

Station 49 Gates and Fence Artwork



Artist: Michael Bartalos

SFFD

EMS AND COMMUNITY PARAMEDICINE

FIRE COMMISSION REPORT
JANUARY 2023

DEPUTY CHIEF SANDY TONG

EMS DIVISION

Assistant Deputy Chief Niels Tangherlini

January 2023

OPERATIONS UPDATES

The EMS Division averaged 348 calls per day. This was similar to what the EMS Division handled in November but was a slight decrease from December. There was only one day where call volume was just under 300 and only one where it was over 400. During January the SFFD averaged just under 80% of market share. This was a slight decline from December and just over 4% under November. Again, this is almost completely attributable to the LEMSA BLS pilot project whereby all three 911 providers can add up to 4 EMT staffed ambulances to the system in any 12-hour period. Currently, only King American and AMR, the two private ambulance providers allowed to participate in the 911 system, are contributing ambulances to this pilot project. The EMS Command Staff is working with our Medical Director to determine how it would be best for the EMS Division to participate in this program.

In early January, the EMS Division saw the completed installation of the SF Art Commission's commissioned art panels on the gates and fences at Station 49. A description of the artwork from the artist Michael Bartalos:

Serving the City is a sculptural artwork that embellishes the entry and exit gates of Station 49, San Francisco's new Ambulance Deployment Facility. The art imagery speaks to the history and visual vernacular of our emergency medical services, the SF Fire Department with which it operates, and communities which they serve.

The proposed artwork is comprised of overlapping stainless steel and painted steel cut-outs that reference emblems, insignia, and badges associated with emergency medical response and firefighting. They are supplemented by steel iconography that illustrate general fire department operations as well as San Francisco's neighborhoods and landmarks. These elements are layered and combined to create tableaux that tell the EMS story with dimensionality, shadow play, and impact.

Please come by and check out this beautiful addition to our station.

At the end of January, the EMS Division hosted representatives from this year's Civil Grand Jury. Members were given a tour and description of the challenges faced by members of the EMS Division. The Civil Grand Jury investigates the inner workings of different agencies across San Francisco and makes recommendations for potential improvements or changes.

In January, the extremely hard-working EMS Instructors trained over 500 members in CPR, as well as taught de-escalation and restraints techniques.

Annual EMS Review:

To better plan for future staffing and equipment needs, along with establishing clinical priorities, the EMS Division has worked with Department statisticians to create a review of call volume looking back over the last two decades. Additionally, the EMS Division has worked with its CQI captains to examine some of the clinical trends over the past year. The following are some highlights:

- In 2022 the SFFD responded to 122,879 ambulance dispatches.
 - 52% were Code 3 calls.
 - The daily average was 337 responses.
 - This represented 72% of the Department's 166,960 responses.
- In the last two decades call volume for EMS has increased by approximately 85%

- Since 2003 EMS call volume averages 72% of responses for SFFD. EMS call volume peaked in 2018 at 77% of the call and then experienced a slight decrease as overall percentage. This trend, however, appears to be reversing. It should also be noted that 5% of the call volume now is related to community paramedics, which accounts for much of the recent increase in SFFD call volume. In the last two years, EMS would account for 76% of the call volume had CP calls not been factored in.
- The percentage of call volume related to EMS has increased by 10% over two decades. This trend will likely continue.
- CP will continue to account for an increasing percentage of overall call volume and be a driver of growth for demands on SFFD.
- Private ambulances did not participate in the 911 in any significant way until 2008 and then rapidly took increasing market share until the trend reversed in 2022.
- Whether related to changes in dispatching or types of requests to the SFFD for ambulances, the percentage of code 2 calls has increased by almost 25% in two decades.

Clinical Data:

- In 2022 the Department administered Narcan on a total of 2470 incidents. This trend has continued to increase since 2019. According to the Office of the Medical Examiner, there has been a 14% decline in overdose deaths in San Francisco from 2020 numbers. Our crews intervene quickly and effectively to reverse many Opioid overdoses and it should be noted that the care provided by our crews goes beyond just administering Narcan; it includes supporting a patient's airway, breathing, circulatory status, and providing the most appropriate follow-up care.
- In 2022 the EMS Division treated 86,064 patients based on medical records
 - 10,638 of those patients had traumatic injuries.
 - 75,426 of those patients experienced a medical emergency.
 - The EMS Division delivered 4 babies, including one set of twins.
- The EMS Division responded to 537 cardiac arrests.
 - 337 of those patients had return of spontaneous circulation (ROSC).
- RCs used video laryngoscopes 237 times.
 - The overall success rate for intubation with this device was 91%

RESEARCH UPDATES

During December, the EMS efforts of the EMS Division allowed the Episode study examining the efficacy of the Mind Rhythm stroke detection device to meet its patient enrollment numbers. The outstanding effort of our members brought this study to its conclusion months ahead of the expected conclusion date. The EMS Division eagerly awaits the next phase during which it would assist Mind Rhythm achieve FDA approval for clinical use of this device. The EMS Division is starting discussions with the medical director and the LEMSA about protocols that would support our crews becoming the first EMS providers in the world to use this device clinically to determine a large versus small vessel stroke.

The Pilotcardi study continues to enroll patients. Members of the EMS Division are working as part of the research team in analyzing data and determining next steps. As previously mentioned, this study is looking at ways for paramedics to determine if a cardiac arrest patient is potentially suffering from an occult overdose.

TECHNOLOGY UPDATES

The EMS Division and volunteers from Code for America met with representatives from Sutter (CPMC Van Ness, Davies, and Mission Bernal) and Dignity Health (St. Francis and St Mary's) to discuss piloting the Routed App. As previously noted, Code for America is a 501c(3) organization dedicated to developing technological

solutions to challenges faced by local governments. The Routed App developed for the SFFD would allow all ambulance providers in San Francisco to better distribute non-critical patients.

Both the Routed App and the Peak Response App being developed by Peak Response are awaiting a determination by the Department's City Attorney on whether an MOU or contract is needed to implement these technological solutions.

NOTABLE ACTIVITIES

Everyday members of the EMS Division provide lifesaving care and support to the citizens and visitors to the City and County of San Francisco. This may include restarting the heart of a cardiac arrest victim, relieving pain from a broken bone, or simply reassuring someone with a kind word or warm blanket. Each of the 350 responses per day is notable in some way, but here are several examples of some of the care being provided by the EMS Division:

1. On 1/15/23 a 20 year-old male with a gunshot wound self-presented to St. Francis and was promptly cared for by one of our crews. SFFD Medical Director provided this feedback to the crew:

Message from Dr Lacocque to crew,

"PM Faust, EMT Gutierrez,

I'm writing to give you kudos for a patient you took care of this weekend.

A 20-year-old male walked into Saint Francis with GSWs to the abdomen. You had just dropped off a patient at Saint Francis and immediately helped the Saint Francis Staff by helping with this patient in the ED and bringing him to SFGH code 3. You acting right away and helping the patient was key in him getting quick care. Fortunately, he went to surgery and they found no peritoneal injuries (all his organs were fine) and he recovered well.

Thanks for your work."

2. On 1/5/23 E40, E18, 54 - bicycle vs auto > 20 mph, patient confused and unaware of incident. The patient's wife sent the following message:

"Tremendous job of giving me enough information to understand what was happening, keeping me from panicking, and getting the information they needed about his medical history. Please pass on my deepest thanks for helping to save his life."

Station 49 front gate and fence



The left fence



The right fence



The installation crew!



For a description of the artist's design concepts (also attached to packet):

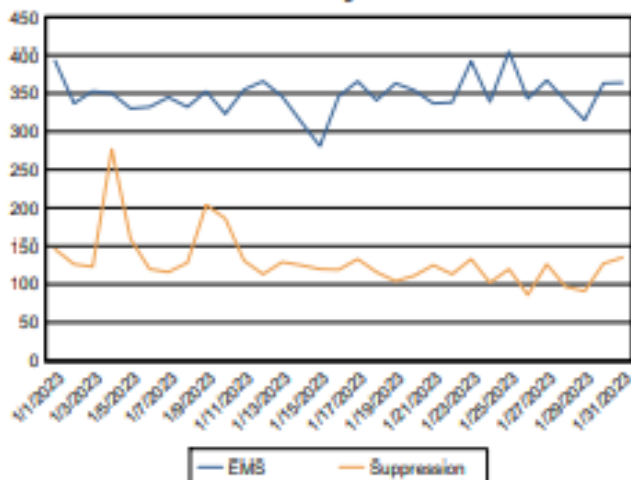
C:\Users\Sandra.Tong\OneDrive - CCSF\ADFI\Fence\2023-01-06 30x45 inch interior plaque design-v6_Final 020223.pdf

SFFD ACTIVITY SUMMARY – January 2023

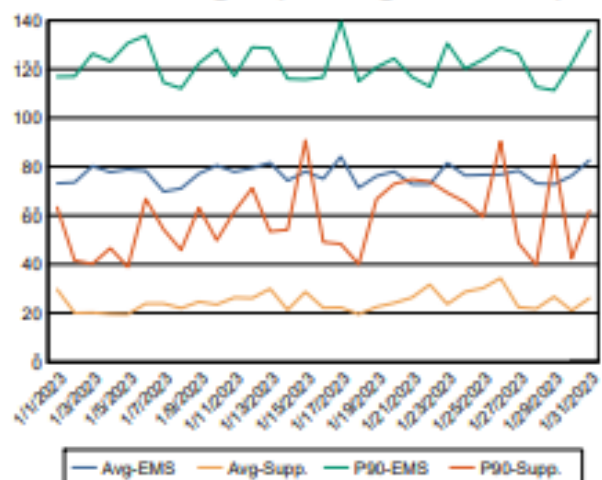
SFFD Activity Summary From 01/01/2023 To 01/31/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
01/01/2023	393	146	539	73.14	93.07	29.64	116.87	63.32
01/02/2023	337	126	463	73.57	91.41	20.02	117.05	41.51
01/03/2023	353	123	476	80.21	99.98	20.06	126.30	40.06
01/04/2023	350	277	627	77.74	97.06	19.57	123.04	46.54
01/05/2023	330	159	489	78.86	104.94	19.51	130.63	38.92
01/06/2023	332	120	452	78.23	101.59	23.78	133.81	66.85
01/07/2023	345	116	461	69.81	90.95	23.86	114.54	54.31
01/08/2023	332	128	460	71.04	89.57	22.00	112.01	45.85
01/09/2023	353	204	557	77.08	97.45	24.57	122.33	63.04
01/10/2023	323	186	509	80.43	103.23	23.44	128.23	49.80
01/11/2023	355	131	486	77.89	96.69	26.30	117.10	61.65
01/12/2023	366	113	479	79.35	104.56	26.01	128.93	71.14
01/13/2023	346	129	475	81.61	100.94	29.87	128.50	53.41
01/14/2023	313	125	438	74.24	91.95	21.16	115.99	54.17
01/15/2023	281	120	401	77.95	89.08	28.72	115.75	90.79
01/16/2023	346	119	465	75.00	90.87	22.09	116.66	49.05
01/17/2023	366	133	499	84.10	106.50	22.16	139.43	48.32
01/18/2023	341	116	457	71.26	94.09	19.42	114.97	39.92
01/19/2023	363	104	467	76.10	96.99	22.40	120.75	66.70
01/20/2023	354	111	465	78.02	97.41	24.08	124.38	72.85
01/21/2023	337	125	462	72.76	93.75	26.34	116.70	74.75
01/22/2023	338	113	451	72.73	95.52	31.64	112.72	73.84
01/23/2023	392	133	525	81.46	104.38	23.53	130.57	69.35
01/24/2023	339	102	441	76.39	98.07	28.67	120.08	65.49
01/25/2023	405	120	525	76.68	96.89	30.19	124.01	59.31
01/26/2023	343	86	429	76.72	99.85	34.21	128.68	90.29
01/27/2023	367	126	493	78.37	96.17	22.28	126.33	48.63
01/28/2023	341	97	438	73.18	89.71	21.75	112.68	39.62
01/29/2023	315	91	406	72.72	90.07	26.70	111.22	84.62
01/30/2023	363	127	490	76.25	97.75	20.94	122.32	42.31
01/31/2023	364	135	499	82.57	104.80	26.10	135.70	61.88

Calls By Date



Call Length (Average and P90)

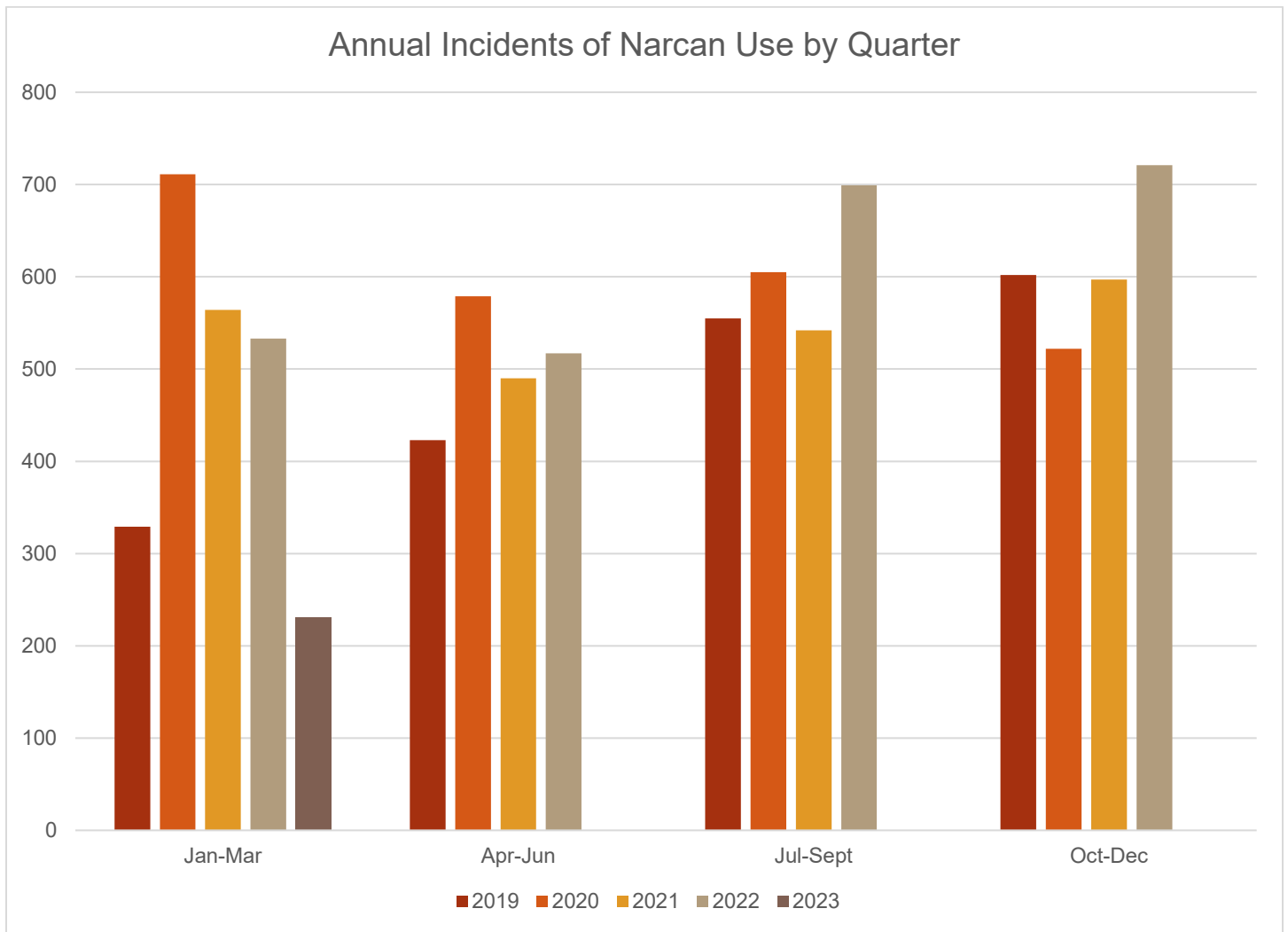


**INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution
January 2023**

**San Francisco Fire Department
Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)**

		No		Yes		Total
EMS6	2022/08	68	44%	85	56%	153
	2022/09	89	48%	95	52%	184
	2022/10	34	42%	47	58%	81
	2022/11	27	51%	26	49%	53
	2022/12	71	50%	71	50%	142
	2023/01	73	58%	52	42%	125
	2023/02			1	100%	1
Fire Incidents	2022/08			83		83
	2022/09			67		67
	2022/10			62		62
	2022/11			98		98
	2022/12			80		80
	2023/01			55		55
	2023/02			1		1
Medical Incidents	2022/08	5,695	76%	1,790	24%	7,485
	2022/09	5,651	77%	1,686	23%	7,337
	2022/10	5,969	77%	1,760	23%	7,729
	2022/11	5,751	78%	1,622	22%	7,373
	2022/12	6,048	79%	1,652	21%	7,700
	2023/01	5,872	78%	1,667	22%	7,539
	2023/02	212	76%	66	24%	278

NARCAN ADMINISTRATION



	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Annual Total
2019	329	423	555	602	1909
2020	711	579	605	522	2417
2021	564	490	542	597	2193
2022	533	517	699	721	2470
2023	231	0	0	0	231

COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
January 2023

PROGRAM OVERVIEW AND TIMELINE

Program	Vulnerable population	Launch date	Full Implementation
EMS-6	Frequent 911 users	January 31, 2016	
Street Crisis Response Team	Community members in behavioral crisis	November 30, 2020	7 th team added May 28, 2022 (EMD on June 22, 2022)
Street Overdose Response Team	Overdose response	August 2, 2021	2 nd team added June 27, 2022
Street Wellness Response Team	Persons requiring a wellbeing check	January 24, 2022	2 nd -5 th team added June 27, 2022

COMMUNITY PARAMEDICINE HIGHLIGHTS

- **Street Response Team Reconfiguration:** On Monday 1/30, all City agencies involved with Street Crisis Response and Street Wellness Response Teams announced plans for a team reconfiguration. Beginning March 4, 2023, behavioral health clinicians will no longer be staffed on response teams. The reconfigured teams will continue to be staffed by peer support specialists and Homeless Outreach Team (HOT) specialists, working alongside either a community paramedic and an EMT or two community paramedics. Teams will respond to all community paramedicine call types. The reconfigured team will retain the name “Street Crisis Response.”

This reconfiguration will support operational efficiencies, provide the same level of service to the public, and assign additional behavioral health clinicians on follow-up and care coordination teams.

We will continue to partner with the Department of Public Health, the Department of Homelessness and Supportive Housing (HSH), the Department of Emergency Management (DEM), and the numerous other City agencies and community-based organizations that support our City’s shared goal of delivering quality, results-driven, trauma informed care to our community.

- **Multiple Grant Applications in Progress:**
 - **National Science Foundation & San Jose State University:** Dr. Miranda Worthen & Dr. Soma de Bourbon hosted an informational session with Division members to report back on the focus group findings that were part of the first phase of a National Science Foundation grant. In partnership with this SJSU team we are continuing to pursue the second phase of this grant opportunity. The proposed grant will further explore and quantify the effects of moral hazard on our members and clients, possible interventions, and integration of equity measures and training into our work.
 - **SAMSHA (Substance Abuse and Mental Services Administration):** We are jointly exploring a federal grant opportunity with the DPH that would potentially support the work of the SORT &

the Department with Narcan distribution and community training as well as buprenorphine distribution and training.

- **CareSTAR Transformations & Innovations Initiative:** We are working with Department Grant Analyst Shiloh Kaho to complete an application for this grant. We will be pursuing funds to support training programs, data systems, and diversity, equity and inclusion components. Funding in these areas will assist our Division in pursuing its equity goals while meeting new regulatory standards set forth by the State EMS agency.
- **Frontline Impact In-Kind Donations:** Frontline Impact (frontlineimpact.org) reached out to the Department seeking opportunities where their donated items such as clothing, food, and sundries, could be connected with individuals in need. The Community Paramedicine Division is working with the Finance Division to coordinate the receipt of several pallets worth of goods which our members may utilize in their engagements with clients.
- **Community Paramedicine Speaker Series:** Dr. Jeff Hom, director of the San Francisco Department of Public Health's Population Behavioral Health Services Division, was invited to speak to all Department members on the topic of the overdose epidemic. The lecture was well attended and included a lengthy Q&A session. We look forward to hosting speakers throughout the year on the topics of mental health, homelessness, the opioid epidemic, and other areas of interest and impact for our membership.

January 19, 2023
2:30 – 3:30 pm
(virtual)

San Francisco Fire Department

Community Paramedicine Division

2023 Monthly Speaker Series



Dr. Jeff Hom, Director of Population Behavioral Health
San Francisco Department of Public Health

Dr. Hom's work includes overseeing the newly formed Office of Overdose Prevention. He will share current best practices & evolving strategies employed in our response to the historic opioid epidemic followed by a Q&A session.

All San Francisco Fire Department Members Welcome
Registration: <https://tinyurl.com/CPspeaker2023>



Register

If you require assistance registering or accommodation attending email Michael.Mason@sfgov.org or call (628) 732-6041

- **National EMS Physician's Annual Meeting:** Dr. Graterol, the Community Paramedicine Division's Medical Director, attended a 1-day conference focused on community paramedicine and mobile integrated health. Dr. Graterol and other leading medical professionals spoke to an audience about their respective programs. Our Division's work and research into overdose deaths and EMS contacts was selected for a presentation. This research was integral to supporting the Street Overdose Response Team's inception and programming strategy.

EMS-6

Operational period: 1/1/2023 – 1/30/2023

Total encounters: 284

Average encounters per day: 9.47

Average connection rate to resource: 56%

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -34%

Encounter Type	
Outreach	115
Consult	108
911 - EMS6 special call	28
Case Conference	24
911 - EMS6 self-assigned	9
911 - System	0
Total	284

Resource	Referrals Offered	Connections Made	Connection Rate
Sobering Center	8	7	88%
Shelter - Short Term	7	6	86%
Social Services	6	4	67%
Psychiatric Services	7	4	57%
Clinic	4	2	50%
Substance/Dual Diagnosis Treatment	6	1	17%
Joe Healy Detox	3	0	0%
Homeward Bound	1	0	0%
Shelter - Long Term	1	0	0%
Homeless Outreach Team	0	0	0%
Hummingbird	0	0	0%
Navigation Center - Pathway to Housing	0	0	0%
Navigation Center - Time Limited	0	0	0%
	43	24	56%

EMS-6 Successes

- Conservatorship with Contra Costa County Care Coordination:** A 21-year-old female with 49 SFFD EMS contacts in 2022 was placed on a conservatorship in Contra Costa County after successful inter-County collaboration by the EMS-6 team. Prior to January 2022 this individual had no EMS contacts.

The EMS-6 team identified the client as a high-utilizer early in 2022 and recognized that her care coordination and medical benefits were primarily in Contra Costa County despite repeated contacts in San Francisco. Over the course of the year team members coordinated with Contra Costa County social workers, organized multi-agency case conferences, sheltered and referred the individual to mental health facilities, and followed up on involuntary holds placed by San Francisco providers. This continued and persistent care coordination led to the client being admitted to SFGH's locked psychiatric ward before transfer to Contra Costa County where her conservatorship was extended.

SCRT

Operational period 1/1/2023 – 1/30/2023

Total Calls for Service: 594

Average Response Times: 18.38

Average on Scene Times: 49.8

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	86	14.48%
Ambulance transport to ED	96	16.16%
Remained in the community	240	40.40%
Unable to Locate	133	22.39%
Walked Away	39	6.57%
Total	594	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	86	20.38%
Ambulance transport to ED	96	22.75%
Remained in community	240	56.87%
Total	422	100.00%

5150

Grave disability	10
Self-harm	10
Harm to others	5
Total	25

Police Presence on Scene

		Percent of total calls for service (594)
PD On Scene Prior to Arrival	16	2.69%
PD requested by SCRT	17	2.86%
SCRT requested by PD	38	6.40%
PD arrived without request	2	0.34%
Total Incidents with PD present on scene	73	12.29%

Assistance provided by Police

		Percent of total calls for service (594)
Immediate danger to personnel or public	2	0.34%
Assist with Restraints	5	0.84%
Scene Management	13	2.19%
Total	20	3.37%

SCRT Successes:

- **Unhoused Mother & Children:** SCRT-2 was special called by Engine 29 to engage an unhoused mother with two children. The family had walked into the fire station seeking shelter and safety. After arriving on scene, the SCRT members coordinated with CP-5 (community paramedic captain) to arrange for medical evaluation of all family members. After medical clearance and consultation with the base hospital physician at SFGH, the family was transported by community paramedicine units directly to a family shelter.

SORT

Operational period: 1/1/2023 – 1/30/2023

Calls for Service: 101

Total Encounters: 99

Total Encounters with a Confirmed Overdose: 64

Buprenorphine Starts: 4

Clients who Accepted Harm Reduction Supplies: 71

Clients who accepted Narcan Rescue Kit: 67

SORT Successes:

Multi-Agency Coordination for Overdose Survivor: The on-duty SORT community paramedic responded directly to the scene of an overdose to find an unsheltered 37 year old male in care of an ambulance crew. The responding paramedics had successfully reversed the individual's opioid overdose. The SORT member actively engaged the client and followed them to the emergency department, where they coordinated with the substance use navigator and emergency physician to induce the individual on buprenorphine. The client was discharged to a winter shelter with an ongoing prescription for buprenorphine and a plan for follow-up care from the Post Overdose Engagement Team (POET).

This encounter is demonstrative of the multiple organizations, engagements, and care coordination involved in changing the trajectory of care for a single overdose survivor

SWRT

Operational period: 1/1/2023 – 1/30/2023

Total calls for service: 561

Call Origin:

On View	285	49%
911	276	49%
Total	561	100%

Disposition all calls for service:

Non-ambulance transport to non-ED resource	87	15.5%
Ambulance transport to ED	92	16.4%
Remained in community	325	57.9%
Unable to Locate	34	6.1%
Walked Away	23	4.1%
Total	561	100%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	87	17%
Ambulance transport to ED	92	18%
Remained in community	325	64%
Total	504	100%

Destination of Non-Emergency Transport

Shelter	21	36%
Mental Health Facility	2	3%
Community Clinic	11	8%
Sobering Center	31	33%
Treatment Program	0	0%
Other Destination (Case management, ride home, food kitchen, etc)	22	20%
Total	87	100%

San Francisco Fire Department
EMS and CP Divisions

Acronyms/Abbreviations/Terms

5250	14-day hold placed after a 5150	<i>CP</i>
800B	Police code for “report of mentally disturbed person”, B priority (non-violent, no weapon)	<i>CP</i>
910B	Police code for “check on wellbeing”, B priority (non-violent, no weapon)	<i>CP</i>
AB1544	CA State Assembly Bill 1544 codifies Community Paramedicine into the CA Health & Safety Code	<i>CP</i>
ABC's	Airway, Breathing, Circulation	<i>Training</i>
ACLS	Advanced Cardiac Life Support	<i>Training</i>
ADU	Acute Diversion Unit	<i>CP</i>
AED	Automatic External Defibrillator	<i>Training</i>
ALS	Advanced Life Support	<i>MCI/Training</i>
AMA	Against Medical Advice	<i>Operations</i>
Amb	Ambulance	<i>Operations</i>
AMS	Altered Mental Status	<i>Training</i>
AOS	Arrived on Scene	<i>Operations</i>
AOT	Assisted Outpatient Treatment (Laura's Law)	<i>CP</i>
APS	Adult Protective Services	<i>CP</i>
ASA	Aspirin	<i>Training</i>
AUD	Alcohol Use Disorder	<i>CP</i>
BLS	Basic Life Support	<i>MCI/Training</i>
BP	Blood Pressure	<i>Training</i>
BVM	Bag Valve Mask	<i>Training</i>
CaCl	Calcium Chloride	<i>Training</i>
CAL-MAT	California Medical Assistance Team	<i>MCI</i>
CCP	Casualty Collection Point	<i>Active Shooter</i>
CCP Leader	Casualty Collection Leader	<i>Active Shooter</i>
CDMIN	California Disaster Medical Network	<i>MCI</i>
CDPH	California Department of Public Health	<i>MCI</i>
CECC	Central Emergency Communication Center	<i>Operations</i>
CHF	Congestive Heart Failure	<i>Training</i>
CIT	Crisis Intervention Team (SFPD)	<i>CP</i>
CIWA	Clinical Institute Withdrawal Assessment	<i>CP</i>
CM	Case Manager	<i>CP</i>
COPD	Chronic Obstructive Pulmonary Disease	<i>Training</i>
CP	Community Paramedic	<i>CP</i>
COWS	Clinical Opioid Withdrawal Scale	<i>CP</i>
CP1	ADC CP Division	<i>CP</i>
CP2	Section Chief of Operations, CP Division	<i>CP</i>
CP3	Section Chief of Administration, CP Division	<i>CP</i>
CP5	Field Community Paramedic Rescue Captain	<i>CP</i>
CPR	Cardio-Pulmonary Resuscitation	<i>Training</i>
CQI	Continuous Quality Improvement	<i>Operations</i>

C-Spine	Cervical Spine	<i>Training</i>
D₁₀W	Dextrose 10% in water	<i>Training</i>
D₂₅W	Dextrose 25% in water	<i>Training</i>
D₅₀W	Dextrose 50% in water	<i>Training</i>
DEM	Department of Emergency Management	<i>MCI</i>
DKA	Diabetic Ketoacidosis	<i>Training</i>
DMAT	Disaster Medical Assistance Team	<i>MCI</i>
DMORT	Disaster Mortuary Team	<i>MCI</i>
DNR	Do Not Resuscitate	<i>Training</i>
DOA	Dead on Arrival	<i>Operations</i>
DOC	Department Operations Center	<i>MCI</i>
DPH	Department of Public Health	<i>MCI</i>
DPH-OCC	Department of Public Health Office of Care Coordination	<i>CP</i>
DUCC	Dore Urgent Care Clinic – a behavioral health clinic	<i>CP</i>
DX	Diagnosis	<i>Operations</i>
ECG	Electro-Cardiogram	<i>Training</i>
ED	Emergency Department	<i>Training</i>
EDCM	Emergency Department Case Management	<i>CP</i>
EDIE	Emergency Department Information Exchange	<i>CP</i>
EMS	Emergency Medical Services	<i>MCI/Training</i>
EMS1	Assistant Deputy Chief, EMS Division	<i>Operations</i>
EMS2	Section Chief, EMS Operations	<i>Operations</i>
EMS6	Responds to frequent 911 users	<i>Operations</i>
EMS6A	Field Unit Call Sign (Alpha)	<i>CP</i>
EMS6B	Field Unit Call Sign (Bravo)	<i>CP</i>
EMS6C	Field Unit Call Sign (Charlie)	<i>CP</i>
EMS6D	Field Unit Call Sign (Delta)	<i>CP</i>
EMSA	Emergency Medical Services Agency	<i>Operations</i>
EMT	Emergency Medical Technician	<i>Operations</i>
EOC	Emergency Operations Center	<i>MCI</i>
EOP	Emergency Operations Plan	<i>MCI</i>
Epi	Epinephrine	<i>Training</i>
ESF	Emergency Support Function	<i>MCI</i>
ET3	A new reimbursement/billing framework designed to reimburse providers for non-ED transports or treat in place scenarios	<i>CP</i>
ETT	Endotracheal Tube	<i>Training</i>
FEMA	Federal Emergency Management Agency	<i>MCI</i>
FF/PM	Firefighter Paramedic	<i>Operations</i>
G	Gram	<i>Training</i>
GCS	Glasgow Coma Scale	<i>Training</i>
GYN	Gynecological	<i>Training</i>
HazMat	Hazardous Materials Incident	<i>Training</i>
HICT	High Intensity Care Team	<i>CP</i>
HIPAA	Health Insurance Portability and Accountability Act of 1996 (regulations protecting the privacy and security of certain health information)	<i>CP</i>
HOT	Homeless Outreach Team	<i>CP</i>
HR360	Health Right 360 (a community-based organization)	<i>CP</i>
HSOC	Healthy Streets Operation Center (Mayor’s response task force for unhoused)	<i>CP</i>

HTN	Hypertension	<i>Training</i>
I&Q Site	Isolation and Quarantine Site (COVID)	<i>CP</i>
IC	Incident Commander	<i>Active Shooter</i>
ICM	Intensive Case Management	<i>CP</i>
ICS	Incident Command System	<i>MCI</i>
ICU	Intensive Care Unit	<i>Operations</i>
IM	Intramuscular	<i>Training</i>
IN	Intranasal	<i>Training</i>
IO	Intraosseous	<i>Training</i>
IV	Intravenous	<i>Training</i>
IVP	IV Push	<i>Training</i>
J	Joule (electrical measurement)	<i>Training</i>
JEOC	Joint Emergency Operations Center	<i>MCI</i>
kg	Kilogram	<i>Training</i>
LEMSA	Local Emergency Medical Services Agency	<i>Operations</i>
LOC	Level of Consciousness	<i>Training</i>
lpm	Liter Per Minute	<i>Training</i>
Lt49	Lieutenant, Station 49	<i>Operations</i>
LUCAS	Lund University Cardiopulmonary Assist System (mechanical chest compression device)	<i>Operations</i>
MAD	Mucosa Atomizer Device	<i>Training</i>
MAP	Managed Alcohol Program	<i>CP</i>
MAT	Medication-Assisted Treatment	<i>CP</i>
max	Maximum	<i>Training</i>
mcg	Microgram	<i>Training</i>
MCI	Multi-Casualty Incident	<i>MCI</i>
ME	Medical Examiner	<i>Operations</i>
meds	Medications	<i>Training</i>
mEq	Milliequivalent	<i>Training</i>
mg	Milligram	<i>Training</i>
MGS	Medical Group Supervisor	<i>MCI</i>
MHOAC	Medical/Health Operational Area Coordinator	<i>MCI</i>
min.	Minute	<i>Training</i>
MI	Myocardial Infarction	<i>Training</i>
ml	Milliliter	<i>Training</i>
MMRT	Mobile Medical Response Team	<i>CP</i>
MOU	Memorandum of Understanding	<i>Operations</i>
MVA	Motor Vehicle Accident	<i>Operations</i>
NDMS	National Disaster Medical System	<i>MCI</i>
NIMS	National Incident Management System	<i>MCI</i>
NPA	Nasopharyngeal Airway	<i>Training</i>
NPO	Nothing per mouth	<i>Training</i>
NS	Normal Saline	<i>Training</i>
NTG	Nitroglycerin	<i>Training</i>
NTI	Nasal Tracheal Intubation	<i>Training</i>
OA	Operational Area	<i>MCI</i>
OB	Obstetrical	<i>Training</i>
OES	Office of Emergency Services	<i>MCI</i>
OPA	Oropharyngeal Airway	<i>Training</i>
OTC	Over the Counter	<i>Training</i>

OTI	Oral Tracheal Intubation	<i>Training</i>
ODD	Opioid Use Disorder	<i>CP</i>
PACC	Post-Acute Community Conservatorship	<i>CP</i>
PALS	Pediatric Advanced Life Support	<i>Training</i>
PDC	Patient Distribution Center	<i>MCI</i>
PDT	Patient Declines Transport	<i>Operations</i>
PEA	Pulseless Electrical Activity	<i>Training</i>
PERRLA	Pupils equal, round, and reactive to light and accommodation	<i>Training</i>
PGO	Public Guardian Office	<i>CP</i>
PHI	Protected Health Information	<i>CP</i>
PM	Paramedic	<i>Operations</i>
PO	By Mouth	<i>Training</i>
POV	Privately Owned Vehicle	<i>Operations</i>
prn	As Needed	<i>Training</i>
PSH	Permanent Supportive Housing	<i>CP</i>
PT	Patient	<i>Operations</i>
PTA	Prior to Arrival	<i>Operations</i>
QRS	Parts of Cardiac Contraction Complex	<i>Training</i>
RAMS	Richmond Area Multi-Services (a community-based organization)	<i>CP</i>
R/O	Rule Out	<i>Training</i>
RC	Rescue Captain	<i>Operations</i>
RC1	Rescue Captain Field Unit 1	<i>Operations</i>
RC2	Rescue Captain Field Unit 2	<i>Operations</i>
RC3	Rescue Captain Field Unit 3	<i>Operations</i>
RC4	Rescue Captain Field Unit 4	<i>Operations</i>
RC49	Rescue Captain, Station 49	<i>Operations</i>
RC5	Rescue Captain Field Unit 5	<i>Operations</i>
RDMHC	Regional Disaster Medical/Health Coordinator	<i>MCI</i>
RDMHS	Regional Disaster Medical/Health Specialist	<i>MCI</i>
RGS	Rescue Group Supervisor	<i>Active Shooter</i>
RIS	Rapid Intoxication Scale	<i>CP</i>
RMM	Rescue Medical Manager	<i>Active Shooter</i>
ROI	Release of Information	<i>CP</i>
RTF	Rescue Task Force	<i>Active Shooter</i>
SBP	Systolic Blood Pressure	<i>Training</i>
SCRT	Street Crisis Response Team	<i>CP</i>
SEMS	Standardized Emergency Management System	<i>MCI</i>
SFFD	San Francisco Fire Department	<i>MCI</i>
SFPD	San Francisco Police Department	<i>MCI</i>
SGA	Supraglottic Airway (airway device)	<i>Operations</i>
SIP Site	Shelter in Place Site (COVID)	<i>CP</i>
SL	Sublingual	<i>Training</i>
SORT	Street Overdose Response Team	<i>CP</i>
SP	Shared Priority	<i>CP</i>
SPA	Service Provider Agreement	<i>Operations</i>
SQ	Subcutaneous	<i>Training</i>
START	Simple Triage and Rapid Treatment	<i>Operations</i>

SUD	Substance Abuse Disorder	<i>CP</i>
SVT	Supraventricular Tachycardia	<i>Training</i>
SW	Social Worker	<i>CP</i>
SWRT	Street Wellness Response Team	<i>CP</i>
TEMS	Tactical Emergency Services Team	<i>Active Shooter</i>
Title 22	The section of the California Health & Safety Code which pertains to Emergency Medical Services	<i>CP</i>
TKO	To Keep Open	<i>Training</i>
TWUCC	Tom Waddell Urgent Care Clinic Golden Gate Ave	<i>CP</i>
Tx	Treatment	<i>Operations</i>
UOA	Upon Our Arrival	<i>Operations</i>
UTL	Unable to Locate	<i>Operations</i>
V-Fib	Ventricular Fibrillation	<i>Training</i>
V-Tach	Ventricular Tachycardia	<i>Training</i>
WPIC	Whole Person Integrated Care	<i>CP</i>