solutions found, if all the parties accept the following fact under federal law:

Hospitals can ask EMS personnel to remain with a patient in the ED, but once a patient has come to the hospital's property, the hospital bears the legal responsibility for the patient, and EMS personnel remaining with the patient is purely voluntary under the law.

Once hospitals and policymakers recognize this fundamental fact, then fair and appropriate discussions can take place.

PATIENTS ARE THE LEGAL RESPONSIBILITY OF THE HOSPITAL ONCE ON HOSPITAL PROPERTY

EMTALA, the Emergency Medical Treatment and Active Labor Act, is a Federal law that applies to all acute care hospitals in the U.S. that accept Medicare (which is virtually all hospitals) [1]. Under EMTALA, whenever an individual presents on hospital property with a possible emergency medical condition, the hospital has a Federal statutory duty of

care to the patient. "Hospital property," by the way, includes more than just the ED; the legal definition includes the hospital's main buildings, adjacent areas, and areas within 250 yards of the main buildings. In other words, the legal definition of "hospital property" is quite expansive [2].

For this reason, hospitals cannot delay their EMTALA obligations by forcing ambulance personnel to wait in a hallway or in the parking lot with the patient. Whether the patient and EMS crew are in the ED, in a hallway, in a waiting room or in the parking lot, they are on the hospital's property and the patient is the hospital's legal responsibility under Federal law.

Similarly, hospitals cannot delay their assumption of legal responsibility for the patient by "ordering" EMS personnel to remain with the patient and refusing to "accept" the patient until hospital staff indicate they are ready for the handoff of care. The Centers for Medicare and Medicaid Services (CMS), which oversees EMTALA enforcement, has a clear policy on this, which states [3]:

"Hospitals that deliberately delay moving an individual from an EMS stretcher to an emergency department bed do not thereby delay the point in time at which their EMTALA obligation begins. Furthermore, such a practice of "parking" patients arriving via EMS, refusing to release EMS equipment or personnel, jeopardizes patient health and adversely impacts the ability of the EMS personnel to provide emergency response services to the rest of the community. Hospitals that "park" patients [with EMS] may also find themselves in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services."

It is crystal clear, black letter Federal law that patients who come to the hospital by ambulance are the legal responsibility of the hospital when the patient arrives on hospital property.

HOSPITALS CAN ASK EMS TO REMAIN WITH THE PATIENT — AND EMS CAN SAY "NO"

The Federal guidelines also make it clear that in cases where the ED staff is busy with other patients, "... it could under those circumstances be reasonable for the hospital to ask the EMS provider to stay with the individual until such time as there were ED staff available to provide care ..." So, Federal rules clearly indicate that the hospital can ask EMS to remain with the patient.



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**READ THE FULL
ARTICLE**



MAYOR REXRICHARDSON

May 11, 2023

The Honorable Freddie Rodriguez
California State Assembly
1021 O Street, Suite 5250
Sacramento, CA 94249

RE: Support for AB 40 (Rodriguez)—Emergency Medical Services

Dear Assemblymember Rodriguez,

On behalf of the City of Long Beach, I write in support of AB 40. This bill would require every local EMS agency to develop a 30-minute standard, 90% of the time, for ambulance patient offload time (APOT). This bill would also require hospitals to develop, file, and annually update APOT reduction protocols. The City supports legislation that improves municipal public safety services, including emergency medical services.

The Long Beach Fire Department (LBFD) provides critical ambulance services for the safety, health, and wellness of the Long Beach community. Over the past six months, the LBFD Advanced Life Support (ALS) units have completed 8,100 patient transports, roughly averaging between 1,200 to 1,400 patients per month. Furthermore, the LBFD Basic Life Support (BLS) units have completed 5,138 patient transports, roughly averaging between 800 to 900 patient transports per month. Nearly 35 percent of these patient transports have yielded an APOT of greater than 45 minutes, requiring Ambulance Operators to remain at medical emergency departments while waiting for the patient to transfer from LBFD care to the receiving medical emergency department. These wait times have detrimental impacts on public safety when units are not available to respond to other emergency calls, creating a backlog, delaying response times, and increasing dependence on mutual aid.

AB 40 will enhance care for patients who need to use emergency medical services. Furthermore, AB 40 will ensure that emergency response personnel return to the field in a timely manner and are available to respond to the next call. For these reasons, the City supports AB 40.

Sincerely,

Mayor Rex Richardson
City of Long Beach

cc: The Honorable Lena Gonzalez, State Senate, 33rd District
The Honorable Mike Gipson, State Assembly, 65th District
The Honorable Josh Lowenthal, State Assembly, 69th District



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human
Services Agency
**California Department of
Public Health**



EDMUND G. BROWN JR.
Governor

June 28, 2007

AFL 07-04

TO: General Acute Care Hospitals

SUBJECT: EMTALA – “Parking” of Emergency Medical Service Patients in Hospitals

The California Department of Public Health (CDPH), (formerly California Department of Health Services), Licensing and Certification Program, is sending this important reminder in light of information received from the Centers for Medicare and Medicaid Services (CMS). It has been found that hospitals are routinely preventing Emergency Medical Services (EMS) staff from transferring patients from their ambulance stretchers to a hospital bed or gurney.

It is important to remind you that patients are not to be left on an EMS stretcher, with EMS staff in attendance, for an extended period of time. This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA). Also, it raises serious concerns for patient care and emergency services in California's communities. This practice may result in a violation of State Law, HSC 1317 et seq. This practice may also result in a violation of 42 CFR 482.55 which reads as follows:

482.55. Condition of participation: Emergency services.

The hospital must meet the emergency needs of patients in accordance with acceptable standards of practice. (a) Standard: Organization and direction. If emergency services are provided at the hospital – (1) The services must be organized under the direction of a qualified member of the medical staff; (2) The services must be integrated with other departments of the hospital; (3) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.

(b) Standard: Personnel. (1) The emergency services must be supervised by a qualified member of the medical staff; (2) There must be adequate medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.



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EMTALA LETTER



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

EDWARD A. KELLY
General President

FRANK V. LIMA
General Secretary-Treasurer

May 20, 2023

Cannabis and the Public Safety Officers Benefits Program

PSOB and Cannabis

- The Public Safety Officers Benefits Program (PSOB) provides a one-time benefit to a qualified deceased or fully disabled fire fighter, EMS provider or law enforcement officer (public safety officers, although there are some exceptions) a one-time benefit to the public safety officer or, if deceased, to his or her beneficiary. In addition, educational benefits to the survivors of a public safety officer may also be approved.
- PSOB does not currently require an autopsy or toxicology report for claim processing. The death certificate form used in most states has a check box or a place to indicate when an autopsy was conducted. PSOB may request a copy of an autopsy, if one was conducted.
- Currently, cannabis is a Schedule I drug according to the Drug Enforcement Administration (DEA).
 - According to the DEA:
 - Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), **marijuana (cannabis)**, 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote. (<https://www.dea.gov/drug-information/drug-scheduling>, accessed 5/20/2023)
- PSOB regulations do not allow payment for a claim where the public safety officer was voluntarily intoxicated by drugs or alcohol (with some exceptions).
 - From the PSOB regulations:



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IAFF MEMO ON PSOB/CANNABIS ADVISORY

LONG BEACH FIREMEN'S MUTUAL BENEFIT ASSOCIATION



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HARDSHIP AND MEDICAL LOANS

The MBA offers our members interest free loans for Hardship and Medical situations. These loans are processed through the MBA treasurer in coordination with city central payroll. Deductions are automatically taken out of your paychecks and processed the first pay period of every month, just like MBA dues are.

Should you need one of these loans, contact Secretary/Treasurer Jack Crabtree to process the paperwork and review loan options.

If you have any questions regarding MBA benefits, please call the Board of Directors:

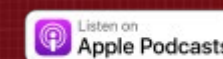
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“KEEP YOURSELVES FROM IDOLS”

WHAT COMES TO YOUR MIND when you hear the words idol or idolatry? Do you think about pop culture references? Do you imagine carved or crafted objects that people worship? Do you think of these terms in a personal context? While idol worship is not something immediately familiar to us in our culture, I believe we can engage in idolatry without even knowing it.

The Merriam-Webster dictionary defines idolatry as follows: “the worship of a physical object as a god”, or “immoderate attachment or devotion to something”.

In the Bible, both Gentiles and God’s chosen people, the Israelites, engaged in idol worship. Shockingly, even after God miraculously delivered the ancient Israelites from centuries of slavery in Egypt, they constructed and worshiped a golden calf instead of Him! Regarding idolatry, the author of Psalm 115 writes: *“Not to us, O LORD, not to us, but to your name give glory, for the sake of your steadfast love and your faithfulness! Why should the nations say, ‘Where is their God?’ Our God is in the heavens; he does all that he pleases. Their idols are silver and gold, the work of human hands. They have mouths, but do not speak; eyes, but do not see. They have ears, but do not hear; noses, but do not smell. They have hands, but do not feel; feet, but do not walk; and they do not make a sound in their throat. Those who make them become like them; so do all who trust in them. O Israel, trust in the LORD! He is their help and their shield”* (Psalm 115:1-9). Note that the psalmist says trusting in idols leads to becoming like them – physically and spiritually dead. In the same vein, the prophet Isaiah highlights the irony of a man cutting down a tree, crafting an idol out of the wood with his hands, worshiping and asking it for provision, then using the remainder of the tree’s wood to make a fire for cooking and warmth (Isaiah 44:9-17).

What does this have to do with us today? Though cultures change, God never does. He created mankind in His image, to have a relationship with and worship Him. We are spiritual beings who were created to worship our good and loving God. In Acts 17:24-25 the Apostle Paul states, *“The God who made the world and everything in it, being Lord of heaven and earth, does not live in temples made by man, nor is he served by human hands, as though he needed anything,*

since he himself gives to all mankind life and breath and everything.” God is the Giver of life; He needs nothing from us. Isaiah tells us that God created men and women for his glory (Isaiah 43:7). Just like the Israelites of long ago, you and I have a purpose – to glorify God.

We give glory to God when we obey, praise, honor, thank and worship Him. Idolatry is giving the glory God deserves to someone or something besides Him. You might not physically bow down to or worship a crafted object, but what in your life do you regard with “immoderate attachment or devotion”? These things represent the equivalent of modern-day idolatry. There are many things I sometimes give more time, attention, and devotion to than God – my cellular phone, the pursuit of wealth, spending an unhealthy amount of time looking at or trying to acquire possessions that I think will make me happy, elevating the importance of my wife and children above my relationship with God, or devoting my thoughts to worry and/ or frustration. God’s Word and the Holy Spirit convict me of this sin and I often must repent and reorient my affections.

What about you? When you see the beauty of the ocean or a majestic sunrise, do you give thanks to God, or do you give honor to nature itself? When you have worked diligently and are successful, do you recognize God’s gift of intellect and strength, or do you secretly revel in self-pride? Do you have a hobby or habit that someone else might say you are addicted to? These are all examples



of things we can make idols in our lives. Like Isaiah’s representation of the idol craftsman, we exercise foolishness and invite calamity when we glorify the things our Creator has given us rather than the Creator Himself.

In the New Testament, the Apostle John aptly warns his readers to *“keep yourselves from idols”* (1 John 5:21). This warning was written for us today as well. Though mankind deserves God’s wrath for sinning against Him, God mercifully sent His perfect Son, Jesus Christ, to pay the penalty for sin and reconcile us to Himself. Placing our faith in Christ by trusting that His death on a cross and subsequent resurrection did what we could never do is what leads to eternal salvation. This salvation is the greatest gift you can ever receive, and one that leads to peace, joy, and a proper understanding of your purpose here on earth.

I encourage you to think about your purpose and affections. Are you giving glory to idols or to the true and living God?

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Long Beach Fire Professional Development Foundation

Who We Are

The Long Beach Fire Professional Development Foundation is a 501(c)(3) non-profit organization whose purpose is to help enhance the safety, health, and economic viability of the Long Beach community.

What We Do

We fund proposals from eligible Long Beach Fire Department (CA) sworn and civilian personnel for professional development programs and experiences that enable them to acquire and hone relevant knowledge and skills in ways that benefit our community directly. Seasonal personnel are not eligible.

How to Learn More

To learn more about the Foundation, the types of programs we will consider, eligibility to apply, and the application evaluation criteria, visit our website: www.LBFireFoundation.org.



“Doing more with less...”

In *Medic Sit Stat* we present the biggest issues facing the LBFD paramedic service and share insight into the direction and efforts of the Paramedic Committee. These issues affect us as an organization, as individuals, our families, and the people we protect and serve. In this addition, focus is on where we have sacrificed diligence and quality in order to meet the demands placed on us by the call-volume.

VISION TO IMPROVE THE LBFD PARAMEDIC SERVICE:

- ✓ Improve the level of service provided to the citizens.
- ✓ Improve the mental-wellness of paramedics.
- ✓ Reduce the risk of liability for the city and personnel.
- ✓ Decrease workload on paramedics.
- ✓ Improve employee retention.
- ✓ Improve employee recruitment.
- ✓ Increase the desire of firefighters to become paramedics.
- ✓ Improve overall morale of our Fire Department.

LBFD PROVIDES 1 PARAMEDIC AMBULANCE PER 55,555 PEOPLE

- 9 Rescues for 500,000+ residents
- The city also welcomes 5.5+ million additional visitors throughout the year and the Olympics are coming...
- **National Average:**
1 Medic Ambulance per 21,057 people

LBFD OPERATIONS:

- Medical Calls = 84% of all calls in 2022

Unit	2022 Run Totals	Avg. Per 24-hours
R1	6,460	18
R3	7,739	21
R4	6,104	17
R9	5,964	16
R10	7,133	20
R11	4,977	14
R12	4,045	11
R18	3,325	9
R22	3,495	10
National Average	2,408	7

CURRENT COMMITTEE RECOMMENDATIONS:

- 3 additional rescues
- Make 8 existing BLS engines into Paramedic Assessment Engines
- ARFF Paramedic at Fire Station 16
- Permanent paramedic at Station 24
- **Place Paramedic Assessment & Service Squads (PASS Units) in service in each battalion**

Scan QR to learn more about PASS Units:



SERVING THE PUBLIC IN AN UNDER-RESOURCED SYSTEM:

The two greatest issues affecting paramedics are: **staffing** and **call-volume**.

- Paramedics are being forced to work **approximately 50% more hours** to cover current vacancies.

While *staffing* is a major issue, Command Staff and Local 372 are working to solve the vacancy-problem. Over 20 firefighters are currently in paramedic training (though, none volunteered). But the daily demand of the *call-volume* will remain unless additional resources are added. Nine rescues do not provide adequate coverage for a population the size of Long Beach. We've been **“doing more with less”** for a very long time.

- **LBFD has experienced an increase of 30% in call volume** in the last couple decades and **NOT ONE RESCUE** has been placed in service to meet the growing demand.

Where can we see the negative results?

- Longer response times
- Documentation errors
- Treatment protocol errors
- Inappropriate upgrades/downgrades
- Extreme fatigue of paramedics
- Emergency vehicle traffic accidents
- Disciplinary actions against paramedics for mistakes made
- No volunteers for paramedic training
- Paramedics try to do everything possible (de-cert, promote, or work for other agencies) **JUST** to avoid being a paramedic in Long Beach.

LBFD top priority is always to provide excellent care for our citizen's. However, balance between providing excellent care and maintaining a healthy, thriving workforce is fading. We are struggling to provide high-quality service and we are no longer a healthy workforce.

- **9.3%** of our floor personnel are on some form of medical leave.

INCREASE OUR DILIGENCE

We must not be in the habit of **clearing from one call or the hospital too abruptly just** because another response is in our area. Clearing too abruptly can result in rushed patient assessments, lower standards-of-care, and/or mistakes made on treatment protocols or documentation. **We must take greater care.**

- ✓ **Devote complete attention-to-detail on every call** regardless of the number of calls we hear being dispatched and resist the urge to finish the call too quickly...
- ✓ **Ensure that a thorough and accurate patient care report** is complete and uploaded to the server...
- ✓ **Fully restock and sanitize** the rescue...

...BEFORE taking on another call.

Give 100% to the call you are on. Diligence produces the highest standard-of-care for patients. Don't get distracted because there are other calls waiting for rescues. It is not your fault there aren't enough rescues. It's also not the fault of the patient you are helping at that moment. Diligence also prevents opening ourselves up to discipline and limits exposing the City to liability as well.

Scan QR for some examples of neglected documentation:



ADDITIONAL THOUGHTS FOR ALL

If a licensed paramedic with a drug box and cardiac monitor are **NOT** on scene, then **no paramedic-level services or medication administrations are authorized**; regardless of the conditions. We must all serve only within our **Scope-of-Practice**. ...*Stay safe!*



10B Active Shooter Training



Joncich Truck test

LOCAL 372 FAMILY PHOTOS



Active Shooter Training



Doing it



Ashmore finally gets his Heavy Wrecker



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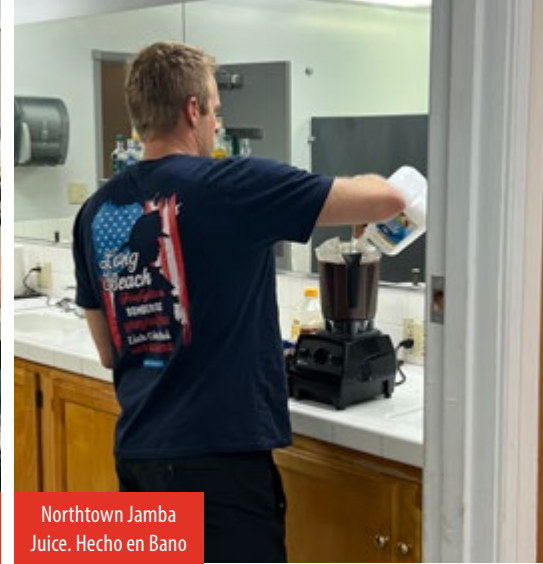
LACoFD Squad in downtown



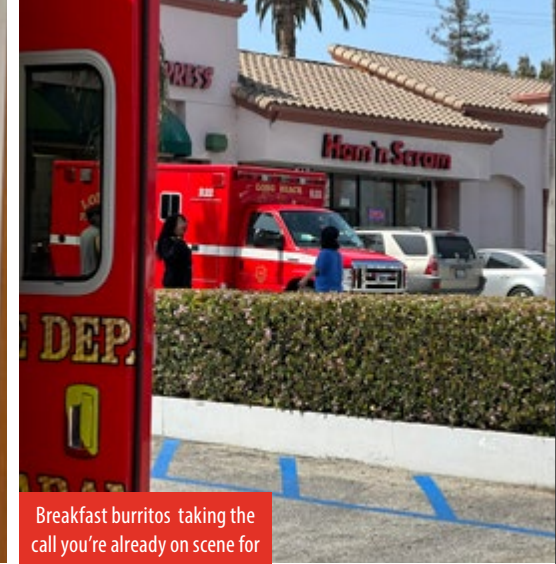
Pickleball bringing out the competitor in all of us



Does anyone know the whereabouts of Stn 19's basketball



Northtown Jamba Juice. Hecho en Bano



Breakfast burritos taking the call you're already on scene for



Truck Ops in Northtown



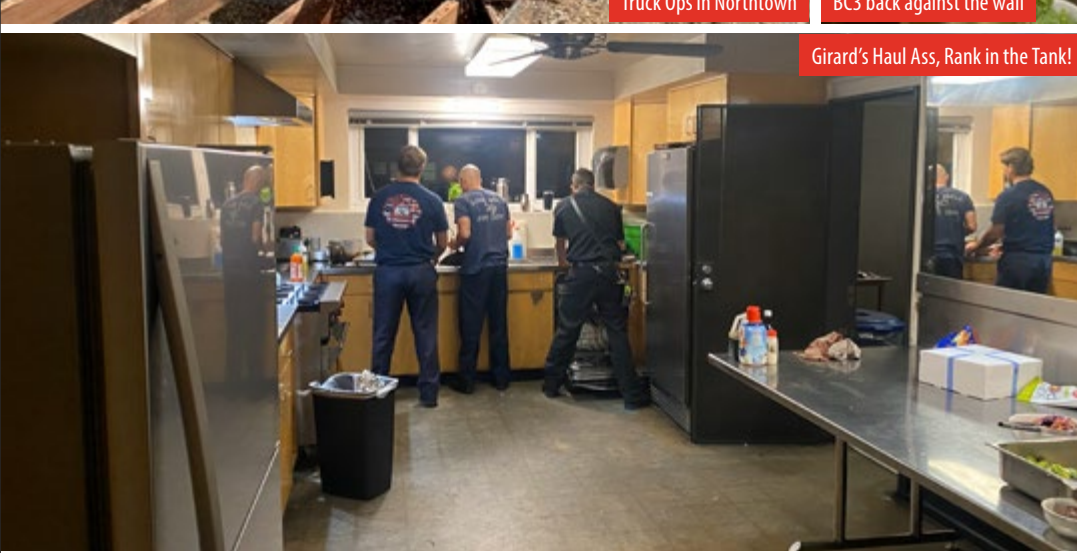
BC3 back against the wall



Fisk and Crabtree working the office



St Baldricks



Girard's Haul Ass, Rank in the Tank!



Sun comes out and ladder pipe goes up



Engineer Academy- Im having fun



Demo snapping into a slim jim



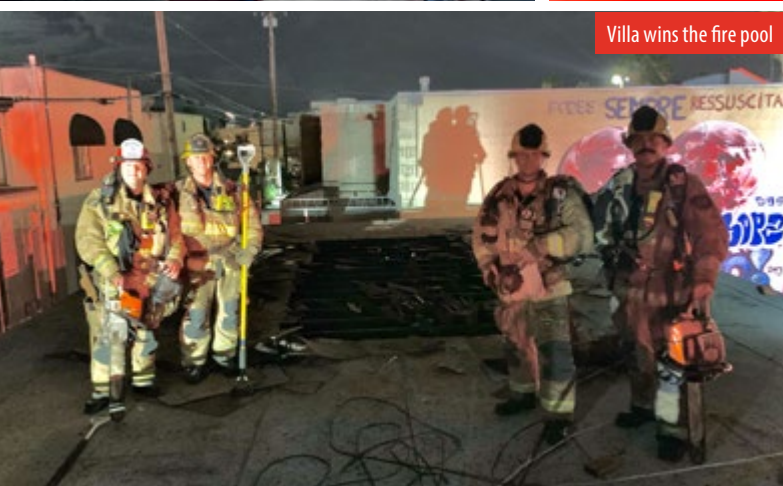
Tactical and Practical



Collapsible stools added to R4 inventory for APODs



Lowrider Show



Villa wins the fire pool



Joncich Truck test



Cambodian New Year



PM Intern Ernesto Rubio brings bunker pants instead of drug box to medical call



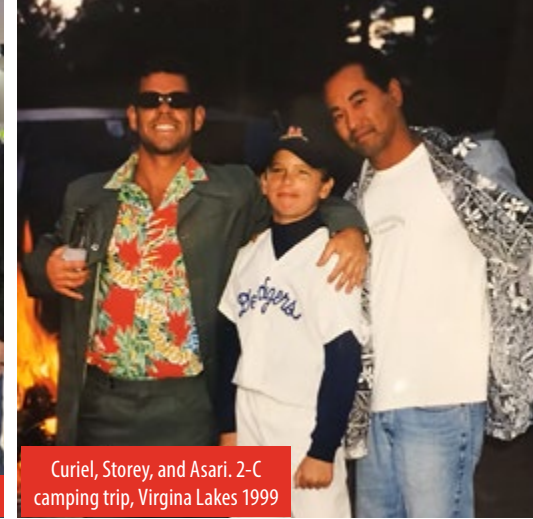
Hoover teaching how to pump



13's family day



LA Kings game



Curiel, Storey, and Asari. 2-C camping trip, Virginia Lakes 1999

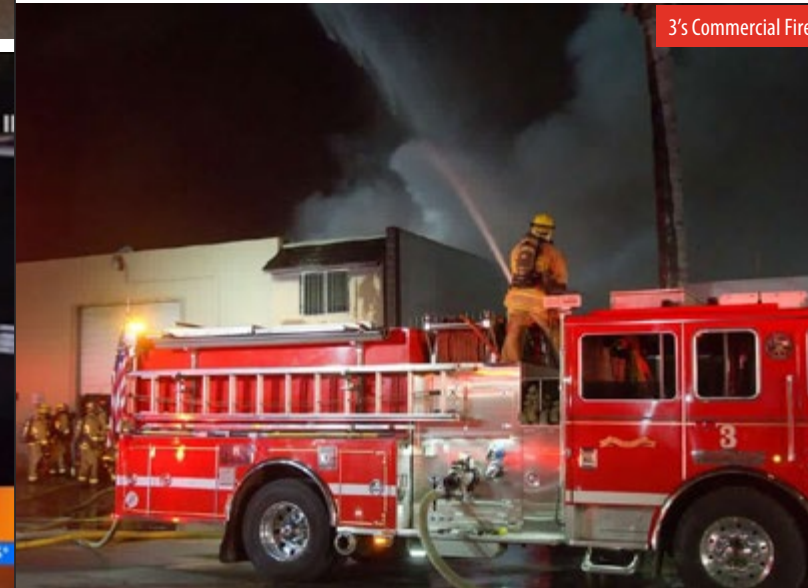


Waddell featured on the infamous Instagram live



Captain Carneval has regrets of never being a medic, and steals Rescue 1

LAPD OFFICER INJURED STOPPING AMBULANCE THIEF
INCIDENTS 5pm Old Pomona Rd. ksla.com CA-2 Big Pines Hwy: road closed from CA-39 55°



3's Commercial Fire



3's Commercial Fire



Kovacs in retirement mode



X gives Blocky his 25 year pin



MBA Members (missing Flint and Brown)



3's Commercial Fire



3's Commercial Fire



A tiny dog 'rescued' makes national news. A fire 1 week earlier with 3 rescues gets nothing. Tucker Carlson's face says it all

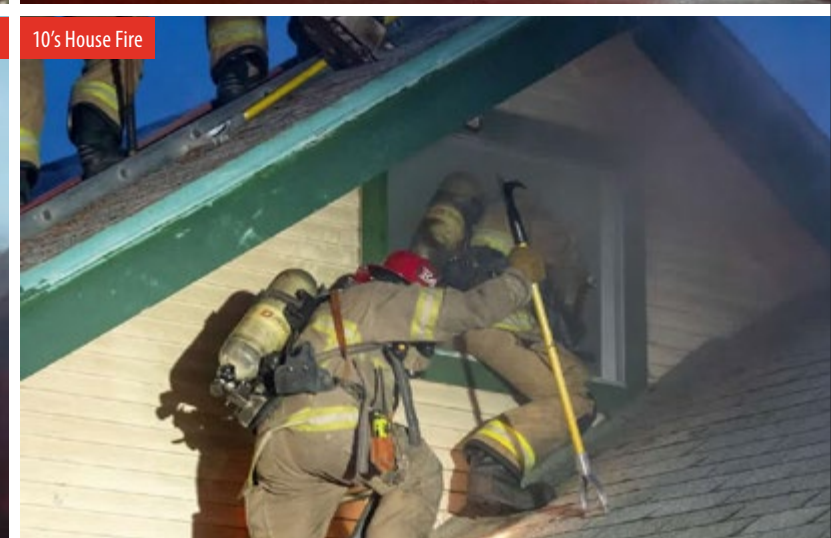
FOX NEWS 5:00 PM
CA LIFEGUARD RESCUES TINY DOG FROM DROWNING
TUCKER CARLSON TONIGHT



Strecker's Retirement



10's House Fire



10's House Fire



Airport Fire Training in San Bernardino



Airport Fire Training in San Bernardino



Sovereign Highrise Fire



Badge ceremony



CREAM



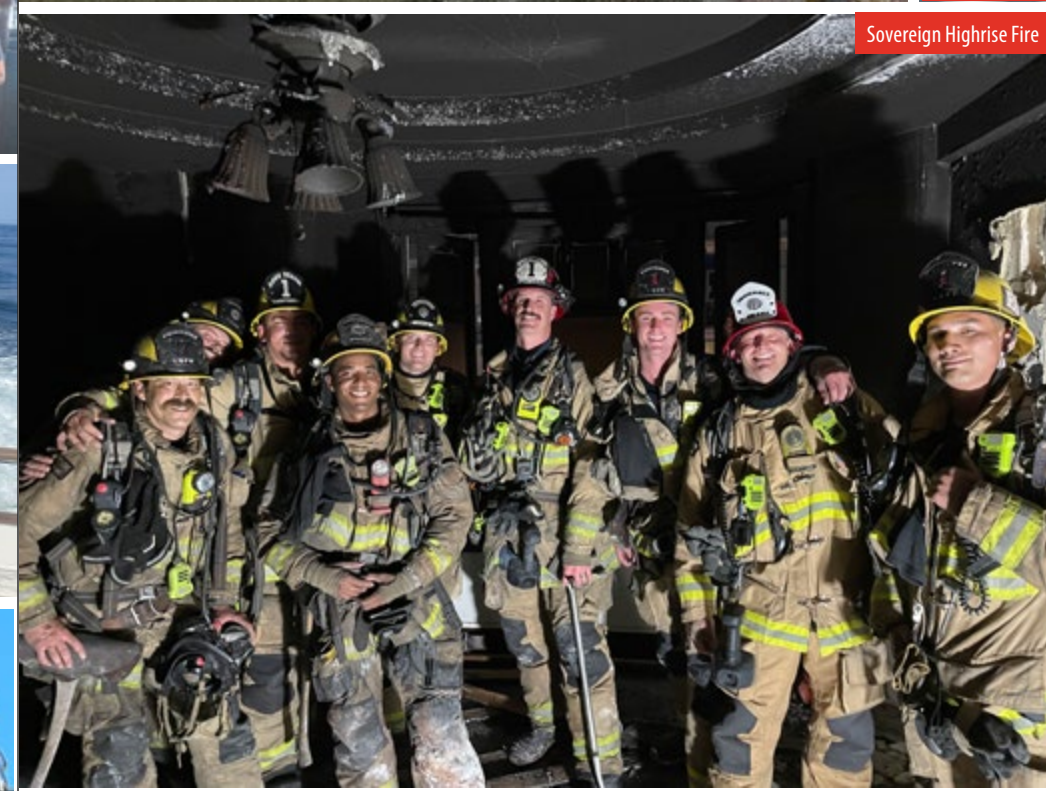
Bump down Beel



Off probation!



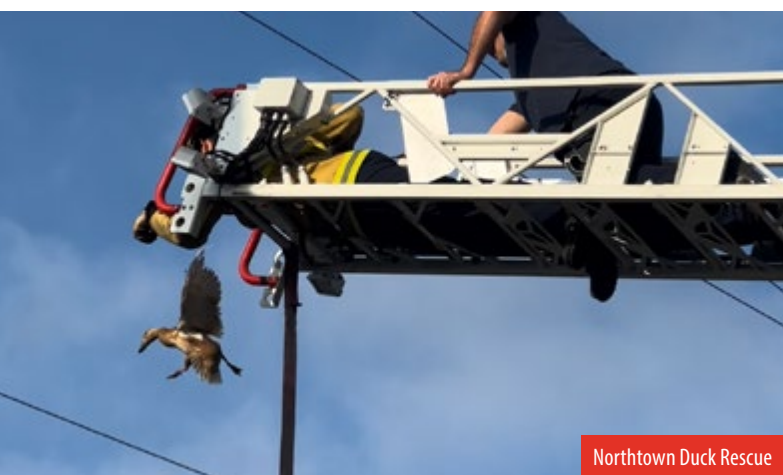
Gary Schall's Booze Cruise



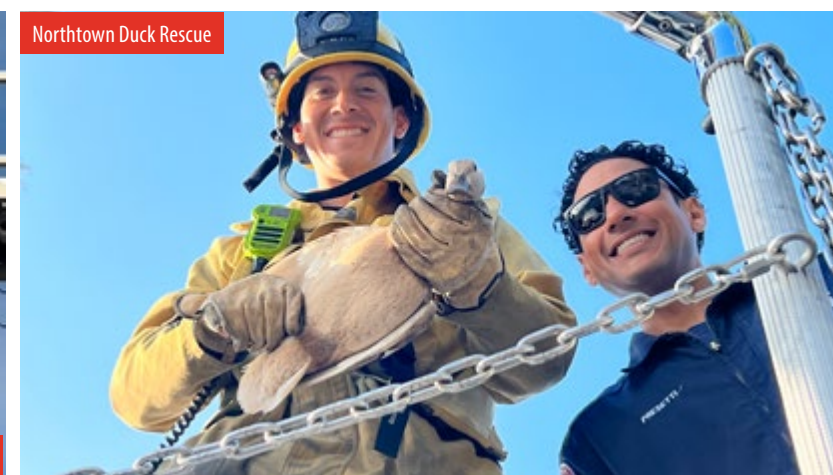
Sovereign Highrise Fire



Reynoso Truck Test



Northtown Duck Rescue



Northtown Duck Rescue



Multi-Agency REMS Training



Multi-Agency REMS Training



Multi-Agency REMS Training



PTI graduations, Morales and Whitt



Reynoso Truck Test

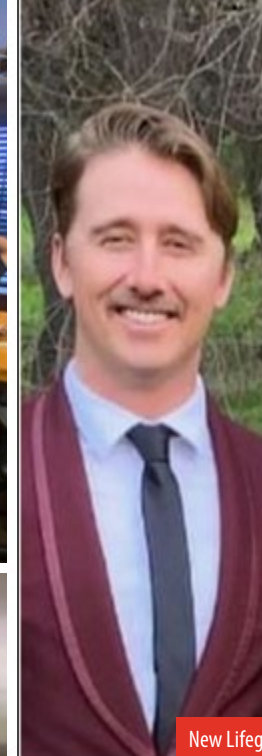




Station 7 takes their coffee seriously



Teamwork makes the dream work



New Lifeguard BLS... Chase Lough and Sean Lee Love Child



Teddy Bryant

DOPPELGÄNGERS



THOUGHTS FROM KRISTOFF

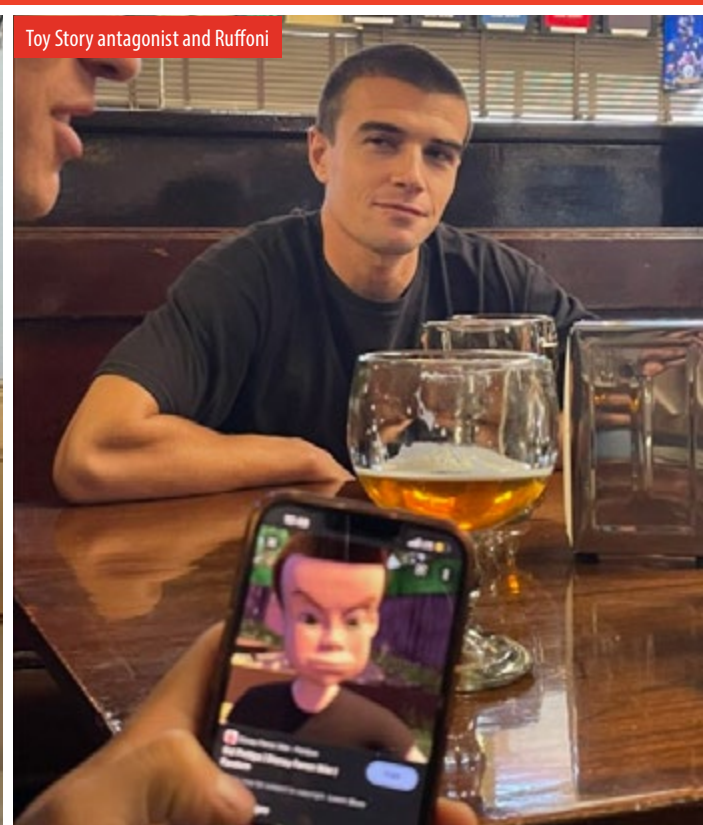
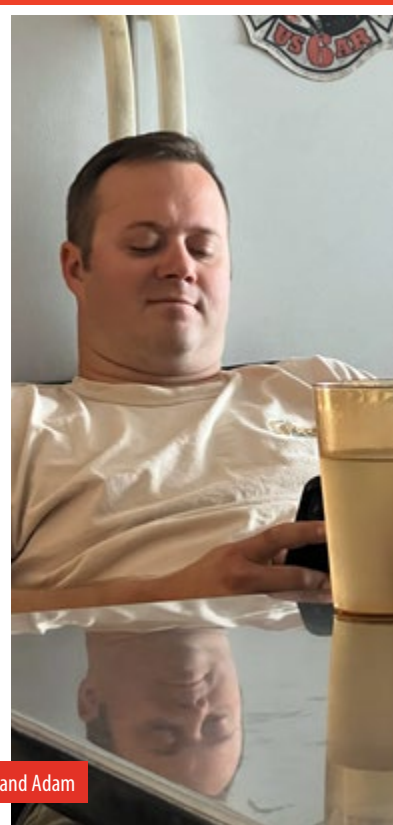
"During my last 2 months of combat deployment on Rescue 18, I realize many dreams, die while suffering"



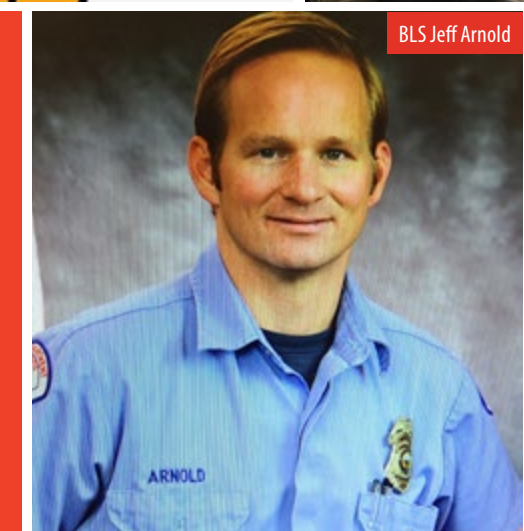
I dont always work the Grand Prix, but when I do - I look fabulous



Garfield and Adam



Toy Story antagonist and Ruffoni



BLS Jeff Arnold



R9 Jeff Arnold



RUN NUMBERS

CT 2023 AS OF JUNE 11, 2023

UNIT ID	TITLE	# of Responses	# of Responses w/ Patients Exhibiting COVID Symptoms	UNIT ID	TITLE	# of Responses	# of Responses w/ Patients Exhibiting COVID Symptoms
BC1	Battalion Chief BC1	380	0	E19	Engine E19	1,111	28
BC2	Battalion Chief BC2	314	1	E20	Engine E20	62	0
BC3	Battalion Chief BC3	389	0	E22	Engine E22	1,085	34
BLS1	Basic Life Support BLS1	1,141	34	E24	Engine E24	80	0
BLS2	Basic Life Support BLS2	2,644	67	HM24	Hazmat HM24	14	0
BLS12	Basic Life Support BLS12	631	32	LG1	LG1	2	0
BLS13	Basic Life Support BLS13	1,364	70	LG2	LG2	1	0
BLS14	Basic Life Support BLS14	2,162	48	LG3	LG3	41	0
BLS16	Basic Life Support BLS16	2,214	51	LG6	LG6	33	1
BT15	BT15	18	0	LG7	LG7	54	1
BT20	BT20	14	0	LG8	LG8	7	0
C1	C1	102	0	LG9	LG9	1	0
C3	C3	14	0	LG10	LG10	1	0
C5	C5	14	0	R1	Rescue R1	2,885	138
E1	Engine E1	2,993	66	R3	Rescue R3	3,320	259
E2	Engine E2	2,520	82	R4	Rescue R4	2,490	114
E3	Engine E3	3,008	124	R9	Rescue R9	2,585	116
E4	Engine E4	1,972	66	R10	Rescue R10	2,996	204
E5	Engine E5	768	26	R11	Rescue R11	2,176	155
E6	Engine E6	233	3	R12	Rescue R12	1,862	95
E7	Engine E7	2,638	132	R18	Rescue R18	1,515	77
E8	Engine E8	971	13	R22	Rescue R22	1,599	89
E9	Engine E9	2,487	65	RB1	RB1	213	2
E10	Engine E10	2,734	133	RB2	RB2	138	1
E11	Engine E11	2,918	131	RB3	RB3	33	0
E12	Engine E12	2,402	81	T1	Truck T1	1,060	20
E13	Engine E13	1,868	75	T7	Truck T7	981	37
E14	Engine E14	1,116	39	T11	Truck T11	937	27
E15	Engine E15	65	0	T17	Truck T17	717	25
E17	Engine E17	1,806	79	USAR6	Unit Id USAR6	54	0



FOLLOW US ON SOCIAL MEDIA

LIST OF LBFF LOCAL 372 SOCIAL MEDIA OUTLETS



Long Beach Firefighters



@longbeachfirefighters



@Lbfirefighters
(Long Beach Fire)