

The Castañedas Kids Foundation Medical Mission – El Salvador



SFFD

EMS AND COMMUNITY PARAMEDICINE

**FIRE COMMISSION REPORT
JANUARY 2024**

DEPUTY CHIEF SANDY TONG

EMS DIVISION
January 2024
Assistant Deputy Chief Niels Tangherlini

OPERATIONS

Three-month Data Lookback SFFD EMS Division					
Month	Daily Runs (average)	Time on Task (average)	SFFD Market Share	Narcan Use	Cardiac Arrests: 1. Total 2. Resus Attempted 3. Witnessed 4. VF 5. CPR/AED 6. ROSC at ED 7. % survival
November	353	92	76	237	1. 144 2. 49 3. 29 4. 3 5. 19 6. 14 7. 27%
December	368	95	76	264	1. 161 2. 61 3. 34 4. 5 5. 22 6. 15 7. 25%
January 24	367	98	75	253	1. 147 2. 48 3. 25 4. 13 5. 11 6. 26%
Average	363	95	76	251	26% monthly average cardiac arrest survival

NOTABLE ACTIVITIES

- During the month of January EMT Carlos Martinez and his organization, The Castaneda Kids Foundation, led a medical mission to El Salvador that included multiple members of the EMS Division. This represents the second year that members of the EMS Division have taken part in this effort. During this one-week program, members of the EMS Division worked alongside volunteer doctors and nurses to bring medical care to people from rural El Salvador. Overall, they saw and treated 2,900 patients over 5 long clinic days. Our SFFD members served in various roles which included taking vital signs, working in the pharmacy, handing out glasses and canes, distributing medications and explaining how to take them IN SPANISH, under direction of our pharmacists. Members describe it as a life-changing event. The following members participated:

- Carlos Martinez (organizer)
- Kelly Cronander
- Iris Nahm
- Natham Danzinger
- Jeff Finerman (H8)
- Melia Oldman
- Elaine Thompson
- Anthony Ascersion
- Guillermo Martinez
- Sarah LoCoco
- Hoi Kit Cheung
- Angel Olmedo (H2)
- On January 8th, the 11th L2 (Paramedic) Academy began at the Division of Training. This should result in 5 new paramedics for the EMS Division. These personnel will replace paramedics who are in the process of cross-training to become firefighters. We expect these members to hit the streets soon.
- During the month of January several members of the EMS Division completed the San Francisco Fire Department Digital Storytelling Academy. These members are already creating brilliant images related to the work we do. Several have been tapped to begin working on a project to highlight the EMS Division during EMS Week.
- On January 22nd, Mary Ishizaki, whose home was destroyed in the third alarm fire in December and made public comment at our December Fire Commission meeting, presented two donation checks to the Asian Firefighters Association (President Stan Lee) and San Francisco Life Line (founders Nicholas Koo and Emily Tam) organizations. Many thanks to Commissioner Nakajo for facilitating these two very kind donations!

NOTABLE RESPONSES

1. Medic 506 was responding to Code 2 (non-life threatening) response when they were flagged down by a citizen suffering from an acute allergic reaction. The crew quickly identified the patient as having a potential severe anaphylactic reaction, which they treated with epinephrine, Benadryl, Zofran, and albuterol. The patient's condition quickly improved based on the care by our crew and the patient arrived at the ER at Kaiser completely stable.
2. On January 6th M555 and QRV1 responded to a report of gunshot wound victim. The patient was identified as suffering from a possible tension pneumothorax from a gunshot wound to the chest. Crews quickly performed a needle decompression and began transport to the trauma center within 3-minutes. The patient was treated at ZSFGH.
3. On January 20th crews were dispatched to a case where there was CPR in progress. In this case, a bystander had initiated CPR, which dramatically increased the chance for survival. With additional care from our crews the patient had return of spontaneous circulation (ROSC). The crew had to pace the patient's heart to maintain the ROSC. Ultimately the patient received an implanted pacemaker at UCSF and was discharged home.
4. On January 23rd an ambulance crew treated a patient suffering from supraventricular tachycardia (SVT). After vagal maneuvers (a manual way of treating this dysrhythmia) were unsuccessful the paramedic opted to treat the patient with Adenosine, a drug specifically for this problem. The treatment was successful, and the patient refused transport to the ER after the paramedic consulted with the base physician.

PHOTOS

Members of the EMS Division in El Salvador



H3L2 Academy Members and Instructors



Donations from Mary Ishizaki to AFA Stan Lee and SF Life Line Nicholas Koo and Emily, with Fire Commissioner Steve Nakajo, retired EMS Section Chief Sebastian Wong, Grace Horikiri and Brandon Quan of Japantown Community Benefit District



Photo by Rescue Captain Kuzma after completing the SFFD Digital Storytelling course.

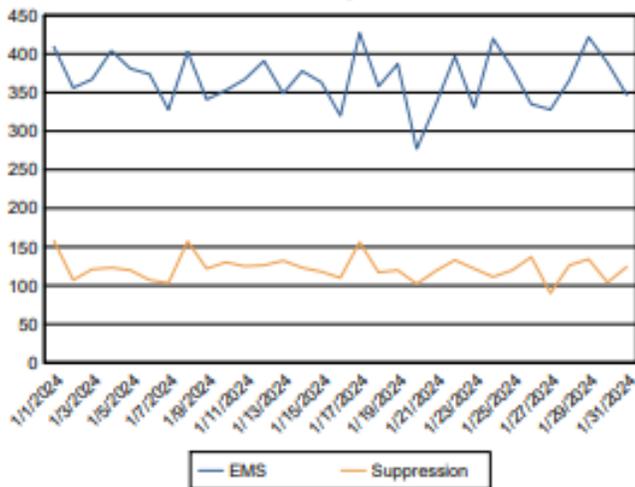


SFFD ACTIVITY SUMMARY – January 2024

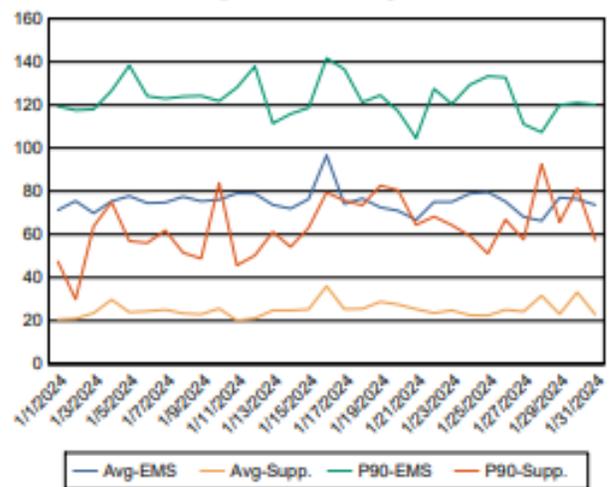
SFFD Activity Summary From 01/01/2024 To 01/31/2024

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)
01/01/2024	409	158	567	71.26	93.00	20.51	119.43	47.38
01/02/2024	356	107	463	75.43	95.13	20.93	117.51	29.96
01/03/2024	367	121	488	69.79	92.27	23.53	117.98	63.68
01/04/2024	404	123	527	75.29	99.62	29.77	126.59	74.87
01/05/2024	381	120	501	77.71	101.69	24.00	138.32	56.89
01/06/2024	374	107	481	74.52	96.72	24.33	124.08	56.04
01/07/2024	328	103	431	74.80	97.55	25.04	122.88	61.82
01/08/2024	403	157	560	77.48	102.04	23.41	123.87	51.56
01/09/2024	341	122	463	75.42	98.17	22.93	124.15	48.81
01/10/2024	353	130	483	76.04	97.54	25.69	121.80	83.84
01/11/2024	367	125	492	79.06	101.12	20.06	127.96	45.72
01/12/2024	391	126	517	78.94	106.80	21.13	137.87	50.29
01/13/2024	349	132	481	73.67	90.58	24.75	111.36	61.23
01/14/2024	378	123	501	71.91	91.70	24.81	115.77	54.14
01/15/2024	363	118	481	76.31	95.48	25.18	118.58	62.98
01/16/2024	320	110	430	96.69	121.90	35.98	141.62	79.53
01/17/2024	427	156	583	74.07	94.75	25.33	136.51	75.57
01/18/2024	358	117	475	76.61	97.22	25.45	121.20	73.49
01/19/2024	387	120	507	72.52	97.41	28.82	124.43	82.52
01/20/2024	277	102	379	70.95	93.46	27.58	117.04	80.53
01/21/2024	335	119	454	66.74	86.17	25.37	104.60	64.39
01/22/2024	397	133	530	75.00	96.60	23.51	127.52	68.20
01/23/2024	330	122	452	75.04	100.03	24.86	120.39	64.25
01/24/2024	420	111	531	78.94	103.74	22.48	129.31	59.37
01/25/2024	381	120	501	79.58	107.57	22.35	133.22	51.08
01/26/2024	335	137	472	75.15	102.46	25.10	132.66	66.85
01/27/2024	328	90	418	68.17	90.84	24.19	111.07	57.60
01/28/2024	366	126	492	66.22	88.65	31.60	107.26	92.56
01/29/2024	422	134	556	77.04	99.37	23.09	119.88	65.66
01/30/2024	388	104	492	76.39	97.59	33.12	120.88	81.14
01/31/2024	347	124	471	73.72	94.81	22.84	120.11	57.31

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

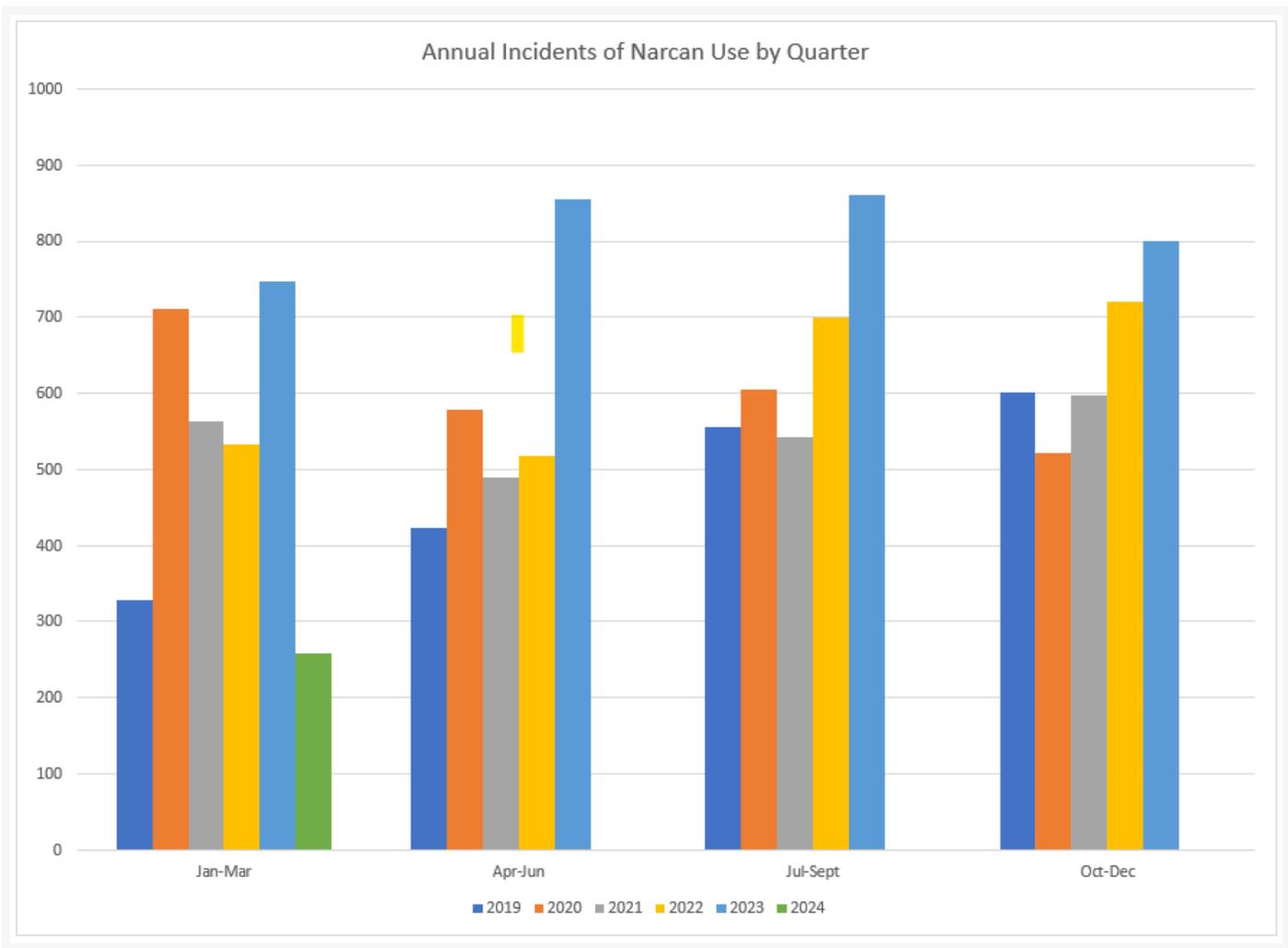
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/08	68	59%	47	41%	115
	2023/09	153	62%	95	38%	248
	2023/10	102	52%	93	48%	195
	2023/11	33	46%	39	54%	72
	2023/12	23	41%	33	59%	56
	2024/01	16	28%	42	72%	58
	2024/02	4	50%	4	50%	8
Fire Incidents	2023/08			76		76
	2023/09			63		63
	2023/10			80		80
	2023/11			70		70
	2023/12			76		76
	2024/01			43		43
	2024/02			4		4
Medical Incidents	2023/08	5,843	78%	1,663	22%	7,506
	2023/09	5,624	78%	1,631	22%	7,255
	2023/10	5,622	77%	1,658	23%	7,280
	2023/11	5,066	78%	1,428	22%	6,494
	2023/12	5,671	78%	1,640	22%	7,311
	2024/01	5,635	78%	1,618	22%	7,253
	2024/02	1,000	80%	255	20%	1,255

NARCAN ADMINISTRATION

	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Annual Total
2019	329	423	555	602	2019 1909
2020	711	579	605	522	2020 2417
2021	564	490	542	597	2021 2193
2022	533	517	699	721	2022 2470
2023	747	855	861	800	2023 3263
2024	258	0	0	0	2024 258



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
January 2024

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

EMS Data Equity Conference: On January 19th, in collaboration with San José State University, the Department hosted the 2024 EMS Data Equity Conference, an event focused on leveraging data to enhance equity in pre-hospital care. This conference, held at the university's campus, attracted over 20 different EMS agencies and more than 40 organizations, underscoring a unified commitment to improving emergency medical services across California. Centered around the theme "How do we use data to understand, monitor, and improve equity?", the conference provided a platform for EMS professionals, service providers, and industry experts to explore the critical role of data in shaping equitable EMS practices.



EMS DATA EQUITY CONFERENCE 2024

Deputy Chief Tong opened the conference with remarks emphasizing the Department's leading role in EMS alternate response and behavioral health programming. She expressed gratitude for the collaborative efforts to address health inequalities within EMS, reinforcing our commitment to these crucial issues.

Keynote speakers included:

- Cynthia Teniente-Matson, SJSU President
- Dr. Remle Crowe, National Association of EMS Physicians Professional member-at-Large
- Dr. Jamie Kennel, Oregon Institute of Technology Emergency Medical Services Department Chair
- Dr. Janet Coffman, Co-Associate Director for Policy Programs at UCSF's Institute for Health Policy Studies
- Tanya Jogesh, DataSF data scientist
- April Sloan, Section Chief of CP Operations SFFD

Their presentations highlighted the ability of data to identify disparities in emergency medical care and to measure improvements of these disparities. For example, Dr. Crowe and Dr. Kennel presented their methodology and finding that in prehospital settings nationwide, African Americans receive less medication for pain control than other population groups.

Another presentation, by DataSF scientist Tania Jogesh and Section Chief Michael Mason from our Community Paramedicine Division, offered insights of their analysis of EMS-6 data, highlighting how data-driven strategies significantly impact service delivery and equity.

The conference, supported by the CARESTAR Foundation and the National Science Foundation Civic Innovation Challenge, concluded with a resolve to form a year-long community of practice. This initiative will continue to foster collaboration among California's EMS agencies and providers, focusing on improving equitable EMS service delivery through shared learning and data-informed strategies.



Portland, Oregon Elected Official SCRT Tour: Multnomah County (which includes Portland, OR) Commissioner Julia Brim-Edwards met with Section Chief Sloan and was given an SCRT vehicle tour and program overview by community paramedic Carla Beyer. After the program overview, Portland city leadership expressed interest in having a multi-agency delegation of Portland City staff visit San Francisco to further observe community paramedicine operations.



SFPD Lineups: Section Chief of Operations April Sloan attended SFPD lineups to communicate updated SCRT special-call guidelines that were recently issued to officers. Chief Sloan attended lineups on January 10th, 17th, and 24th at Mission, Northern and Southern police stations and will continue this inter-agency communications effort through February until all stations are reached.

UCSF Public Psychiatry Fellowship Talk: On January 10th Section Chief of Operations April Sloan was invited to speak to UCSF psychiatry fellows. Chief Sloan shared an overview of the Community Paramedicine Division, the Street Crisis Response Team, and the issues of mental illness and substance use disorders in prehospital care.

Elder Abuse & Prevention Steering Committee: As part of our ongoing coordination with the Department of Aging Services (DAS) High-Risk Self-Neglect multi-disciplinary team, Chief Sloan was invited to sit on their quarterly steering committee meeting. She attended the first session of 2024 on January 9th.

EMS-6

Operational period: 1/1/2024 – 1/30/2024

Total encounters: 280

Average encounters per day: 9

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -44%

Encounter Type*	Number
Case Conference	15
Conservator Show of Support	0
Phone Consult	131
911 System Contacts	134
Total	280

EMS-6 Successes & Challenges:

- **Conserved Individual Located & Re-connected:** A 48-year-old individual that had 38 911 activations in 2022, was conserved and stabilized in the community and in 2023 they had only one 911 activation. They recently became non-compliant with their medications, lost their housing, and began over-utilizing 911—10 911 activations in January 2024. The conservator’s office requested assistance in locating the individual and evaluating them for a 5150 hold. The client was a potential danger to self, an overdose risk, and had a history of assault. A SCRT crew identified the individual in the community and activated EMS-6. The EMS-6 captain then coordinated with the conservator’s office, DPH clinical resources, and EMS transport units to coordinate the 5150 hold and safely transport them to a receiving hospital.

SCRT

Operational period: 1/1/2024 – 1/31/2024

Total Calls for Service: 1159

Average Response Time: 17.07

Average on Scene Time: 48.78

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	211	18.21%
Ambulance transport to ED	178	15.36%
Remained in the community	539	46.51%
Unable to Locate & Walked Away	231	19.93%
Total	1159	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	211	22.74%
Ambulance transport to ED	178	19.18%
Remained in community	539	58.08%
Total	928	100.00%

5150

Grave disability	7
Danger to Self	18
Danger to Others	2
Total*	23

*As individuals may be placed on a hold for multiple reasons the total will not reflect the sum

Police Presence on Scene

		Percent of total calls for service (1159)
PD On Scene Prior to Arrival	13	1.12%
PD requested by SCRT	12	1.04%
SCRT requested by PD	224	19.33%
Total Incidents with PD present on scene	249	21.48%

SCRT Successes & Challenges:

- **Unhoused Family Placed in Emergency Shelter:** A family experiencing homelessness presented at Fire Station 3, whose members then activated SCRT for support. The family of five (two parents and three children ranging in age from 3 years to 10 years old) reported they had been in San Francisco for approximately one week and lost their support network. Through the use of an Urgent Accommodation Voucher (UAV), a program supported by our partners at the Department of Homelessness and Supportive Housing, multiple community paramedicine units worked collaboratively to assess and transport the family to a local hotel.
- **SCRT Dispatch Resulting in Adult Protective Services (APS) Case Management:** SCRT-7 with community paramedic Beyer and EMT Sylvester were dispatched for a report of a housed, 61-year-old female who was possibly gravely disabled. After performing a bio-psycho-social assessment of the individual, their home, and their support network, CP Beyer determined the individual had no acute medical needs requiring transport to an emergency department, but did exhibit unmet social needs, particularly around food insecurity. CP Beyer directly coordinated with an APS case manager to schedule a follow-up visit within 24 hours. This encounter highlights a successful chain of care across multiple agencies:
 - The 911-call was successfully triaged and assigned to the most appropriate and effective resource (SCRT),
 - The responding care provider had the training and tools necessary to assess the individual and provide immediate connection to the best resource,
 - The incident was diverted from inappropriate utilization of hospital, ambulance, and emergency resources.
- **SCRT & EMS-6 Collaboration Results in Re-connection to Medical Respite:** SFPD officers requested SCRT to support a confused, elderly female found in the lobby of an apartment complex where she did not reside. Initial assessment revealed the individual had been recently discharged from a local hospital. In additional consultation with EMS-6, the SCRT community paramedic determined the individual had an active bed at the City's medical respite center. After medical evaluation the individual was transported directly back to medical respite and connected with appropriate care.

SORT

Operational period 1/1/2024 – 1/31/2024

Calls for Service: 105

SFFD Suboxone Starts: 5

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Total	% Total
AMR			2				1				3	4%
King American				2	1	1		1			5	6%
SFFD	8	7	6	4	4	8	9	10	10	5	71	90%
<i>SORT</i>	7	5	3			1	5	2	2	3	28	39%
<i>SCRT (inc. CP5)</i>	1	2			2	1			1		7	10%
<i>Medic Units / EMS</i>			3	4	2	6	4	8	7	2	36	51%
Grand Total	8	7	8	6	5	9	10	11	10	5	79	100%

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	5	4.76%
Ambulance transport to ED	58	55.24%
Remained in the community	28	26.67%
Unable to Locate & Walked Away	14	13.33%
Total	105	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	5	5.49%
Ambulance transport to ED	58	63.74%
Remained in community	28	30.77%
Total	91	100.00%

SORT Successes & Challenges:

- Expansion of Overdose Data Sharing:** Historically, SORT & SCRT encounters with overdose survivors were 1) automatically sent daily to our DPH partners on POET (Post Overdose Engagement Team) and 2) imported into the DPH centralized health information system EPIC. We will now be expanding this data coordination to include all patient care reports where there was either an overdose or a Suboxone administration (including those from the EMS Division).
- Joint CIVIC Bridge Application with DPH:** In addition to the successful EMS-6 focused CIVIC Bridge application highlighted in last month's report, a second application is underway with our DPH partners with a focus to identify structural and systematic barriers individuals with substance use disorder may face when attempting to accessing care. This effort would support the Department and City priority of reduced overdose mortality through coopting the support of private technical expertise to examine and document the current systems of care, analyze service gaps, facilitate stakeholder and service provider workshops, and provide implementation recommendations.

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>