

Station 49 September 11th Ceremony



SFFD

EMS AND COMMUNITY PARAMEDICINE

**FIRE COMMISSION REPORT
SEPTEMBER 2023**

DEPUTY CHIEF SANDY TONG

EMS DIVISION

September 2023

Assistant Deputy Chief Niels Tangherlini

OPERATIONS

- In September, the EMS Division averaged 370 calls per day. This represented a 3.4% increase in call volume over August. There were two days that saw call volume over 400 and the overall trend is toward 400 EMS calls per day. This was a slightly increased rise in call volume as compared to previous months.
- Time on task for ambulances increase slightly to 91.4 minutes. As previously noted, time on task for ambulances includes response, on scene, transport, and patient turnover times. Time on task for SFFD ambulances have seen significant increases in the last decade related to increased traffic congestion and delays at hospitals. The EMS Division will continue to advocate for improvements in patient distribution and communication with hospitals along with additional EMS resources aimed at ensuring ambulances are available despite increasing demand and time on task.
- During the month of September 48.1% of the call volume was dispatched as Code 3 responses. Code 3 responses are any response that could be related to a life or limb threatening injury or illness. These could be medical issues such as a heart attack or stroke or trauma such as an auto-pedestrian accident or gunshot wound.
- The EMS Division market share continues to be 78%. This represented a decrease over May and a 2% increase from April but was still below the 85% high in November 2022. This was identical to the market share seen in August 2023. The goal of the EMS Division is to be at a market share of at least 80%.
- The EMS Division treated 153 cardiac arrests in the month of September. Of these, resuscitation was attempted on 47 patients resulting in 41 being transported to the hospital and 6 efforts being terminated in the field. Data reported to the national CARES database included the 28 patients that witnessed cardiac arrest, 8 who had a rhythm that could be shocked with a defibrillator, and the 9 that had bystander CPR, or an AED used. Of these patients, 11 had return of spontaneous circulation at the ED, which means SFFD reports a 24% save rate for the month of September 2023. This data relates to the patients who have the greatest likelihood of survival based on international data. The patients in this group who have ROSC (Return Of Spontaneous Circulation) are the most likely to make a full recovery. This number changes monthly, but all contributes to an annual percentage of cardiac arrest saves for San Francisco. This data is used to calculate an annual percentage of cardiac arrests successfully resuscitated in cities across the United States and around the world.
- During September, the EMS Division administered 305 doses of Narcan, which represented a 31% increase over September 2022 and a 16% increase over August. During the quarter that just ended, the EMS Division administered 861 doses of Narcan, which was nearly 30 doses ahead of what was predicted. San Francisco is still on pace to experience 800 deaths from overdoses. The mortality rate would be much higher without the prompt and effective care of the EMS Division. The EMS Division is taking a leadership role in formulating improved access to substance abuse treatment for people suffering from opioid use disorder.
- On September 8th, four new H3 L2 paramedics graduated from the 10th H3 L2 academy and started working. An additional 6 EMTs successfully completed an EMS Advancement Academy that will allow them to work as paramedics. The 24th H3 L1 EMT academy began on September 25th with 14 members who should be hitting the streets Thanksgiving weekend. Finally, 302 paramedics attended in-person training at Station 49. This allowed members both classroom and hands on education around a variety of new skills and equipment. The EMS Division encouraged members of the Community Paramedic Division to attend and provide updates regarding their efforts.
- On September 11th, members of the EMS Division took part in Department-wide memorial events. Led by Section Chief Kevin Chocker members lined up and read the names of first responders lost during the September 11th attacks.

RESEARCH UPDATE

- Members of the EMS Division continue to assist with research into the Mind Rhythm device. This innovative device will allow paramedics to immediately determine if a patient is having a small versus large-vessel stroke. Knowing the difference will allow crews to transport patients to the most appropriate stroke receiving hospital. The EMS Division assisted researchers in quickly completing the first phase of the research. Currently, the EMS Division, along with several other EMS systems, are providing data that will allow the device to receive FDA approval. This is the final step before the device can be used to make clinical determinations in the field.

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. Here are several examples of some of the care being provided by the EMS Division:

1. On September 1st, E07, M60 and RC3 provided care and transport to a patient who collapsed during a dance class. The individual received citizen CPR and early defibrillation with an AED. Ultimately the patient received additional defibrillation and ACLS from our crews and had a return of spontaneous circulation. This person continues to recover.
2. On September 15th, an ambulance crew responded to a code 2 call to find a patient wedged between a bed and wall. This patient was identified as having critical medical conditions including low blood sugar and a possible STEMI. With the assistance of an ALS engine, the crew transported the patient to San Francisco General Hospital where he continues to recover.
3. On September 15th, M87 quickly identified an unresponsive patient who was receiving CPR to be choking. Utilizing a laryngoscope and Magill forceps, the crew was able to dislodge the obstruction. The patient is expected to make a full recovery.
4. On September 28th, multiple SFFD units responded to a report of a trench collapse. Members of the EMS Division worked with other units to provide care while attempting a rescue. Unfortunately, the patient could not be resuscitated. Section Chief Chocker, along with Dr. Lacocque responded from Station 49 to provide additional support to the efforts.

PHOTOS

Members of the EMS and CP Divisions attend ALS in-service training at Station 49



The four new H3 L2 paramedics joining the EMS Division



Members of the EMS Division participate in the annual 9/11 observance led by Section Chief Kevin Chocker and Captain Chris Bonn.

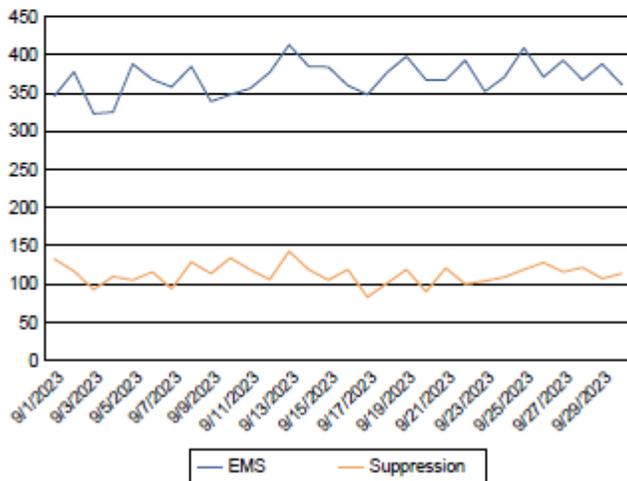


SFFD ACTIVITY SUMMARY – September 2023

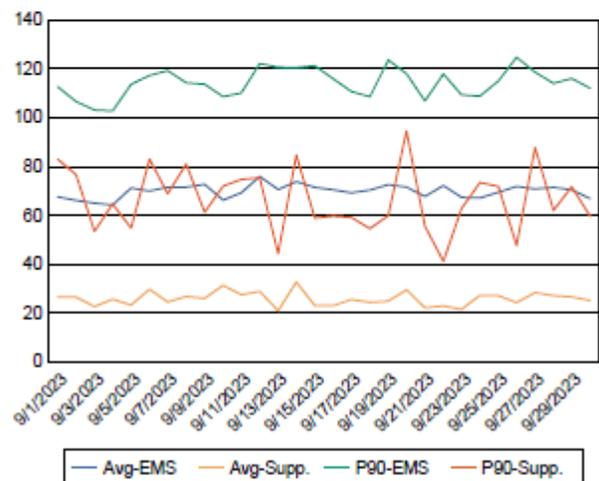
SFFD Activity Summary From 09/01/2023 To 09/30/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
09/01/2023	346	133	479	67.56	91.47	26.43	112.59	82.90
09/02/2023	378	117	495	66.04	89.27	26.50	106.60	76.65
09/03/2023	323	93	416	64.91	83.89	22.53	103.03	53.42
09/04/2023	325	110	435	64.14	80.48	25.52	102.76	64.53
09/05/2023	388	105	493	71.09	92.17	23.25	113.60	54.70
09/06/2023	368	116	484	69.85	93.46	29.66	117.24	83.01
09/07/2023	358	94	452	71.47	95.32	24.44	119.21	68.84
09/08/2023	385	129	514	71.52	91.24	26.70	114.24	80.92
09/09/2023	339	114	453	72.60	91.38	25.92	113.67	61.20
09/10/2023	348	134	482	66.18	85.94	31.34	108.53	71.95
09/11/2023	356	119	475	69.14	90.71	27.39	109.99	74.61
09/12/2023	377	106	483	75.83	97.01	28.77	122.14	75.40
09/13/2023	413	143	556	70.57	96.04	20.83	120.58	44.19
09/14/2023	385	119	504	73.73	95.02	32.65	120.52	84.71
09/15/2023	384	105	489	71.44	96.05	23.00	121.19	58.84
09/16/2023	360	119	479	70.40	91.07	22.90	115.84	59.56
09/17/2023	348	83	431	69.19	88.69	25.39	110.61	59.16
09/18/2023	377	101	478	70.23	92.03	24.28	108.48	54.45
09/19/2023	398	119	517	72.56	98.86	24.83	123.64	59.85
09/20/2023	367	90	457	71.56	94.74	29.43	118.01	94.50
09/21/2023	367	121	488	67.70	88.15	22.03	106.78	55.50
09/22/2023	393	100	493	72.19	92.72	22.86	117.88	41.04
09/23/2023	352	104	456	67.25	86.37	21.49	109.30	62.68
09/24/2023	371	109	480	67.04	87.52	27.23	108.80	73.43
09/25/2023	409	119	528	69.43	92.72	27.03	115.01	71.72
09/26/2023	371	128	499	71.79	94.54	24.23	124.73	47.59
09/27/2023	393	116	509	70.75	93.66	28.35	118.60	87.70
09/28/2023	367	122	489	71.39	90.47	27.06	113.96	61.92
09/29/2023	388	107	495	70.38	91.84	26.59	116.00	71.59
09/30/2023	361	114	475	66.80	88.90	25.06	112.07	59.66

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

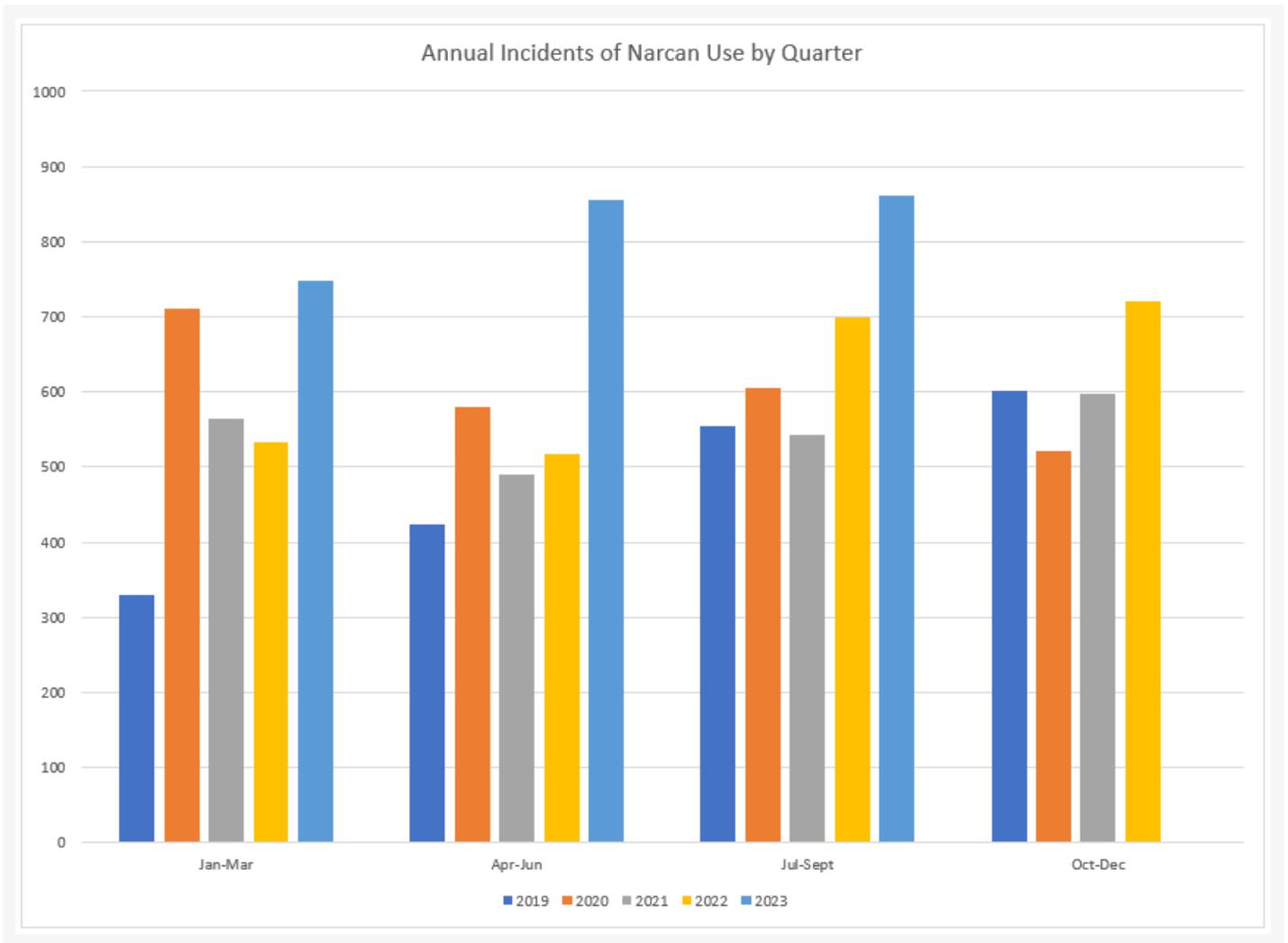
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/04	93	56%	74	44%	167
	2023/05	119	57%	88	43%	207
	2023/06	92	49%	97	51%	189
	2023/07	90	50%	90	50%	180
	2023/08	68	59%	47	41%	115
	2023/09	153	62%	95	38%	248
	2023/10	56	54%	47	46%	103
Fire Incidents	2023/04			84		84
	2023/05			78		78
	2023/06			61		61
	2023/07			52		52
	2023/08			62		62
	2023/09			49		49
	2023/10			28		28
Medical Incidents	2023/04	5,444	77%	1,648	23%	7,092
	2023/05	5,505	79%	1,507	21%	7,012
	2023/06	5,320	76%	1,654	24%	6,974
	2023/07	5,500	76%	1,701	24%	7,201
	2023/08	5,708	77%	1,660	23%	7,368
	2023/09	5,524	77%	1,626	23%	7,150
	2023/10	2,498	77%	734	23%	3,232

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	855	861	0	2463



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
September 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

- **Community Paramedicine Program Application Approval:** On September 7th, 2023, the San Francisco Fire Department’s Community Paramedicine Division became the first provider in California to receive formal approval by the California EMS Authority. Community paramedicine exited the pilot phase initiated in 2014 and has been codified in Title 22 of the California Code of Regulations.

Our successful application had three (3) components:

- Community paramedicine programs (SCRT, SORT & EMS-6),
- Community paramedicine training program and,
- Transport to Alternate Destination (the Sobering Center & SF VA Medical Center).

LEMSA Director Andrew Holcomb, LEMSA Medical Director Dr. John Brown, LEMSA Deputy Director Elaina Gunn, LEMSA Specialist Ron Pike, CP Captain Daniel Nazzareta, and CP Division Medical Director Dr. Graterol were integral to this unprecedented year-long undertaking.

- **Street Response Public Education Campaign:** Community paramedics were highlighted as part of a multi-agency public education campaign. The campaign, promoted via web, social media, and print materials, describes the City’s coordinated street response program, and encourages the public to activate 911 or 311 whenever needed. More information can be found at: <https://sf.gov/coordinated-street-response-program>



Pictured: Community Paramedic Juan Castro

- September Community Paramedicine Speaker Series:** Department of Homelessness and Supportive Housing staff members Lisa Rachowicz and Tiana Wertheim joined us to share a comprehensive overview of the City’s shelter & housing system. September’s session was our most-well-attended event to date with dozens of community paramedics and Department members joining on and off duty to enhance their knowledge and practice.

September 29th

12:30 – 1:30 pm (virtual)

San Francisco Fire Department

Community Paramedicine Division

2023 Monthly Speaker Series






San Francisco Department of Homelessness and Supportive Housing (HSH) members Lisa Rachowicz & Tiana Wertheim will provide a boots-on-the-ground review of the current HSH shelter system & programs.

Across the United States the intersection between homelessness and our 911 systems is growing. HSH, in collaboration with the SFFD, have been national leaders in recognizing and responding to this increasing community need.

Join us for a 30-minute presentation followed by a 30-minute Q&A discussion and enhance your practice, knowledge, and understanding of our City’s shelter system.

All San Francisco Fire Department Members Welcome

No Registration Required: tinyurl.com/CPSpeakerSeptember

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

CP Program Highlight: EMS-6

History

San Francisco has a long history of progressive public health programming. Whether leading the nation in response to the AIDS epidemic of the 1980’s, responding to the COVID-19 pandemic, or today’s opioid epidemic, San Francisco health providers have consistently been pioneers in confronting some of the most prominent public health challenges of our time. Community paramedicine’s novel and impactful approaches to caring for our community members continues this strong tradition.

In October 2004, the Homeless Outreach and Medical Emergency team (HOME) was launched by then Captain (and now Assistant Deputy Chief) Niels Tangherlini. A collaborative effort between San Francisco’s Fire Department and Department of Public Health to engage vulnerable high users of multiple health systems, the HOME team would be a precursor to what we now define as community paramedicine. The HOME team’s work and published research¹ demonstrated the need to address frequent utilization of 911 and emergency medical systems both on a cost and health care basis. The recession of the late 2000’s led to the HOME team’s demobilization in 2009. The need to address frequent utilizers of EMS did not dissipate, however.

In 2016, in response to increasing ambulance response times, Mayor Ed Lee’s EMS working group recommended the program be reconsidered. The present iteration of the HOME team was launched: EMS-6 (“EMS six”). The program name of EMS-6 was selected as an homage to the HOME team’s original radio call sign.

¹ Kennedy Hall MK, Raven, M, Rodriguez, R, Brown, J, Sporer, K, & Tangherlini, N. (2012). 394 EMS-STARs: Emergency Medical Services Superuser Transport Association: A Retrospective Study. *Annals of Emergency Medicine*, 60(4), S139–S139. <https://doi.org/10.1016/j.annemergmed.2012.06.426>

Captains Simon Pang and April Sloan (now Assistant Deputy Chief Pang & Section Chief Sloan) were selected to lead the program. The two paramedic captains initially worked from noon to midnight, 7 days a week and did not allow a single lapse in program continuity during their first year in operation.



In San Francisco’s community of care providers, EMS-6 has become a term synonymous with both community paramedicine and impactful care. EMS-6 began operations in 2016 as a frequent utilizer program and was officially accepted as a California EMS Authority community paramedicine pilot program in 2017. EMS-6 has become integral to the City’s network of providers as the team continues its work among the high frequency client target population.

The Evolving Mission: The Work Continues

The EMS-6 program’s work both highlighted the gaps in our systems of care while coordinating solutions that only actively managed collaboration could bring about.

EMS-6 Program Milestones:

- January 2016: Program Launch
- January 2017: First training cohort of community paramedics
- September 2018: Acceptance into the California Community Paramedicine Pilot
- February 2018: Team expanded to three paramedic captains
- August 2019: Team expanded to four paramedic captains and one section chief
- May 2020: Team expanded to its current size of seven paramedic captains

Since January of 2016, the EMS-6 program has documented **34,723** client encounters.

Today, the EMS-6 program’s work continues to coordinate care for our City’s most vulnerable populations through referrals and collaborations with:

- The Managed Alcohol Program (MAP),
- The Office of the Conservator,
- Assisted Outpatient Treatment,
- Street Medicine,
- Crisis Intervention Team,
- The Homeless Outreach Team (HOT).

EMS-6

Operational period: 9/1/2023 – 9/30/2023

Total encounters: 398

Average encounters per day: 13

Average connection rate to resource: 22%

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

Encounter Type	
Consult	161
Outreach	156
911 - EMS6 self-assigned	38
911 - EMS6 special call	35
Case Conference	8
Conservator Show of Support	0
Total	398

Resource	Referrals Offered	Connections Made	Connection Rate
Social Services	14	8	57%
Clinic	3	1	33%
Sobering Center	17	5	29%
Psychiatric Services	8	2	25%
Shelter - Short Term	12	2	17%
Shelter - Long Term	7	1	14%
Joe Healy Detox	13	1	8%
Substance/Dual Diagnosis Treatment	18	1	6%
Homeward Bound	3	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%
	95	21	22%

EMS-6 Highlights:

- Pregnant High-Utilizer Connected to Care & Stabilized:** An individual well known to EMS-6, with a history of conservatorship, current high-risk pregnancy, and 25 SFFD ambulance contacts in the past 6 months, has seen their 911 utilization decrease to zero in the month of September after continuous and successful care coordination from EMS-6 among multiple City agencies. The EMS-6 team, through multiple engagements, successfully connected the client to intensive case management (ICM), prenatal care and continues to closely track, support, and advocate for them.
- Care Plan Established for High-Utilizer:** In-home care takers for a medically complex individual activated 911 eleven (11) times in the prior six months out of concern for their oxygen levels. The individual’s primary language is Spanish. A Spanish-speaking EMS-6 captain noticed the 911 utilization, responded directly to the scene during a 911 activation, and developed a care plan in coordination with the in-home care team. Since intervention the individual has had one (1) 911 activation resulting in a non-transport.
- Vulnerable Senior Reconnected to Care:** In early September, Truck 1 unit notified EMS-6 that they were performing multiple lift assists for an elderly, vulnerable individual. EMS-6 Captain Mahoney performed a well-being check on the individual the next day and found the individual had fallen on the floor of their apartment and required an ambulance. A detailed assessment of the patient history and collaboration with the emergency department social worker showed the individual had recently eloped from a local skilled nursing facility. The EMS-6 team has been directly coordinating with the individual’s family and in home supportive health services, and their 911 activations have ceased.
- Cognitively Impaired Individual Reunited with Family:** A SFFD medic unit activated EMS-6 when their patient, who appeared to have a pre-existing cognitive impairment, was triaged to a hospital waiting room after a 911 activation. EMS-6 coordinated with hospital staff to contact family and arrange transport back to their home city in the East Bay.

SCRT

Operational period 9/1/2023 – 9/30/2023

Total Calls for Service: 1187

Average Response Time: 16.05

Average on Scene Time: 46.44

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	217	18.28%
Ambulance transport to ED	234	19.71%
Remained in the community	468	39.43%
Unable to Locate	204	17.19%
Walked Away	64	5.39%
Total	1187	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	217	23.61%
Ambulance transport to ED	234	25.46%
Remained in community	468	50.92%
Total	919	100.00%

5150

Grave disability	10
Self-harm	13
Harm to others	8
Total	31

Police Presence on Scene

		Percent of total calls for service (1187)
PD On Scene Prior to Arrival	20	1.68%
PD requested by SCRT	7	0.59%
SCRT requested by PD	34	2.86%
PD arrived without request	6	0.51%
Total Incidents with PD present on scene	64	5.39%

Assistance provided by Police

		Percent of total calls for service (1187)
Immediate danger to personnel or public	5	0.42%
Assist with Restraints	8	0.67%
Scene Management	12	1.01%
Total	25	2.11%

Destination of Non-Emergency Transport

Shelter	57	26%
Mental Health Facility	18	8%
Community Clinic	8	4%
Sobering Center	63	29%
Treatment Program	7	3%
Other Destination (Case management, ride home, food kitchen, etc.)	64	29%
Total	217	100%

SCRT Highlights:

- SCRT-1 (CP Golovin & EMT Dorgan) responded to a special call by Engine 1 for an individual who flagged them down requesting services. The individual was unsheltered, had been discharged from a hospital two days prior for congestive heart failure (CHF) exacerbation, was missing their wheelchair, and seeking shelter. The SCRT-1 unit medically evaluated the individual, performed a medication reconciliation, coordinated with CP-7 to get them a replacement wheelchair, secured a shelter bed and transported the client directly from the street to the shelter. After completing a warm hand-off of the client to shelter staff, the SCRT unit obtained a medication refill for the client at a nearby pharmacy and delivered it back to the shelter.
- Chief Pang came across a 65 year old woman in a wheelchair, poorly clothed, with extremely poor hygiene. He noticed her sitting in her chair, slumped over, at 8th and Market, amidst the construction workers. She said she spent the night sleeping on the street and she was interested in shelter. SCRT2 first arrived and conducted a needs assessment and, with the assistance of the HOT specialist on the unit, looked her up in the ONE system (HSH database). There were no female shelter beds available that day, so SCRT2 requested another SCRT unit (SCRT3) that has a WC lift, and she was transported to a women's drop in shelter (chairs only). This individual has had no known 911 contacts in the last 3 years. When SCRT2 checked on the woman the next day, they were told the woman had left, and they were not able to find her in the surrounding areas. They were also informed that there was only one shelter bed for women for the day.



Pictured Above: Community Paramedic Allison Levesque

SORT

Operational period: 9/1/2023 – 9/30/2023

Calls for Service: 144

Total Encounters: 140

Total Encounters with a Confirmed Overdose: 67

Suboxone Starts (including facilitating connection to Suboxone): 7

Clients who Accepted Harm Reduction Supplies: 75

Clients who accepted Narcan Rescue Kit: 91

SORT Highlights:

- San Francisco is leading California in prehospital Suboxone (buprenorphine) administration. Since our pilot program began on April 1, 2023, SFFD paramedics have logged a total of forty (40) Suboxone administrations.

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>
ODU	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>
ROSC	Return of Spontaneous Circulation	<i>Operations</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>
y/o	Years old	<i>Operations</i>