

## H3L1 Academy Class #23



# SFFD

## EMS AND COMMUNITY PARAMEDICINE

FIRE COMMISSION REPORT  
MARCH 2023

DEPUTY CHIEF SANDY TONG

# EMS DIVISION

## Assistant Deputy Chief Niels Tangherlini

### March 2023

#### OPERATIONS

- The EMS Division averaged 356 calls per day. This is identical to February but was still an increase over January. There were no days that were outliers for low or high call volume (below 300 or above 400). Stability in call volume assists in planning but historical data shows that demand for EMS services can experience a sudden rise after a period of flat or slow growth. It is best to plan expansion of the EMS Division on multiple years' worth of data.
- Time on task for the Department's ambulances continued to be 97 minutes. Time on task includes response to the call, caring for a patient on scene, transporting to a hospital, and patient turnover. As noted previously, time on task has increased in the last two decades with delays at hospitals and traffic congestion being the most likely factors driving these increases.
- SFFD market share for providing ambulance services to the people of San Francisco continued to average 75% throughout March. This was down from a high of 85% in November 2022. This can be attributed to both the addition of BLS ambulances from AMR and King American along with increased number of ALS ambulances from private providers.
- In-person training continued throughout March. These four sessions allowed paramedics from the EMS Division, suppression, and Community Paramedicine to receive lectures on de-escalation, new restraint equipment, policy updates, and administering Suboxone. The training team consisted of Acting Captain Drew Barnekoff, Acting Lieutenant Janelle Cortright, and Acting Lieutenant Sean Link. The training they provided was outstanding and received positive feedback. Training began on February 21<sup>st</sup> and lasted until March 31<sup>st</sup>. During that time 90% of paramedics from suppression, 99% from the EMS Division and 90% from community paramedicine took part in these sessions. The EMS Division plans on conducting similar sessions in the future.
- As part of the In-person training, all EMS personnel were taught to use the new Pedi-mate devices, among other things. Starting April 1<sup>st</sup>, 2023, the City and County of San Francisco will become one of the first jurisdictions to mandate specialized equipment to ensure children can be safely transported in an ambulance. The Pedi-mate device affixes to the ambulance gurney and provides age-appropriate seatbelt capabilities for equipment designed around adults. The EMS Division's logistics team under Section Chief Craig Gordon has done outstanding work in ensuring this equipment was available and ready to deploy on every ambulance by the April 1<sup>st</sup> deadline. Members of the GREAT Team worked tirelessly to receive, label, and distribute over 60 of these devices.
- H3 L-1 EMT Class #23 began March 27th. This is a class of 17 and we hope to see all of them graduate on May 19<sup>th</sup>.

#### COMMUNITY OUTREACH

- **Castañeda Kids** <https://tckfoundation.org/medical-missions/>  
At the end of February, a member of the EMS Division, EMT Carlos Martinez, led a medical mission to El Salvador as part of his organization known as The Castañeda Kids Foundation. EMT Martinez was joined by other members of the EMS Division including Shannon Stabile, Sean Lavelle, John Hernandez, Kelly Cronander, and Hoi Cheung.

As a foundation, we have 4 main focuses: Nutrition, Education, Health, and Sports. For nutrition, we provide holiday food baskets for 500 families. For education, we provide 70 scholarships for kids to attend school who would otherwise not be able to afford it. For health we do our annual medical mission and provide free medical care for those who have little to no access to it. For sports, we provide sports equipment including uniforms, cleats, basketballs,

volleyball, soccer balls. We have also help build/ improve soccer fields, basketball courts and volleyball courts.

Our recent medical mission, we took a team of 70 volunteers, plus two doctors and one nurse from El Salvador as well as 5 Salvadorian interpreters. During this time, we saw and treated just under 3,000 patients. During that time we also gave away 5 canes, gave away around 1,000 pairs of glasses, and our dentist pulled 32 teeth that were unsalvageable. One of our doctors brought an ultrasound machine which was used frequently, including to show some pregnant patients their baby for the first time. Truly a tear-jerking moment. Our pharmacy also wrote 11,885 prescriptions! Our busiest day of the 5 clinic days came on Thursday where we saw 858 patients in one day!! Needless to say it was a busy week.

Our Station 49 volunteers did amazingly and worked extremely hard. They took the initiative to help improve the flow of the clinic which helped out tremendously. Some of them even Learned some Spanish along the way.

Some of these patients have seen doctors before but a couple of them had never seen one, ever! Well into their 40's! The gratitude shown from them will live on forever in my mind.

Overall, the medical mission was a huge success, despite being the first mission trip we've done since Covid started. Our medications have been purchased strictly through donations from our various fundraisers over the year.

We look forward to supporting future efforts. Members of the EMS Division stand ready to take their skills on the road and bring our level of care to people in need all over the world.

<https://www.cbsnews.com/sanfrancisco/news/sffd-el-salvador-medical-mission-san-francisco-fire-department-ems/>

- **John O'Connell High School Health and Behavioral Sciences Program**

On Wednesday March 8<sup>th</sup>, students and teachers from the John O'Connell High School Health and Behavioral Sciences program visited the EMS Division at Station 49. During the visit students had an opportunity to hear about careers in EMS from EMTs and paramedics. Students were also provided with tours of the ambulances and had an opportunity to practice hands on skills such as CPR. Students also got to meet TEMS and CP members. This was a great opportunity to provide mentorship for future EMS providers and everyone enjoyed the event.

- **San Francisco Life Line**

Closer to home, on Monday, March 20<sup>th</sup> several members of the EMS Division held an outreach activity to kick off the San Francisco Life Line program. This program was started by several members of the EMS Division and its goal is to improve access to vital health information for seniors and dependent adults during an emergency. Leaders of the group include Paramedics Nicholas Koo, Jacquelyn Blumeyer, Emily Tam, and Melody Mui. Paramedic Blumeyer shared with our members the following summary of the program and their inaugural event:

Isn't it just WONDERFUL when our patients hand us a piece of paper with their name/birthdate/medical information all on one sheet of paper during our routine medical calls? Well, San Francisco Life Line is a grant funded project that does exactly that!

SF Life Line was developed by our very own SFFD station 49 members with the "Vial of Life" concept in mind. SF lifeline is a refrigerator magnet resource that has the patient's name,

birthdate, medical history, allergies, medications, DNR Status, and hospital preference all on one sheet of paper. This resource will come in handy on ALL of our medical translation calls! SF Life Line participants will be indicated by a sticker on the top right corner of their front doors.

SF Life Line is unique because we as first responders individually set up and facilitate each and every one of the Life Lines with at-risk individuals in order to ensure accuracy. The information on the cards includes additional information such as which Language/Dialect they speak and PCP Contact information. We also have a basic chief complaint translation aid on the back side of the card insert which can be utilized to determine the reason for 911 activation. This will allow the responder to begin a chief complaint-based assessment while waiting to connect to translation services via cell phone.

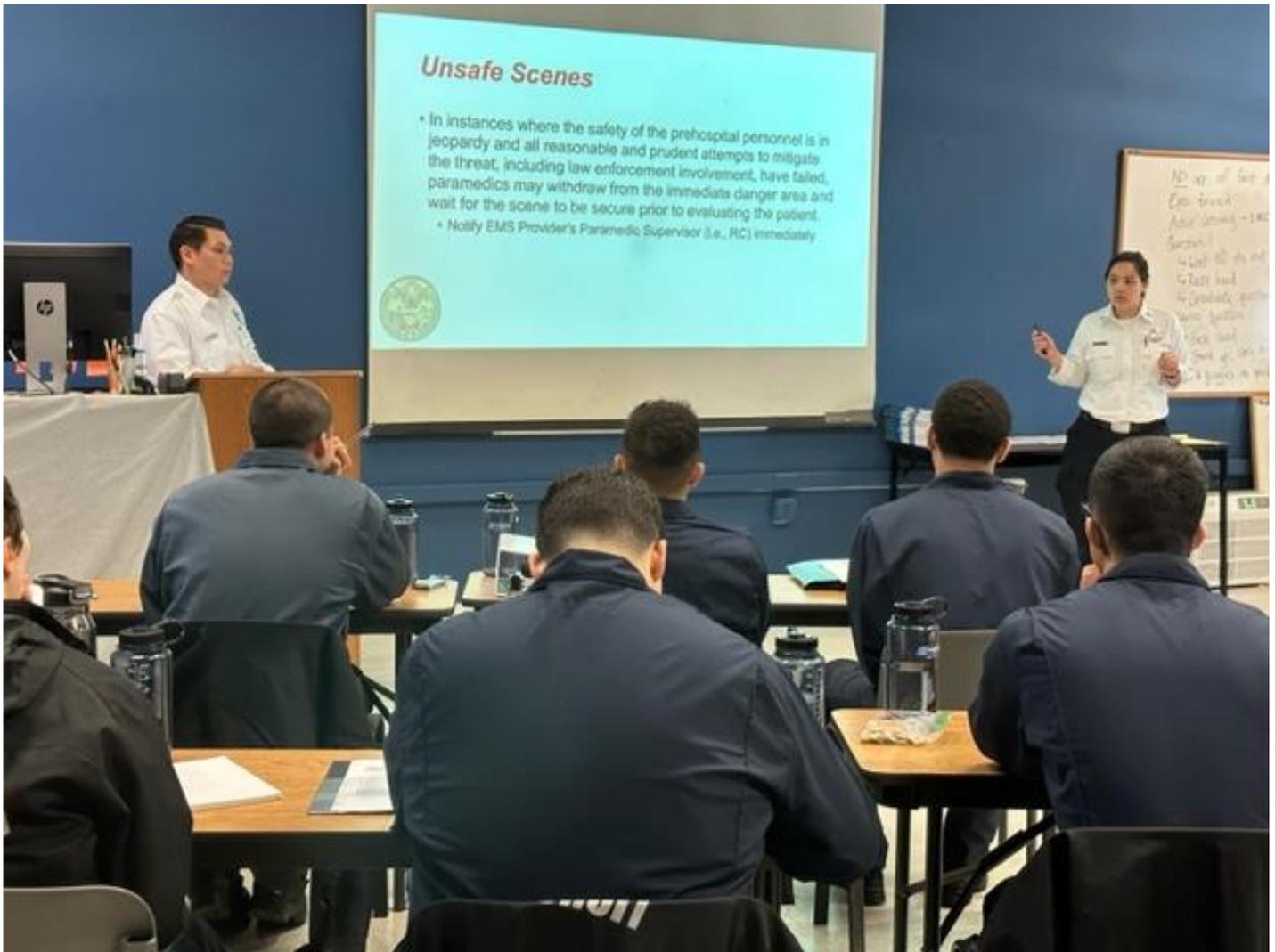
These members were joined by Ada Wong, Hoi Cheung, Joseph Wu, Hannah Smith, and Melia Oldman at the inaugural event conducted at 227 Bay Street. We look forward to more such events. The group has already discussed how to expand their efforts to other neighborhoods and communities.

## **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 assuring 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 March 5<sup>th</sup> E11, M65, and RC3 treated a 77-year-old cardiac arrest victim. The crew was able to obtain return of spontaneous circulation (ROSC) on scene. The patient is still receiving care at San Francisco General Hospital.
2. On March 13<sup>th</sup> crews treated and transported a 2-year-old female that fell 20 feet from an open window. The child sustained a severe head injury. Although her initial prognosis was not good, this child made a miraculous recovery and is doing well. Part of that positive outcome is attributable to the outstanding care she received on scene and enroute to the hospital.
3. During the bomb cyclone that occurred on March 21<sup>st</sup> the EMS Division:
  - a. Treated and transported a 36-year-old male and 59-year-old male struck by a tree. One patient was pronounced dead at the ER, but the other is still receiving treatment at San Francisco General Hospital.
  - b. Treated and transported 39-year-old male struck by a tree. This patient was trapped in his car which ultimately caught fire. He was safely extricated and treated for multiple injuries. He is still in the ICU at San Francisco General Hospital.

Members of the EMS Command staff and the RC assigned to DEC worked throughout the night between March 21 and March 22 to address a near catastrophic power failure at SFGH. Members of the EMS command staff worked with SFGH staff and the LEMSA to implement contingencies to reduce non-critical patient flow and potentially redirect critical patients to trauma centers in other counties. By the morning of March 22<sup>nd</sup> full power had been restored and SFGH was able to resume normal functioning.



A member of the GREAT Team, Sean MacPhee preparing Pedi-mates for deployment to the ambulances.



Members of the EMS Division in El Salvador to assist with a medical mission



Members of the EMS Division gather at 227 Bay Street for the San Francisco Life Line Kick off



Members of the EMS Division present San Francisco Life Line to residents at 227 Bay Street



A RESOURCE BY FIRST RESPONDERS FOR FIRST RESPONDERS

# SAN FRANCISCO LIFE LINE

BRIDGING THE GAP IN COMMUNICATION  
BARRIERS BETWEEN PATIENTS AND EMS

## HOW IT WORKS...



San Francisco Life Line allows for quick access to important healthcare information.

Life Line is a magnetic plastic case that holds patient health information, an infographic translation card, & advanced health directives.



Look for the Life Line logo on the patient's front door.

The Life Line will be located on the patient's fridge.



After obtaining the information, return the patient's Life Line back onto their fridge.

LOOK FOR LIFE LINE AS SOON AS MARCH 15, 2023

FOR MORE INFORMATION OR JOIN OUR TEAM:

INFO@SANFRANCISCOLIFELINE.COM  
SANFRANCISCOLIFELINE.COM  
@LIFELINE\_SF



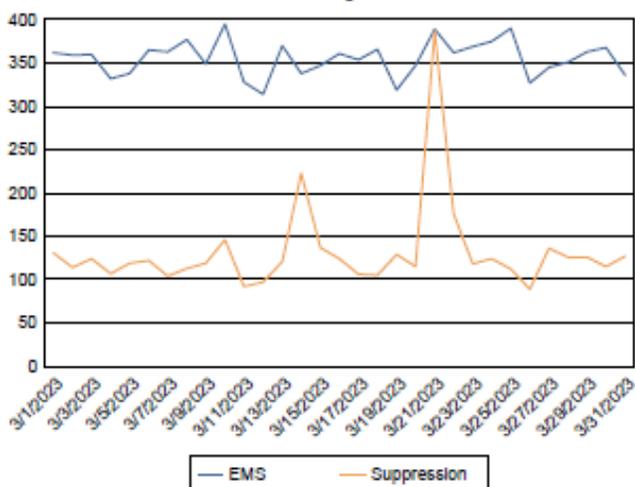
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# SFFD ACTIVITY SUMMARY – March 2023

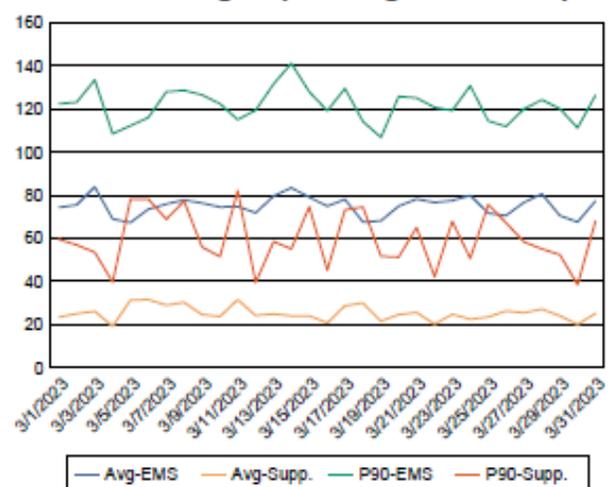
SFFD Activity Summary From 03/01/2023 To 03/31/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
03/01/2023	362	131	493	74.29	98.23	23.39	122.56	59.47
03/02/2023	359	114	473	75.50	96.91	25.02	123.14	56.92
03/03/2023	360	124	484	83.91	102.76	26.14	133.60	53.55
03/04/2023	332	107	439	68.98	89.09	19.14	108.55	39.53
03/05/2023	338	119	457	67.20	86.86	31.22	112.23	78.05
03/06/2023	365	122	487	73.44	91.54	31.43	116.05	78.15
03/07/2023	363	104	467	75.93	98.08	28.89	127.97	68.76
03/08/2023	377	113	490	77.74	102.27	30.22	128.77	77.40
03/09/2023	349	119	468	76.33	99.90	24.55	126.66	55.89
03/10/2023	395	146	541	74.50	98.49	23.66	122.42	51.52
03/11/2023	328	92	420	74.74	93.61	31.48	115.06	82.21
03/12/2023	314	97	411	71.76	95.88	24.16	119.46	39.41
03/13/2023	370	121	491	79.60	100.29	24.75	131.78	58.40
03/14/2023	338	223	561	83.39	102.80	23.95	141.29	55.12
03/15/2023	347	137	484	79.08	100.94	23.91	127.98	74.68
03/16/2023	361	124	485	74.98	97.36	20.65	119.27	45.08
03/17/2023	354	106	460	78.01	103.38	28.59	129.58	73.20
03/18/2023	366	105	471	67.60	90.73	29.90	114.28	74.51
03/19/2023	319	129	448	68.12	85.64	21.51	106.94	51.61
03/20/2023	347	115	462	74.93	97.84	24.49	125.85	51.25
03/21/2023	389	387	776	78.24	101.03	25.48	125.20	64.98
03/22/2023	362	176	538	76.65	96.63	20.20	120.73	42.17
03/23/2023	369	118	487	77.43	95.87	24.74	119.33	67.77
03/24/2023	375	124	499	79.97	101.90	22.35	130.90	50.61
03/25/2023	390	112	502	71.67	89.85	23.40	114.49	75.59
03/26/2023	327	89	416	70.57	89.03	26.23	112.04	67.27
03/27/2023	345	136	481	76.62	97.11	25.38	120.02	58.28
03/28/2023	351	126	477	80.67	101.35	27.06	124.33	55.08
03/29/2023	363	126	489	70.59	93.17	23.95	120.24	52.40
03/30/2023	368	115	483	67.55	90.98	19.98	111.24	38.43
03/31/2023	336	127	463	77.38	98.03	25.11	126.48	68.00

**Calls By Date**



**Call Length (Average and P90)**

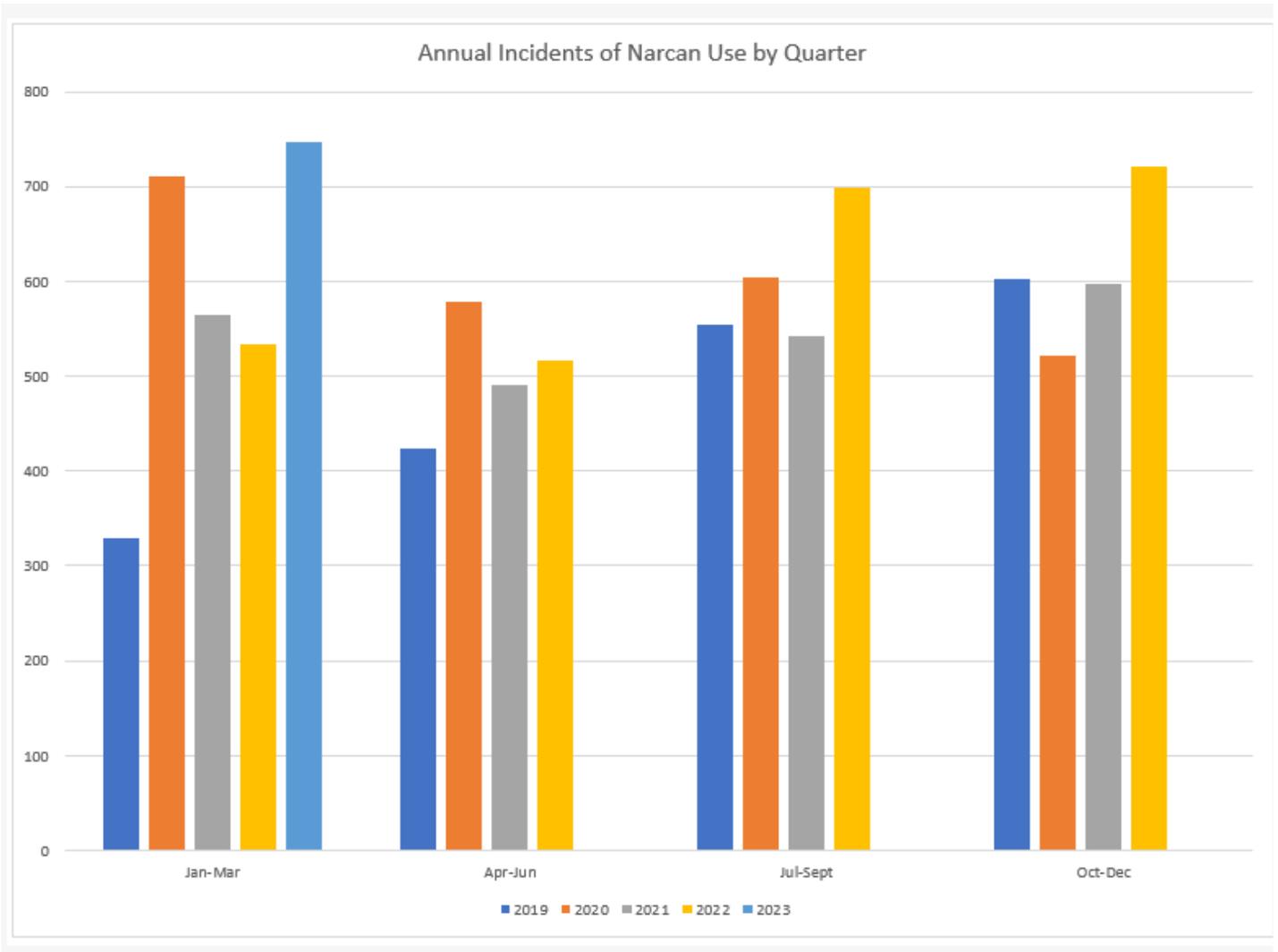


## INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution March 2023

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

		No		Yes		Total
EMS6	2022/10	34	42%	47	58%	81
	2022/11	27	51%	26	49%	53
	2022/12	71	50%	71	50%	142
	2023/01	74	59%	52	41%	126
	2023/02	64	44%	83	56%	147
	2023/03	83	50%	83	50%	166
	2023/04	11	73%	4	27%	15
Fire Incidents	2022/10			67		67
	2022/11			106		106
	2022/12			86		86
	2023/01			78		78
	2023/02			75		75
	2023/03			80		80
	2023/04			2		2
Medical Incidents	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	5,888	78%	1,673	22%	7,561
	2023/02	5,244	78%	1,506	22%	6,750
	2023/03	5,531	76%	1,793	24%	7,324
	2023/04	356	77%	104	23%	460

# NARCAN ADMINISTRATION



	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Annual Total
<b>2019</b>	329	423	555	602	1909
<b>2020</b>	711	579	605	522	2417
<b>2021</b>	564	490	542	597	2193
<b>2022</b>	533	517	699	721	2470
<b>2023</b>	747	0	0	0	747

# COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang

March 2023

## Program Overview and Timeline

Program	Service Population	Launch Date	Full Implementation
EMS-6	Frequent 911 users	January 31, 2016	
Street Crisis Response Team	Community members in behavioral crisis & requiring well-being checks	November 30, 2020	7 <sup>th</sup> team added May 28, 2022 (EMD on June 22, 2022)  SWRT reconfigured March 4, 2023
Street Overdose Response Team	Overdose response	August 2, 2021	2 <sup>nd</sup> team added June 27, 2022

## Community Paramedicine Division Highlights

- **SCRT & SWRT Reconfiguration:** On March 4<sup>th</sup>, SCRT & SWRT successfully reconfigured into one team - SCRT. Extensive preparation and coordination between our partner agencies resulted in a seamless transition to the new team composition (Community Paramedic, EMT, and Peer Support Worker) without any negative impacts to our 911 responses, operations, service connections or follow-up care referrals.
- **Multi-Disciplinary Team (MDT):** Section Chief Sloan initiated the first monthly MDT meeting which was facilitated by the Department of Emergency Management. This MDT focuses on users of multiple street teams and utilizes a framework that allows for multiple agencies to share data and health information on common clients.
- **Data Alignment:** Section Chief Mason hosted multiple City data leaders, including the City's Chief Data Officer Michelle Littlefield (DataSF), in a data-alignment kick-off meeting designed to coordinate and plan for data conformity, reporting, collaboration, and aggregation needs.
- **KRON 4 Interview:** SORT Community Paramedic Nick Hansen & Section Chief Sloan were interviewed for an upcoming KRON 4 report discussing the Department's continuing efforts to respond to the opioid epidemic.
- **National Alliance to End Homelessness (NAEH) Panel:** Section Chief Mason was invited to lead a panel of alternate response teams. He presented SCRT's work and facilitated a discussion between representatives from Portland, Oregon (Portland Street Response) and Oakland, California (MACRO) at the NAEH Innovations and Solutions for Ending Unsheltered Homelessness conference held in Oakland.
- **Trauma-Informed Training:** Section Chief Sloan and CQI Captain Chelsea Meyers attended a 1-day trauma-informed training workshop hosted by the Manitoba Association for Career Development and led by Dr. Lori Mac. Trauma-informed care is a cornerstone of community paramedicine and an increasingly salient concept within EMS. The knowledge gained by these members will be disseminated to the Division and implemented in future trainings.

- **Community Paramedicine Speaker Series:** Department of Homelessness and Supportive Housing (HSH) Deputy Director for Communications and Legislative Affairs Emily Cohen spoke to Department members on the current and future state of homelessness in San Francisco. With over 20% of all individuals transported in SFFD ambulances identified as unhoused, homelessness is increasingly intersecting with the work of all EMS providers.

**March 31, 2023**  
1:00 – 2:15 pm  
(virtual)

## San Francisco Fire Department

### Community Paramedicine Division 2023 Monthly Speaker Series



**Emily Cohen**, Deputy Director for Communications & Legislative Affairs, San Francisco Department of Homelessness and Supportive Housing

Homelessness is increasingly intersecting with the work of EMS providers: currently, over 20% of all patients transported in SFFD ambulances are people experiencing homelessness. Deputy Director Cohen will be sharing a broad overview of the current landscape and what our City is doing to support this vulnerable population.



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

## EMS-6

Operational period: 3/2/2023 – 3/31/2023 \*The EMS6 operational period is always for 30 days

Total encounters: 264

Average encounters per day: 8

Average connection rate to resource: 34%

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -60%

Encounter Type	Previous	Current
Outreach	175	124
Consult	130	74
911 - EMS6 special call	29	36
911 - EMS6 self-assigned	23	25
Case Conference	8	3
911 - System	4	1
Conservator Show of Support	0	1
<b>Total</b>	<b>369</b>	<b>264</b>

Resource	Connections Made	Connection Rate
Sobering Center	7	70%
Social Services	9	64%
Psychiatric Services	2	40%
Shelter - Long Term	2	40%
Hummingbird	1	33%
Shelter - Short Term	4	25%
Clinic	2	17%

Joe Healy Detox	0	0%
Substance/Dual Diagnosis Treatment	0	0%
Homeless Outreach Team	0	0%
Homeward Bound	0	0%
Navigation Center - Pathway to Housing	0	0%
Navigation Center - Time Limited	0	0%
<b>Total</b>	<b>27</b>	<b>34%</b>

### EMS-6 Successes

- Multi-Team Coordination:** A 67-year-old unhoused individual with 37 EMS encounters in the past year received care coordination from EMS-6 resulting in them re-starting their antipsychotic medication. The individual had become non-compliant with their long-acting injectable antipsychotics (LAI) and began decompensating in the community. EMS-6 followed the client through several involuntary mental health holds (5150s) and subsequent releases from hospital emergency departments with no change in their well-being. After coordinating with SCRT units who were frequently encountering the individual in the community, EMS-6 successfully directed the client to SFGH’s Psychiatric Emergency Services where they were placed on an extended involuntary mental health hold (5250) and have restarted their medications. This desirable outcome required EMS-6 captains coordinating with multiple teams, emergency departments, and case managers.
- Client with Opioid Use Disorder Stabilized:** A 33-year-old male with a history of severe opioid use disorder (OUD) was successfully re-admitted to a hospital after ongoing advocacy from EMS-6 Captain Sherry Mahoney. This individual has historically refused treatment and been highly-visible in the community with open, untreated wounds. They had 18 EMS contacts and 11 SCRT & SORT contacts in the past year. After undergoing a below-the-knee amputation which was the result of complications from his OUD, the client remained unsheltered in the community. Since admitted and stabilized, the client has re-started medication assisted treatment to address their substance use. EMS-6 will continue to work with hospital staff to develop a discharge and care plan for this individual.

**SCRT\*** \*Includes aggregated SWRT metrics for 3/1 through 3/3, pre-reconfiguration

Operational period 3/1/2023 – 3/31/2023

Total Calls for Service: 1316

Average Response Time: 16.4

Average on Scene Time: 45.28

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	207	15.73%
Ambulance transport to ED	294	22.34%
Remained in the community	524	39.82%
Unable to Locate	204	15.50%
Walked Away	87	6.61%
<b>Total</b>	<b>1316</b>	<b>100.00%</b>

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	207	20.20%
Ambulance transport to ED	294	28.68%
Remained in community	524	51.12%
<b>Total</b>	<b>1025</b>	<b>100.00%</b>

## 5150

Grave disability	18
Self-harm	12
Harm to others	9
Total	39

### Police Presence on Scene

		Percent of total calls for service (1316)
PD On Scene Prior to Arrival	21	1.60%
PD requested by SCRT	15	1.14%
SCRT requested by PD	55	4.18%
PD arrived without request	6	0.46%
Total Incidents with PD present on scene	97	7.37%

### Assistance provided by Police

		Percent of total calls for service (1316)
Immediate danger to personnel or public	10	0.76%
Assist with Restraints	10	0.76%
Scene Management	12	0.91%
Total	32	2.43%

### Destination of Non-Emergency Transport

Shelter	64	31%
Mental Health Facility	10	5%
Community Clinic	17	8%
Sobering Center	62	30%
Treatment Program	0	0%
Other Destination (Case management, ride home, food kitchen, etc.)	54	26%
Total	207	100%

### SCRT Successes

- **Vulnerable Elderly Community Member Sheltered:** Community Paramedic Captain Carl Berger, assigned to support Joint Field Operations in the Tenderloin, successfully sheltered a vulnerable 64-year-old male. The individual has been chronically homeless for over a decade and is frequently observed in the community hoarding dozens of trash cans. After assessment and transport to a hospital, Capt. Berger facilitated a semi-congregate shelter placement with follow-up care from DPH's street medicine team.
- **Cognitively Impaired Unhoused Individual Located & Re-sheltered:** Community Paramedic Carla Beyer and EMT Adam Sylvester were dispatched with an ambulance for an altered individual in the North Beach neighborhood. After assessment and case review, it was discovered that EMS-6 had flagged the individual as missing from a supportive housing site. With support from CP-5 Captain Chatham, the SCRT unit medically cleared the individual and transported them directly back to their supportive housing and reconnected them with on-site nursing staff. The client had been missing for over two weeks and had over 35 EMS contacts in the past year.

## SCRT Challenges

- **Unsheltered Family with Minor:** An SCRT unit was special-called by SFPD to UN Plaza to assist an unsheltered father and his 7-year-old son. Despite extensive coordination efforts between the SCRT crew, a community paramedic captain, SFPD, and after-hours requests to the Department of Homelessness and Supportive Housing, a suitable family shelter could not be located. Division members paid for a hotel room out of pocket and scheduled follow-up from the Homeless Outreach Team for the next morning.

This incident highlights ongoing challenges with family shelter availability that our members are encountering.

## SORT

Operational period: 3/1/2023 – 3/31/2023

Calls for Service: 151

Total Encounters: 136

Total Encounters with a Confirmed Overdose: 98

Buprenorphine Starts: 8

Clients who Accepted Harm Reduction Supplies: 58

Clients who accepted Narcan Rescue Kit: 58

**Pre-hospital Buprenorphine:** All Department paramedics received an in-person protocol update training in March, which included training on buprenorphine, a medication that can support individuals with opioid use disorder. SORT members will be the first paramedics in San Francisco to carry buprenorphine beginning April 1<sup>st</sup>.

## Acting/Lieutenant Sean Link provides Buprenorphine training



# San Francisco Fire Department

## EMS and CP Divisions

### Acronyms/Abbreviations/Terms

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

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

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

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

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