

H3L2 Academy Class #9



SFFD

EMS AND COMMUNITY PARAMEDICINE

**FIRE COMMISSION REPORT
APRIL 2023**

DEPUTY CHIEF SANDY TONG

EMS DIVISION

Assistant Deputy Chief Niels Tangherlini

April 2023

OPERATIONS

The EMS Division averaged 361 calls per day. This represents a 1.4% increase over March and is the usual trajectory for EMS call volume. Two of the days had a call volume of over 400 and the trend is to see demand past 350 calls per day. Periods of flat growth are followed by accelerating increases in demand. Data related to Narcan use by the Department's paramedics suggests that the ongoing opioid epidemic is at least one driver of the increasing call volume. The EMS Division will start providing more analysis related to call types and locations that are related to the increasing demand for service.

Time on task for the Department's ambulances averaged 92 minutes for April. This was a 5% drop from the previous month and could be attributed to our crews getting into service more efficiently after dropping patients at the hospital. The EMS Command Staff met with representatives from hospitals, DEM, and other ambulance providers at least twice in April to continue discussions of how to limit delays related to patient turnover at the ED. Again, the current time on task was higher than in previous years and could be attributed to hospital delays and traffic congestion.

The EMS Division averaged 77% of the market share during the month of April. This represented a 2% increase over March, but still well below the 85% experienced in November 2022. The private ambulance providers in San Francisco have had increased their number of ALS ambulances while still dominating the BLS pilot project.

Starting April 1st, the EMS Division's paramedics began administering Suboxone to patients experiencing withdrawal symptoms after receiving Narcan reversal. Building on its previous success in addressing the needs of high-risk populations the EMS Division Command Staff has started working with representatives from the CP Division and the Department of Public Health to build a continuum of care for the patients receiving this medication that would be as robust as the ones that exist for heart attack or stroke victims. We will keep the Commission updated on these efforts and we appreciate the experience and participation of Commissioner Marcie Fraser as we seek to implement the best possible strategy.

On April 15th the EMS Division joined with the Division of Training and the Command Staff in conducting a graduation ceremony for the latest class of the H3 L2s. These seven paramedics have already begun serving the citizens and visitors of San Francisco on our ambulances. We are proud to have the new members and look forward to years of service from them.

DISASTER PREPAREDNESS

On April 15th, members of Medic 67 and 68, E25, and Captain Jeff Covitz (RC3) joined with Assistant Deputy Chief Tangherlini in supporting the MCI day conducted as part of each City EMT cohort. This daylong event included multiple MCI drills that confronted students with as many as 20 patients requiring triage, treatment, and transportation. The victims included more than a dozen volunteers that included past students, the family of staff members, and Chief Tangherlini's youngest son.

This drill highlighted the outstanding partnership between SFFD and City EMT. These drills exemplified the level of education being provided to students under the leadership of EMT Lt. Rick Segura. EMT Segura has been on loan from the EMS Division to City EMT since the first cohort. His dedication and passion along with the dedication and passion of retired member Attica Bowden have made the City EMT program one of the best such courses in the nation. In fact, the EMS Division is proud to announce that EMT Segura will receive

the EMS Educator of the Year from the California EMSA. The award will be presented on May 23rd at the LA County Fire Museum.

On April 25th members of the EMS Division participated in a regional training exercise conducted at the Coast Guard training facility in Petaluma California. This drill involved the United States Coast Guard, EMS providers from across Region II, and the California EMSA. Under the leadership of Section Chief Kevin Chocker multiple RCs and two ambulance crews acted as both an ambulance strike team and leaders of the incident management team. The scenario confronted participants with 50 patients injured in an explosion on a cruise ship off the coast. Members of the Coast Guard practiced evacuating multiple patients to shore and EMS providers from across Northern California practiced triaging, treating, and distributing multiple patients being evacuated to a rural community.

This exercise provided excellent training for our members and assisted Section Chief Chocker in connecting with representatives from both Region II and the State. Based on annual mutual aid requests and the increased awareness of the skill and experience of the SFFD EMS Division, Section Chief Chocker is developing a more robust plan for quickly deploying EMS Division assets to fulfill mutual aid requests.

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 response is notable in some way, but here are several examples of some of the care being provided by the EMS Division:

1. On April 15th RC3, Medic 63, and Engine 7 responded to a third trimester bleed to find a patient with a possible prolapsed cord. The patient was pregnant with twins. Crews were able to provide life-sustaining care along with rapid transport. The twins were successfully delivered by C-section and are stable in the NICU.
2. On April 18 QRV1 and Medic 27 performed a field delivery of a healthy baby. Both patients were transported to SFGH and are doing great.
3. On April 23rd RC1, Medic 54 and Medic 73, Engine 2, Truck 2, Battalion 1, and AMR113 responded to a shooting with multiple victims. One patient had multiple GSWs to the leg requiring a tourniquet to stop the bleeding and another with a GSW to the chest. Both patients were treated at SFGH and subsequently discharged home. It is likely that both patients would have succumbed to their injuries without the proper care in the field.

Members of the EMS Division supported City EMT during their MCI training day



Captain Covitz reviewing a drill with City EMT students



Assistant Deputy Chief Tangherlini and his son who volunteered as a victim all day



Members of the EMS Division receive a briefing prior to the start of a large-scale regional drill



Multiple agencies were confronted with 50 patients



SFFD RCs Quinto and Molloy quickly assumed leadership roles.



Section Chief Kevin Chocker oversaw the event and provided valuable feedback to both regional and State of California partners

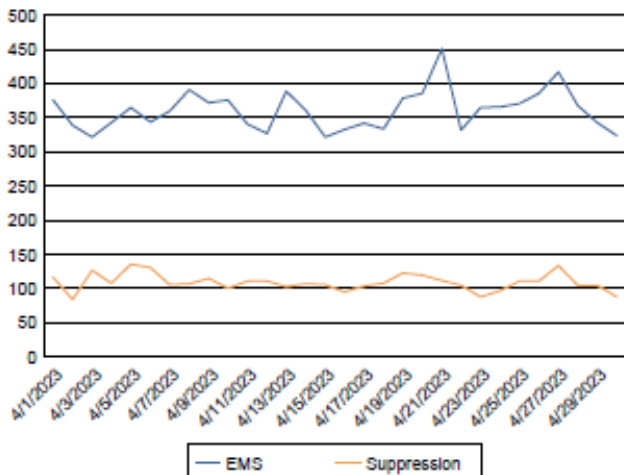


SFFD ACTIVITY SUMMARY – APRIL 2023

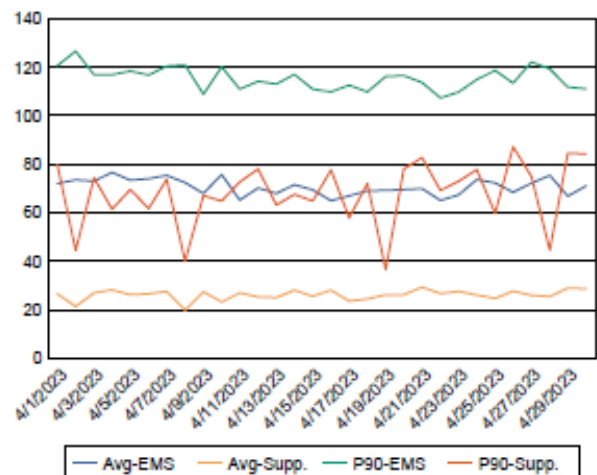
SFFD Activity Summary From 04/01/2023 To 04/30/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS Suppression P90 (Min)	Suppression P90 (Min)
04/01/2023	376	117	493	72.00	97.71	26.58	120.60	79.74
04/02/2023	339	84	423	73.50	98.69	21.39	126.62	44.43
04/03/2023	322	127	449	72.98	91.45	26.98	116.85	74.40
04/04/2023	343	108	451	76.60	93.63	28.12	116.83	61.41
04/05/2023	365	136	501	73.37	94.08	26.15	118.36	69.53
04/06/2023	344	131	475	73.99	94.27	26.56	116.76	61.72
04/07/2023	360	106	466	75.35	94.79	27.53	120.34	73.78
04/08/2023	391	107	498	72.36	97.27	19.88	120.78	39.95
04/09/2023	372	115	487	67.95	89.14	27.48	108.75	67.02
04/10/2023	376	101	477	75.81	96.50	23.15	120.08	64.83
04/11/2023	341	111	452	65.18	87.44	26.99	110.88	72.70
04/12/2023	327	111	438	70.15	89.97	25.27	114.17	78.00
04/13/2023	389	103	492	67.88	90.33	25.10	113.04	63.18
04/14/2023	361	107	468	71.58	90.91	28.07	117.02	67.59
04/15/2023	322	106	428	69.40	89.18	25.60	110.93	64.87
04/16/2023	333	95	428	64.95	89.54	28.06	109.80	77.61
04/17/2023	342	104	446	66.96	89.41	23.57	112.47	57.92
04/18/2023	334	108	442	69.07	89.74	24.39	109.79	72.08
04/19/2023	379	123	502	69.18	93.44	26.16	116.09	36.51
04/20/2023	386	120	506	69.60	93.34	26.19	116.52	77.99
04/21/2023	451	112	563	69.86	95.08	29.35	113.62	82.69
04/22/2023	332	105	437	65.09	89.40	26.72	107.30	69.19
04/23/2023	365	88	453	67.31	88.43	27.61	109.65	72.92
04/24/2023	366	97	463	73.61	93.57	26.07	114.93	77.70
04/25/2023	371	111	482	72.26	95.27	24.70	118.62	59.78
04/26/2023	386	111	497	68.44	93.66	27.68	113.39	87.19
04/27/2023	417	134	551	72.16	99.37	25.97	122.09	74.84
04/28/2023	368	105	473	75.36	100.78	25.42	119.23	44.52
04/29/2023	343	105	448	66.83	87.27	28.95	111.76	84.58
04/30/2023	324	88	412	71.09	88.33	28.71	111.03	84.20

Calls By Date



Call Length (Average and P90)

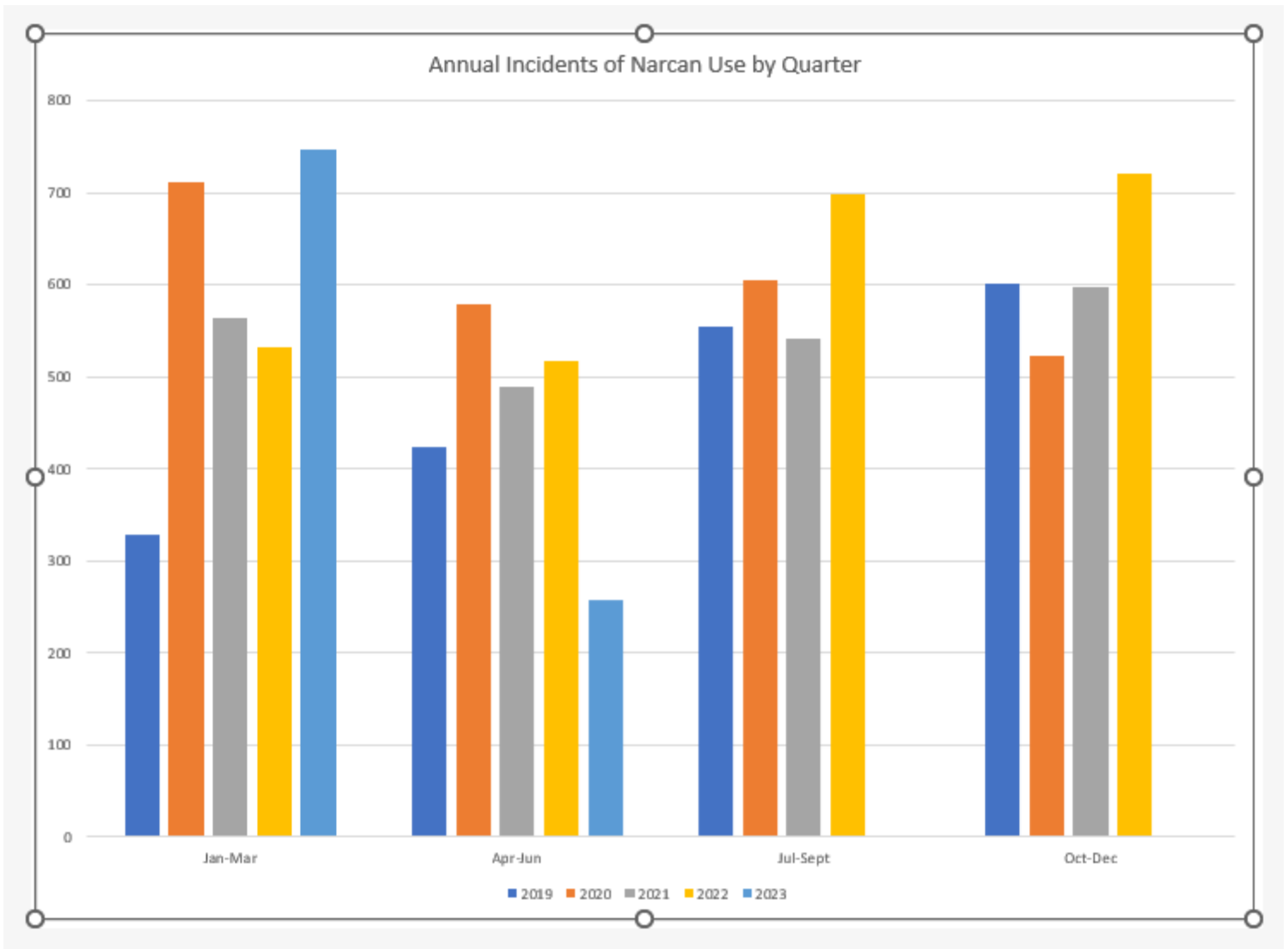


San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	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	86	51%	83	49%	169
	2023/04	92	55%	74	45%	166
	2023/05					
Fire Incidents	2022/11			106		106
	2022/12			90		90
	2023/01			86		86
	2023/02			77		77
	2023/03			91		91
	2023/04			65		65
Medical Incidents	2022/11	5,797	78%	1,670	22%	7,467
	2022/12	6,049	79%	1,652	21%	7,701
	2023/01	5,889	78%	1,673	22%	7,562
	2023/02	5,245	78%	1,508	22%	6,753
	2023/03	5,545	75%	1,801	25%	7,346
	2023/04	5,286	77%	1,600	23%	6,886
	2023/05	4	80%	1	20%	5

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	747	257	0	0	747

COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
April 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 th 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 nd team added June 27, 2022

Community Paramedicine Division Highlights

- **Pre-hospital Suboxone:** Community paramedics assigned to the Street Overdose Response Team were the first EMS providers in the City of San Francisco to administer Suboxone (aka buprenorphine). In accordance with an April 1st protocol update, SORT members successfully administered Suboxone to individuals experiencing opioid withdrawal symptoms seven (7) times in the month of April. We are collaborating with Base Hospital Physicians at Zuckerberg San Francisco General Hospital, the Local EMS Agency and other EMS providers to implement 100% continuous quality improvement and aggregating our data with Contra Costa County EMS to contribute to ongoing research. Suboxone access will expand in May as the rollout expands to include ambulances and additional community paramedicine units.
- **San Francisco Fellows:** A group of four fellows (individuals with recent undergraduate degrees contracted to work with different City departments for a year) participated in a 10-week collaborative project led by EMS Division Section Chief of Administration Craig Gordon & Community Paramedicine Division Section Chief of Administration Michael Mason. The project, an online knowledge base “wiki” designed to aid members in their job duties, involved the fellows conducting ride-alongs, research, member surveys, use-case studies, and a final presentation to EMS leadership. We look forward to implementing the resulting framework to aid and support our members’ work.
- **Community Paramedicine Speaker Series:** UCSF Benioff Homelessness and Housing Initiative Faculty Dr. Shannon Smith-Bernardin spoke to Department members on the topic of alcohol use disorder, sobering centers, and managed alcohol programs. Dr. Smith-Bernardin was a driving force behind San Francisco’s Sobering Center and is a national leader & researcher on alcohol use disorder, sobering centers and their impacts on patients and EMS systems. Individuals with alcohol use disorder represent a disproportionate amount of EMS call volume. EMS personnel learned and discussed ways to better understand, treat, and support individuals with alcohol use disorder.
- **Fire Department Instructors Conference:** Section Chief of Operations April Sloan attended the 5-day industry leading conference in Indianapolis and was selected as one of 50 metropolitan leaders to present at the concurring Journal of EMS (JEMS) Innovation Summit. Section Chief Sloan presented our Division’s work in operationalizing and staffing the City’s Managed Alcohol Program (MAP) during COVID. This program received national attention with a published abstract in April’s edition of the New England Journal of Medicine Catalyst (“Managed Alcohol Programs: An Innovative and Evidence-Based Solution for Adults with Severe Alcohol Use Disorder Who Are Experiencing Homelessness”¹).

¹ <https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0301>

- **Data Analyst Interviews:** The Community Paramedicine Division conducted interviews for our Data Analyst position. Several excellent candidates have advanced to second round interviews the first week of May. We hope to onboard a successful applicant as soon as possible.
- **Community Paramedicine Training Cohort 5:** Interviews were conducted with EMS Division members applying to receive community paramedicine training. This will be our fifth cohort. Ten selected members will receive comprehensive didactic and clinical training over the course of six weeks beginning May 22. Cohort 5 will be led by EMS-6 Captain Dan Nazzareta.



April 28, 2023
 2:30 – 4:00 pm
 (virtual)

San Francisco Fire Department

Community Paramedicine Division 2023 Monthly Speaker Series



Dr. Shannon Smith-Bernardin serves as an Assistant Professor of Nursing on the UCSF Benioff Homelessness and Housing Initiative Faculty. Dr. Smith-Bernardin was a driving force behind San Francisco’s Sobering Center and is a national leader & researcher on alcohol use disorder, sobering centers and their impacts on patients and EMS systems.

Individuals with alcohol use disorder represent a disproportionate amount of EMS call volume. Dr. Smith-Bernardin will be discussing sobering centers, managed alcohol programs, and how EMS personnel can better understand, treat, and support individuals with alcohol use disorder.

EMS-6

Operational period: 4/1/2023 – 4/30/2023

Total encounters: 414

Average encounters per day: 13.8

Average connection rate to resource: 36%

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -68%

Encounter Type	Previous	Current
Outreach	138	180
Consult	76	161
911 - EMS6 special call	36	40
911 - EMS6 self-assigned	25	25

Case Conference	3	8
911 - System	1	0
Conservator Show of Support	1	1
Total	<i>280</i>	<i>415</i>

Resource	Referrals Offered	Connections Made	Connection Rate
Shelter - Long Term	2	2	100%
Sobering Center	18	12	67%
Social Services	15	8	53%
Clinic	9	4	44%
Psychiatric Services	7	2	29%
Substance/Dual Diagnosis Treatment	21	4	19%
Shelter - Short Term	8	1	13%
Joe Healy Detox	11	0	0%
Homeless Outreach Team	0	0	0%
Homeward Bound	0	0	0%
Hummingbird	0	0	0%
Navigation Center - Pathway to Housing	0	0	0%
Navigation Center - Time Limited	0	0	0%
	<i>91</i>	<i>33</i>	<i>36%</i>

EMS6 outreached a 57-year-old individual living in the Tenderloin in an SRO. This individual had 12 transports, not including private ambulances, in the last 90 days and has a history of severe substance use disorder. While monitoring radio traffic, an EMS6 captain heard a call go out to this individual's address. Arriving on scene, the EMS6 captain found him in the back of a FD ambulance. The individual stated he had been smoking crack and, though he didn't have a medical complaint, called 911 to go to the ER because he needed to get away from where he lived because he couldn't stop using with drugs all around him. With the help of SCRT, he was taken to a shelter for the night and provided with information on getting into a treatment program. Away from his living environment and the easy access to substances, he was able to get through the night at a shelter without using and got connected to a treatment program in the morning.

SCRT

Operational period 4/1/2023 – 4/30/2023

Total Calls for Service: 1148

Average Response Time: 15.32

Average on Scene Time: 44.76

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	182	15.85%
Ambulance transport to ED	240	20.91%
Remained in the community	458	39.90%
Unable to Locate	182	15.85%
Walked Away	86	7.49%
Total	1148	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	182	20.68%
Ambulance transport to ED	240	27.27%
Remained in community	458	52.05%
Total	880	100.00%

5150

Grave disability	18
Self-harm	10
Harm to others	6
Total	34

Police Presence on Scene

		Percent of total calls for service (1148)
PD On Scene Prior to Arrival	27	2.35%
PD requested by SCRT	26	2.26%
SCRT requested by PD	45	3.92%
PD arrived without request	2	0.17%
Total Incidents with PD present on scene	100	8.71%

Assistance provided by Police

		Percent of total calls for service (1148)
Immediate danger to personnel or public	11	0.96%
Assist with Restraints	6	0.52%
Scene Management	30	2.61%
Total	47	4.09%

Destination of Non-Emergency Transport

Shelter	50	28%
Mental Health Facility	19	11%
Community Clinic	12	7%
Sobering Center	58	32%
Treatment Program	4	2%
Other Destination (Case management, ride home, food kitchen, etc)	37	21%
Total	180	100%

A woman in her early 50's approached SCRT and spoke about her struggles. She shared that her first experience with homelessness was age 11. Her mother suffered from substance use disorder and eventually the client herself started using drugs. She expressed regret and sadness about being separated from her young adult children and the recovery her own mother has found after years of active use. The team found her insightful about her substance use with methamphetamine and Fentanyl, but she also acknowledged her choice to be stuck for now. Although not ready for another attempt with treatment, she did accept placement in a Navigation Center. These resources are a great model of shelter with a very supportive environment, access to treatment, therapy, and an open-ended length of stay.

SORT

Operational period: 4/1/2023 – 4/30/2023

Calls for Service: 168

Total Encounters: 155

Total Encounters with a Confirmed Overdose: 113

Suboxone Starts (including facilitating connection to Suboxone): 8

Clients who Accepted Harm Reduction Supplies: 60

Clients who accepted Narcan Rescue Kit: 60

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>