

H3L2 Graduates – PT on the Bay Bridge



SFFD

EMS AND COMMUNITY PARAMEDICINE

**FIRE COMMISSION REPORT
FEBRUARY 2024**

DEPUTY CHIEF SANDY TONG

EMS DIVISION
February 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
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. 13 6. 11 7. 26%
February	366	95	75	226	1. 124 2. 41 3. 17 4. 5 5. 11 6. 10 7. 30%
Average	367	96	75	248	1. 144 2. 50 3. 25 4. 8 5. 15 6. 12 7. 27%

NOTABLE ACTIVITIES

1. Throughout the month of February, the EMS Division received its new stairchairs. Stairchairs are the device ambulance crews use to carry a seated patient up or down stairs. Unlike the ones that have been used on the City's ambulances for decades, the new ones have rolling tracks that can be folded out to assist with going down or up a flight of stairs. These are expected to dramatically reduce the number of injuries associated with stair chair use. The devices were received, assembled, and

marked for distribution. Once most of the members of the EMS Division are trained in their use, the devices will be placed on every ambulance.

2. On February 24th, members of the EMS Division provided standby coverage for the annual Lunar New Year Parade. This event was named one of the top ten parades in the world by the International Festivals and Events Association. As one of the few remaining nighttime parades, this event is the largest celebration of the lunar new year outside of Asia. Thousands of people gathered to enjoy floats, performances, and members of our own SFFD winding their way through downtown into Chinatown. EMS coverage included ambulances, gators, RCs, an MD, and one of the Department's two MCT buses. Crews treated multiple patients, including 7 who received ongoing treatment by a physician assigned to work with crews on the Multi-Casualty Transit (MCT) bus. However, after the event, Muni maintenance supervisors provided documentation that both MCT units are a decade past their serviceable life and need to be retired. Ideally, the Commission would offer support for the effort to purchase at least one purpose built MCT vehicle.
3. Five members of the Department successfully completed the EMS Advancement Academy to move to the rank of paramedic. This included 3-EMTs from the EMS Division and two firefighter/EMTs from suppression. The suppression members will serve 500 hours on an SFFD ambulance to further strengthen their patient care skills.
4. On February 26th members of the EMS Command Staff attended a retirement luncheon for Dr. John Brown who has served as the LEMSA medical director for 28 years. Section Chief Kevin Chocker presented Dr. Brown with a gift from the Department. Tune in to the EMS/CP presentation on Wednesday to see what we gifted him.

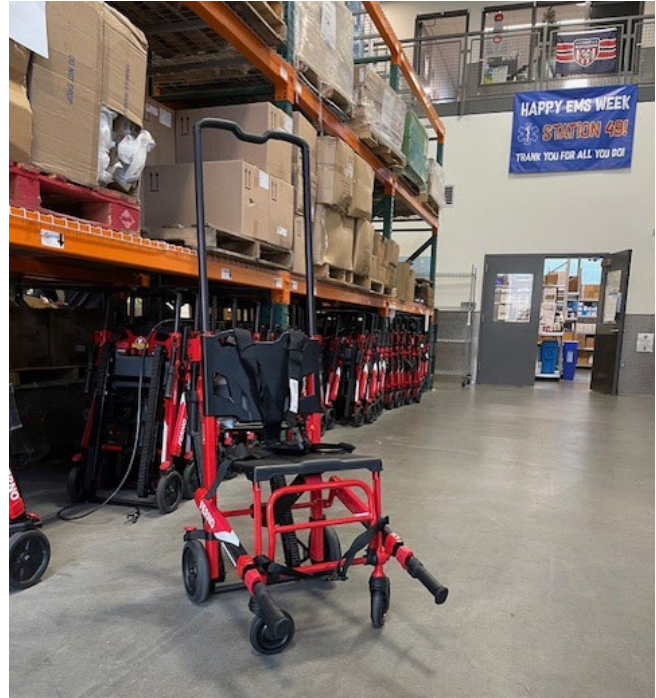
NOTABLE RESPONSES

1. On 2/2/24 crews responded to a 44-year-old male found in cardiac arrest. Despite being found in asystole crews were able to restore circulation after treating with BLS and ALS care that included intubation, IO, epinephrine, and Narcan. Ultimately, the patient was able to leave the hospital neurologically intact.
2. On 2/10/24 crews acted quickly to address airway and significant pain issues for a burn victim pulled from a fire by suppression crews. The patient was treated and transported to the burn unit at St. Francisco Hospital.
3. A 61-year-old male who experienced cardiac arrest while playing basketball at the Embarcadero YMCA received CPR and defibrillation from bystanders using an AED. Crews provided additional BLS and ALS care, which resulted in a return of spontaneous circulation (ROSC). The patient was discharged from ZSFGH neurologically intact.
4. On 2/23/24 an 86-year-old woman was found with obvious burns to the upper body, but also exhibiting the signs and symptoms of a stroke. Recognizing the patient was presenting with multiple critical issues, the crew transported the patient to a hospital able to handle a complicated case. The patient was ultimately discharged from the hospital.
5. On 2/26/24 a crew found a patient with a profoundly low blood sugar and poor IV access. Recognizing the critical nature of the event, the paramedic opted to start an IO and treat the patient with D10. The patient made a complete recovery.

PHOTOS

A new tracked stair chair ready to deploy. Note the retractable track device that improves the safety and ergonomics of carrying a patient down stairs.

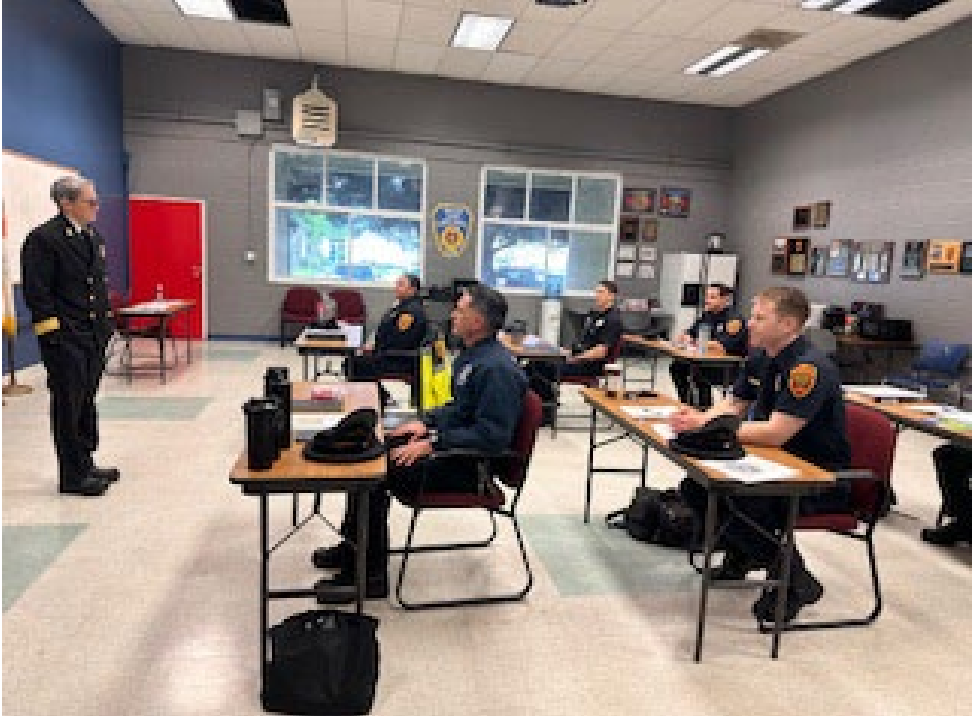
54 stair chairs ready to be placed on every SFFD ambulance. This represents an incredible amount of work by the logistics team under Section Chief Craig Gordon.



Members of SFFD, including EMS Division, at the Chinese New Years Parade



Chief Nicholson welcomes members to EAA #30.



Dr. Brown receiving a gift from Section Chief Kevin Chocker.

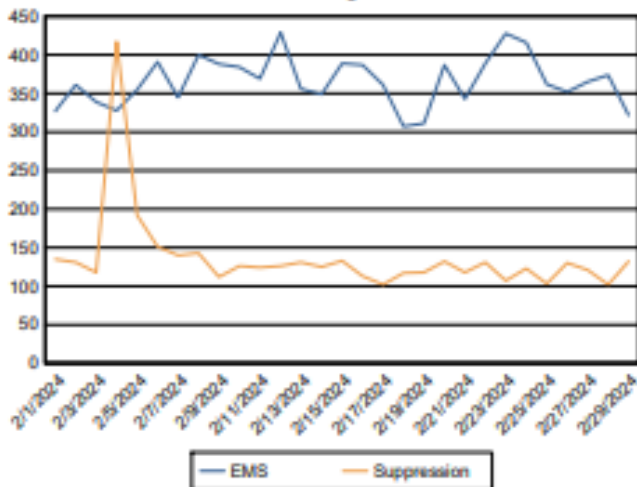


SFFD ACTIVITY SUMMARY – February 2024

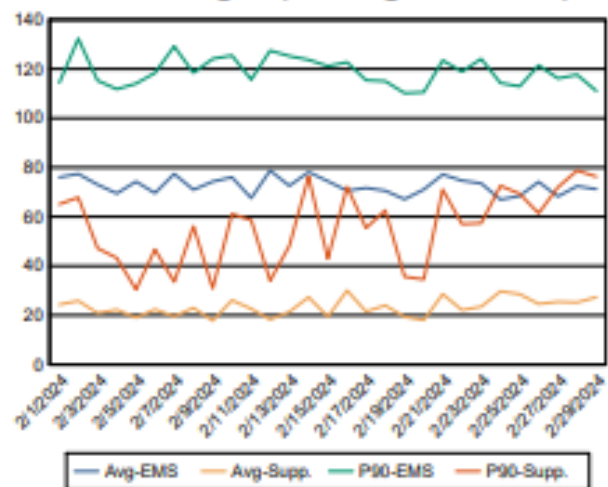
SFFD Activity Summary From 02/01/2024 To 02/29/2024

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
02/01/2024	327	135	462	76.04	93.25	24.29	114.34	65.04
02/02/2024	361	131	492	77.37	103.11	25.82	132.22	67.77
02/03/2024	339	118	457	72.98	92.04	20.89	115.20	47.14
02/04/2024	328	417	745	69.39	88.96	22.26	111.77	43.18
02/05/2024	355	192	547	74.27	92.28	18.95	114.00	30.43
02/06/2024	391	151	542	69.54	95.74	22.29	118.30	46.68
02/07/2024	345	140	485	77.42	100.66	19.50	129.22	33.53
02/08/2024	400	143	543	70.95	97.35	22.97	118.31	56.08
02/09/2024	388	112	500	74.30	98.23	17.71	124.04	30.88
02/10/2024	384	126	510	76.05	98.01	26.07	125.48	61.09
02/11/2024	369	124	493	67.51	89.71	22.57	115.61	58.64
02/12/2024	429	126	555	78.70	102.11	18.24	127.46	34.03
02/13/2024	356	131	487	72.53	99.69	21.31	125.23	48.20
02/14/2024	349	125	474	78.11	98.20	27.27	123.65	76.42
02/15/2024	389	133	522	74.36	98.65	19.32	121.10	42.90
02/16/2024	387	113	500	70.51	100.80	30.08	122.77	72.09
02/17/2024	361	102	463	71.67	91.81	21.49	115.40	55.39
02/18/2024	307	117	424	70.49	88.76	23.96	115.04	62.62
02/19/2024	311	118	429	67.08	88.25	19.31	110.17	35.67
02/20/2024	387	132	519	71.09	88.77	17.93	110.52	34.53
02/21/2024	343	118	461	77.14	96.27	28.57	123.45	71.05
02/22/2024	389	131	520	74.64	97.89	22.05	118.90	56.98
02/23/2024	428	107	535	73.47	99.44	23.46	124.05	57.41
02/24/2024	416	123	539	66.92	94.08	29.66	114.27	72.51
02/25/2024	362	103	465	68.44	89.15	28.56	112.85	69.28
02/26/2024	352	130	482	74.15	96.00	24.54	121.45	61.39
02/27/2024	365	121	486	68.17	93.13	25.39	116.09	71.95
02/28/2024	374	102	476	72.44	94.74	25.19	117.60	78.77
02/29/2024	322	132	454	71.20	90.90	27.27	111.09	76.24

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

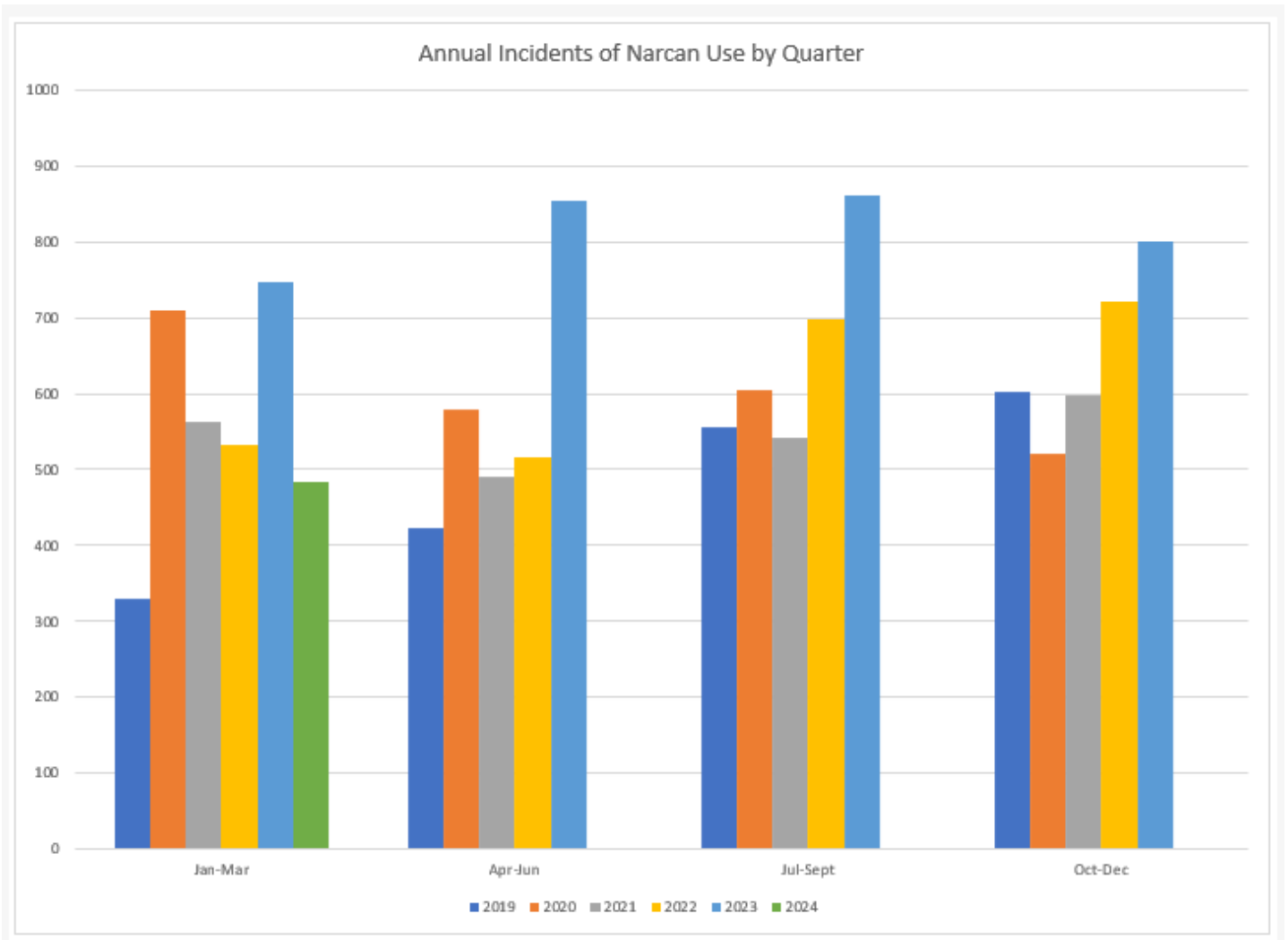
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/09	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	19	41%	27	59%	46
	2024/03	1	20%	4	80%	5
Fire Incidents	2023/09			63		63
	2023/10			80		80
	2023/11			70		70
	2023/12			80		80
	2024/01			53		53
	2024/02			32		32
	2024/03			2		2
Medical Incidents	2023/09	5,623	78%	1,631	22%	7,254
	2023/10	5,621	77%	1,658	23%	7,279
	2023/11	5,067	78%	1,428	22%	6,495
	2023/12	5,674	78%	1,643	22%	7,317
	2024/01	5,654	78%	1,623	22%	7,277
	2024/02	5,164	77%	1,563	23%	6,727
	2024/03	575	74%	197	26%	772

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	484	0	0	0	2024 484



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang

February 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

- **ABC News Highlights Health Care Workers Supporting Unhoused:** On February 20th, ABC 7 Bay Area News published a story highlighting the City health workers who support unhoused individuals' healthcare needs. Section Chief April Sloan was interviewed and shared the experiences and work of community paramedics.

<https://abc7news.com/sf-homeless-healthcare-mental-health-drugs/14446246/>



- **California EMS Authority QI Committee Presentation:** At the invitation of Committee Chair & SF LEMSA Deputy Director Elaina Gunn, on February 28th, Community Paramedicine Division Section Chiefs Mason & Sloan shared an overview of our EMS Data Equity Conference with the California Local EMS Agency (LEMSA) Quality Improvement Coordinators Committee. Invited to attend were LEMSA administrators from all California counties. Committee members received an overview of the conference and were invited to participate in a year-long community of learning which will begin this March.
- **CIVIC Bridge Kick-Off:** On February 28th, Section Chief's Sloan and Mason attended a CIVIC Bridge kick-off session for two projects where we've been matched with private partners to work on priority issues facing our City:
 - **Adobe:** EMS-6 logic model & performance indicator iteration,

- **ZS Associates:** SORT & POET (DPH) process mapping and facilitation of inter-departmental workshops to improve client outcomes.

We will be working with both groups and multiple stakeholders over the next 16 weeks to leverage their private expertise in support of our programming.



Pictured above: Section Chief Mason with Adobe staff members at the CIVIC Bridge Kick-off.

- **Mayor’s Office of Innovation KPI Alignment Workshop:** On February 27th, ADC Pang and Section Chiefs Sloan and Mason participated in a workshop hosted by the Mayor’s Office of Innovation to further develop key performance indicators for the City’s multi-agency street response system, review cross-team data sharing efforts, and further our strategic alignment around system goals and metrics.
- **SAMSHA Funds Overdose Training & Response:** Our DPH partners informed us that additional funds were identified within a previously awarded grant supporting overdose response and mortality reduction. The grant, awarded by the federal Substance Abuse and Mental Health Services Administration, initially budgeted funds for training Department members in the areas of anti-stigma, medication assisted treatments such as Suboxone, and substance use disorder treatment strategies. The grant budget will now include funds to purchase additional laptops & iPads for community paramedics to access City health information systems with the goal of improving our care of individuals with opioid use disorder.
- **Alcohol Sobering Center - Open House:** On February 13th, 14th, and 15th, the San Francisco Sobering Center hosted an informational open house for EMS crews to re-familiarize themselves with the important resource and remind providers of their facility location, which returned to their prior location at 1185 Mission Street. EMS-6 Captain Ben Sosin was detailed to the event and supported rotating over 45 EMS & CP field crews in for continuing education.
- **Incident Commanders:** After an extensive interview process, three members of the Division will be rotating into incident commander positions leading operations with the Healthy Streets Operation Center and the Tenderloin Joint Field Operations (“HSOC”, “TL JFO”): Robert Cummings, Leslie Fong, and Brandon Cunningham. These members, working as community paramedic captains, will be assigned for 1-year or 6-month rotations (HSOC / JFO respectively) to lead multi-agency field teams addressing encampments, engaging complex and vulnerable individuals, and working to remedy environmental issues impacting the health of our communities and neighborhoods. The Division wishes to recognize the excellent work of our outgoing incident commanders, Seamus O’Donnell, Sean Delise, and Carl Berger.

Incident Commander Highlight: Long-term unhoused individual connected to permanent housing

On February 15th, while leading a Joint Field Operations team on the 700 block of Ellis, Incident Commander Cumming encountered an individual well known to the community who was experiencing long-term homelessness. IC Cumming activated an SCRT unit to support the individual’s connection to urgent care to address sub-acute medical needs. While on scene,

members of the HOT team determined the individual was eligible for expedited placement into permanent housing. IC Cumming engaged the client again later in the day and coordinated both HSH & transport resources to complete a warm hand off directly into permanent housing.

EMS-6

Operational period: 2/1/2024 – 3/1/2024

Total encounters: 263

Average encounters per day: 8.7

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -42.05%

Encounter Type*	Number
Case Conference	17
Phone Consult	113
911 System Contacts	133
Total	263

EMS-6 Successes & Challenges:

- **City's #3 Highest 911-Utilizer Housed:** A 42-year-old female with 67 EMS contacts within the past year was placed in a 'tiny-home' after extensive engagement and coordination from EMS-6. The individual had been a high-utilizer of EMS since June of 2023 and had a history of mental illness, substance use disorder, and behavioral issues which resulted in her being denied services at City shelters. After two months of high-utilization, the EMS-6 team facilitated the client's utilization of the City's Journey Home program. In December the client chose to return to San Francisco and was unhoused and destabilized in the community. The client proceeded to have 42 EMS contacts in the following months. In late February, EMS-6 Captain Chris Couch coordinated transport to UCSF and a connection to Citywide Case Management. On discharge from UCSF and with Captain Couch's support, the individual was accompanied by their new case manager directly to emergency housing. Since placement the client's 911 utilization has dropped markedly, and the EMS-6 team continues to support and engage her care team.

SCRT

Operational period: 2/1/2024 – 2/29/2024

Total Calls for Service: 1093

Average Response Time: 16.82

Average on Scene Time: 44.64

- **Vulnerable Veteran Supported with Multi-Agency Response:** A 36-year-old housed female veteran residing in a residential neighborhood was placed in a Veteran's Administration (VA) behavioral health bed after extensive coordination and safety planning across multiple agencies. The individual, well known to both SCRT units & community members, had known safety concerns. Section Chief Sloan coordinated with SFPD's Richmond Station and Crisis Intervention Team (CIT) to develop an engagement safety plan. Additional pre-planning by CP Division members coordinated the availability of a VA bed, a receiving hospital willing to hold and transfer the patient, and DPH comprehensive crisis services. The client was safety engaged by community paramedics, placed on a 5150 hold by a DPH clinician, transported by SFFD ambulance to an emergency department, and then subsequently transferred to a VA behavioral health facility.

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	197	18.02%
Ambulance transport to ED	184	16.83%
Remained in the community	483	44.19%
Unable to Locate & Walked Away	229	20.95%
Total	1093	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	197	22.80%
Ambulance transport to ED	184	21.30%
Remained in community	483	55.90%
Total	864	100.00%

5150

Grave disability	11
Danger to Self	23
Danger to Others	9
Total*	42

*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 (1093)
PD On Scene Prior to Arrival	34	3.11%
PD requested by SCRT	15	1.37%
SCRT requested by PD	242	22.14%
Total Incidents with PD present on scene	291	26.62%

SCRT Successes & Challenges:

- **Multi-Agency Response Supporting Unhoused 67-year-old female:** On February 22nd, SCRT 2 (CP Neil Palacios & EMT Scott Ward) and community paramedic captain CP5 (Captain Patrick Renshaw) responded to the outer sunset to a report of an unhoused, 67-year-old female inhabiting a bus stop. Community members reported the individual had been living in the bus station, off and on, since 2019, and exhibited distressing symptoms of mental illness and hoarding. During the initial engagement, the individual did not meet 5150 criteria and declined all services. CP units on scene referred the patient to the Office of Coordinated Care and she began receiving case management.

On February 28th, SCRT4 and CP5 (CP Jason Freeland, EMT Paul Hobbs & Community Paramedic Captain Chatham) responded to an SFPD request for support at the same location. The individual met 5150 criteria at that time, a hold was placed, and the client was transported to the hospital. The client’s temporary conservatorship was not extended (known as a 5250), and they were released back into the

community. Community members have directly reached out to the Department to share their gratitude with our members for their compassionate care of the individual and the neighborhood.

SORT

Operational period 2/1/2024 – 2/29/2024

Calls for Service: 132

SFFD Suboxone Starts: 11

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total	% of Total
AMR			2				1		1			4	4%
King				2	1	1		1			1	6	7%
SFFD	8	7	6	4	4	8	9	10	10	5	11	82	89%
<i>SORT</i>	7	5	3			1	5	2	2	3	3	31	38%
<i>SCRT</i>	1	2			2	1			1			7	9%
<i>Medic</i>			3	4	2	6	4	8	7	2	8	44	54%
Grand	8	7	8	6	5	9	10	11	10	5	12	92	100%

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	7	5.30%
Ambulance transport to ED	77	58.33%
Remained in the community	34	25.76%
Unable to Locate & Walked Away	14	10.61%
Total	132	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	7	5.93%
Ambulance transport to ED	77	65.25%
Remained in community	34	28.81%
Total	118	100.00%

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>