

Pediatric Advanced Life Support Training



SFFD

EMS AND COMMUNITY PARAMEDICINE

FIRE COMMISSION REPORT
MARCH 2024

DEPUTY CHIEF SANDY TONG

EMS DIVISION
March 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	<i>Cardiac Arrests:</i> 1. <i>Total</i> 2. <i>Resus Attempted</i> 3. <i>Witnessed</i> 4. <i>VF</i> 5. <i>CPR/AED</i> 6. <i>ROSC at ED</i> 7. <i>% survival</i>
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 8. 30%
March	371	94	74	268	1. 154 2. 50 3. 40 4. 11 5. 12 6. 15 7. 24%
Average (previous)	368 (367)	96 (96)	75 (75)	249 (248)	1. 142 2. 46 3. 27 4. 10 5. 12 6. 11 7. 27%

As part of its effort to bring greater understanding to how the EMS mission continues to grow each year, the EMS Division will begin including data about what drives call volume. Data related to the use of Narcan underscores how the ongoing opioid crisis is one of the leading drivers and how important it would be for policy makers to include representatives from EMS in discussions about mitigating this crisis. Moving forward, this table will include the top ten locations for frequent use of EMS services from the previous three months.

This will help illustrate how the SFFD EMS Division is a critical safety net for the City and County of San Francisco.

Top 10 Addresses for 911 Use 3 Months		
Address	Type	Number of Responses
555 Beale Street	Navigation Center	125
301 Eddy Street	SFPD	106
525 5 th Street	Shelter	98
302 Silver Ave	Skilled Nursing	97
1925 Evans Ave	Navigation Center	89
125 Bayshore Blvd	Navigation Center	84
224 South Van Ness Ave	Navigation Center	82
1001 Potrero Ave	ZSFGH Clinics	77
833 Bryant Street	Hall of Justice	75
220 Golden Gate Ave	Supportive Housing	73

NOTABLE ACTIVITIES

1. On March 26, seven members of the EMS Division conducted community outreach to seniors living in two different low-income elderly housing complexes. This group facilitated the placement of Lifeline material for 50 individuals and discussed how to best access EMS through use of the 911 system. Outreach was conducted in multiple languages and led by the following members: Nicholas Koo, Hoi-kit Cheung, Bandon Cairo, Melia Oldman, Sarah Lococo, Elaine Thompson, and Artur Gazaryan.
2. On March 16th, members of the EMS Division under the leadership of Section Chief Kevin Chocker provided coverage during the annual St. Patrick's Day parade. Thousands of people, including members of the SFFD, marched under clear skies while the EMS Division kept watch.
3. Throughout the month of March, the EMS Division began its roll-out of power gurneys. Until March, the EMS Division has used the same manual gurneys for nearly four decades. The switch is one of the largest improvements to EMS equipment to date and is aimed at reducing the number of gurney related injuries. The EMS Division chose the Ferno INX gurney for this purpose.
4. EMS Training staff completed 3 months of PALS (Pediatric Advanced Life Support) recertification training, for a total of 429 renewals. This is a biennial requirement for all paramedics. Great job by Lead Instructor Art Julaton!

NOTABLE RESPONSES

1. On March 16th, multiple units responded to an auto-pedestrian accident with multiple victims. Members of the Department were confronted with four critical patients, including two pediatric victims. Under the leadership of Captain Covitz, members of the EMS Division performed in an outstanding manner. Two victims were beyond the help of our crews and were declared dead on scene. Two more were provided immediate care and transported to SFGH where they ultimately succumbed to their injuries. A fifth non-critical patient was transported as well. This response highlights both the incredible work and the trauma endured by members of the EMS Division.
2. Providers: Ryan Pasquinelli and Tom Delodovici. Engine 36. EMS Details: Witnessed cardiac arrest with a patient who had an Automatic Implantable Cardioverter Defibrillator (AICD), similar to a pacemaker. Very complex code with treatments and interventions, with multiple defibs by patients own defibrillator, in and out of a paced rhythm, and 3 shocks by EMS. Hospital Follow-up: Patient was in ED two hours later GCS 15 speaking with EMS crews.

3. Providers: Jason Reeves, Timothy Higgins, Cyra Dragon. EMS Details: Witnessed pediatric choking at a Daycare with Bystander CPR. On EMS arrival, patient was in PEA (Pulseless Electrical Activity). After IGel placement and CPR, patient regained pulses with transport to Mission Bay. Hospital Follow-up: Currently in PICU

PHOTOS

Members of the EMS Division conducting outreach.



Paramedic Koo placing a Lifeline notification on a resident's door.



Medical standby during the St. Patrick's Day parade.



Training with the Ferno INX power gurney.

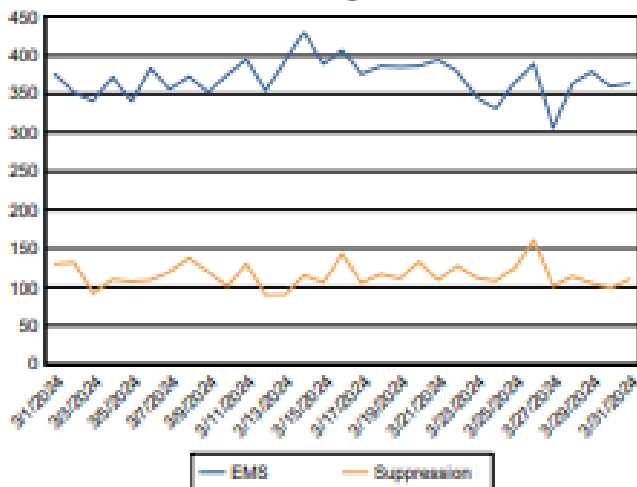


SFFD ACTIVITY SUMMARY – March 2024

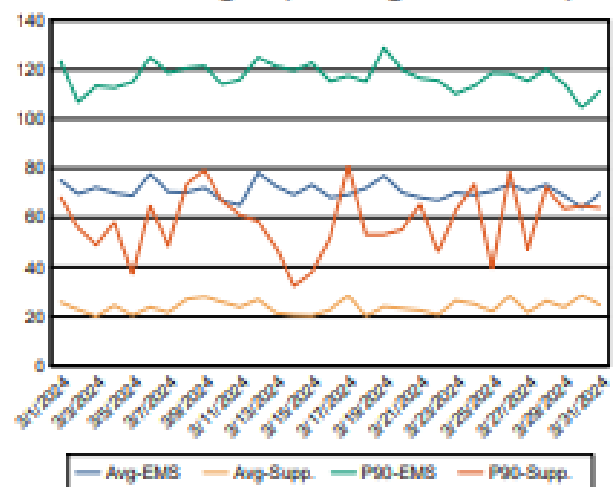
SFFD Activity Summary From 03/01/2024 To 03/31/2024

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
03/01/2024	376	130	506	74.87	95.25	25.62	123.11	68.22
03/02/2024	352	132	484	69.72	89.21	22.74	106.94	55.60
03/03/2024	341	92	433	72.09	89.87	19.92	113.25	48.94
03/04/2024	372	110	482	70.01	90.94	24.49	112.54	58.09
03/05/2024	341	107	448	68.87	91.11	20.44	114.87	37.10
03/06/2024	383	109	492	77.59	101.13	23.73	124.86	64.61
03/07/2024	356	120	476	70.35	94.61	21.55	118.61	48.52
03/08/2024	373	138	511	70.17	96.56	26.76	120.53	73.23
03/09/2024	352	120	472	72.04	94.93	27.91	121.31	79.28
03/10/2024	375	101	476	66.91	92.28	25.72	114.00	66.57
03/11/2024	395	130	525	64.84	91.96	23.69	115.92	61.03
03/12/2024	354	90	444	78.33	97.82	26.85	124.98	58.43
03/13/2024	393	90	483	72.54	97.88	21.34	121.16	47.64
03/14/2024	430	115	545	69.35	97.19	20.57	119.57	32.24
03/15/2024	389	106	495	73.21	100.87	20.37	122.57	37.72
03/16/2024	407	143	550	68.18	91.13	22.69	115.27	52.05
03/17/2024	376	105	481	69.33	96.19	28.27	117.44	80.69
03/18/2024	386	117	503	71.92	93.95	20.19	115.09	53.05
03/19/2024	385	111	496	77.02	100.10	23.97	128.83	53.00
03/20/2024	386	133	519	70.11	95.60	23.17	119.89	55.03
03/21/2024	394	109	503	68.16	97.84	22.41	116.47	65.15
03/22/2024	379	128	507	66.94	91.18	20.73	115.56	46.22
03/23/2024	346	112	458	70.11	89.62	26.26	110.02	62.72
03/24/2024	331	108	439	69.20	91.50	25.01	113.23	73.40
03/25/2024	365	125	490	70.73	95.90	22.04	118.64	39.55
03/26/2024	389	161	550	73.25	99.08	28.21	118.30	78.20
03/27/2024	306	101	407	70.58	91.79	21.62	115.36	46.93
03/28/2024	363	114	477	73.29	96.35	26.15	120.16	72.26
03/29/2024	379	105	484	68.90	92.60	23.73	114.08	63.44
03/30/2024	360	99	459	63.83	87.09	28.41	104.56	64.65
03/31/2024	364	110	474	69.74	87.44	24.61	111.18	63.82

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

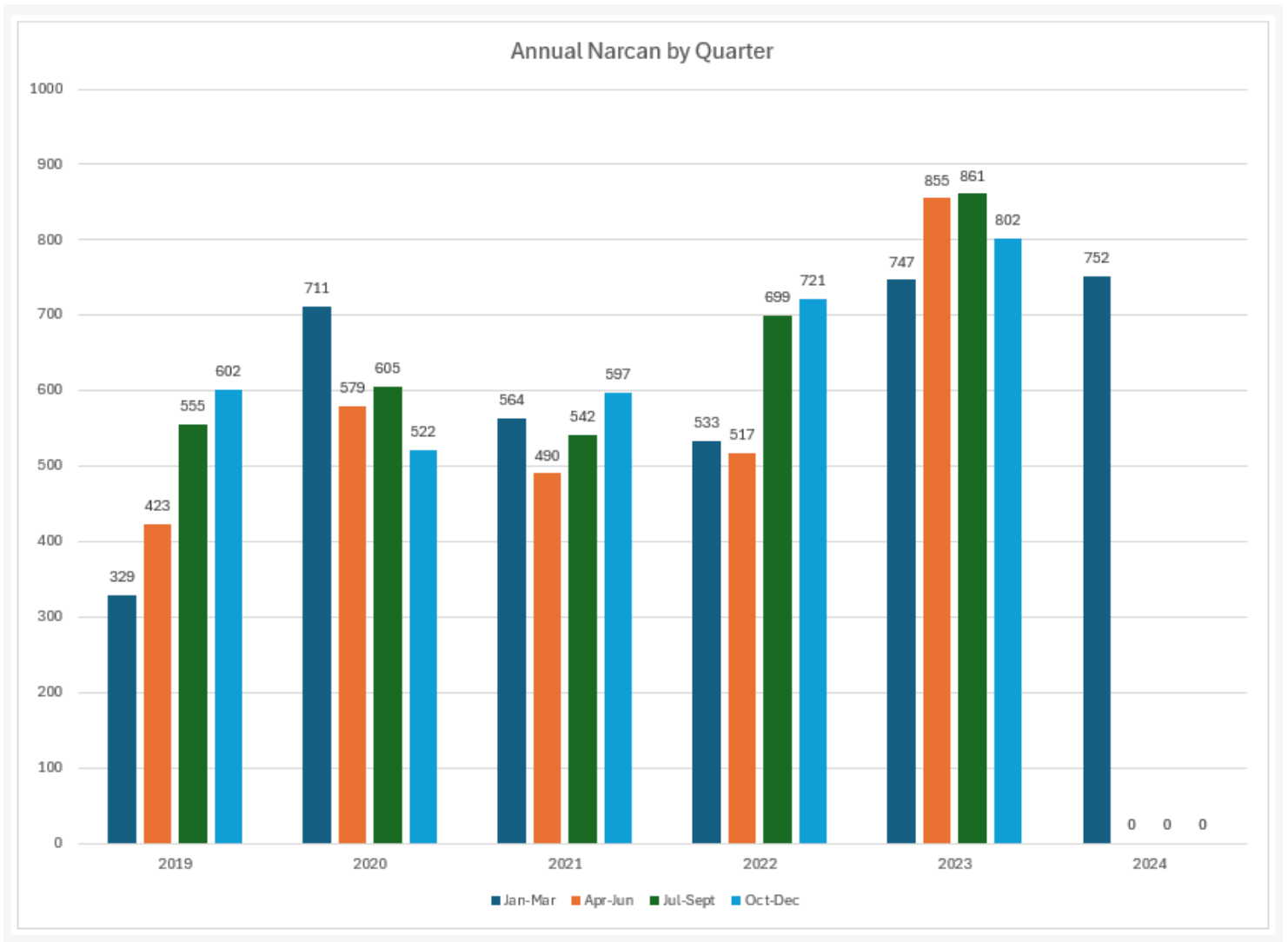
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/10	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	23	47%	26	53%	49
	2024/04	3	75%	1	25%	4
Fire Incidents	2023/10			80		80
	2023/11			69		69
	2023/12			86		86
	2024/01			62		62
	2024/02			40		40
	2024/03			49		49
Medical Incidents	2023/10	5,625	77%	1,662	23%	7,287
	2023/11	5,079	78%	1,434	22%	6,513
	2023/12	5,677	77%	1,649	23%	7,326
	2024/01	5,693	76%	1,769	24%	7,462
	2024/02	5,209	76%	1,637	24%	6,846
	2024/03	5,393	75%	1,759	25%	7,152
	2024/04	371	78%	103	22%	474

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	752	0	0	0	2024 752



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang

March 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

- **SFPD Station Visits**

Chief Sloan hosts a monthly policy meeting with the Mayor's Office and SFPD. When SCRT launched in November 2020 station visits were conducted at Tenderloin and Southern Station to provide information about the program. SFPD's Department Notice (DN) was updated for SCRT in December 2023. The Mayor's Office requested that line up visits be done again to communicate the changes made to the program. Chief Sloan attended a monthly SFPD meeting in December to meet the SFPD Station Captains and arrange station visits. Starting 1/24/24, every Wednesday, Chief Sloan and CP5 attended line ups at 0600, 1500 and 2100 hours. All 9 stations were visited in person. Line up visits were completed on 3/20/24. The officers were given an update on the team configuration, 2023 call volume and number of times SCRT requested PD assistance. The station visits were conducted jointly with SFPD's Crisis Intervention Team (CIT). Chief Sloan and the Community Paramedic Captains work closely with CIT supporting operations when responding to high utilizers with a behavioral health crisis that present a danger to first responders.

- **Streets to Home Program**

Tenderloin Joint Field Operations Incident Commanders (TL JFO IC) have started utilizing the Street To Home Program, run by the Department of Homelessness and Supportive Housing (HSH). This program streamlines the housing process by allowing individuals to obtain the necessary documentation after placement. In coordination with the HSOC/HSH liaison, the TL JFO ICs have assisted 3 individuals into permanent supportive housing.

- **SFPD CIT Award**

On 3/25/24 A/Captain Brandon Chatham, along with Officer Charles August and Crisis Specialists John Wright and Roberto Lopez, were recognized by SFPD for responding to a patient in behavioral health crisis. A/Captain Chatham coordinated SFPD resources and members, resulting in the safe restraint of the individual and transport to the ED for further care.



- **Emerging City Leaders Workshop**

Chief Sloan, along with Battalion Chief Sayumi Brannan, completed the Emerging City Leaders Workshop Series on March 13th. Three main topics were presented over 9 sessions: Leadership and Communication for Success, Coaching and Conflict Conversations and Facilitation Skills. The interactive format and skilled facilitators from DHR resulted in learning valuable information and acquiring new skills.



EMS-6

Operational period: 3/02/2024 – 3/31/2024

Total encounters: 280

Average encounters per day: 9.33

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -49.32%

Encounter Type*	Number
Case Conference	4
Phone Consult	80
911 System Contacts	200
Total	284

EMS-6 Successes & Challenges:

A long time EMS6 client with justice involvement was admitted and stabilized for nearly 6 weeks to manage a severe, worsening, and chronic medical condition. The client is often volatile and threatening, creating barriers to receiving needed medical care resulting in high ED utilization. During his hospitalization, a concerted effort was made to plan for his eventual discharge and establish a viable path for his continued medical needs. EMS6 was part of a very large multi-disciplinary team to achieve this goal. EMS6 provided collateral information regarding previous interventions and data to highlight the severity of this client's condition and the difficulty managing his complex needs in the community. A plan was made to support the client when discharged, which includes SF Sheriff's accompanying him to his medical appointments in the future.

EMS6 spent 8 hours with this client in a single encounter to address his complex biopsychosocial needs. The client required ambulance transport for a recent injury. A medical exam, x-rays, diagnosis, treatment, and discharge were completed within 3 ½ hours to be on time for a medical appointment needed to manage his chronic condition. EMS6 stayed at the client's side, shepherded him through the process, smoothed over interactions with hospital staff where the client was disruptive, de-escalated the client's behavior and accompanied him to x-ray and back. EMS6 secured a taxi voucher for transport to the appointment and followed the client in the taxi. Mid-transit, the client exited the taxi into moving traffic. EMS6 pulled the client to safety on the sidewalk, calmed the client, called for a second taxi, and arrived at the facility 30 minutes prior to the scheduled time. Unfortunately, the appointment was cancelled without notice secondary to insurance coverage issues. This escalated the client again. EMS6 calmed the client and arranged transport to an ED for his medical need. Over the next 12 hours the client was transported or presented to and was exited from multiple hospitals five more times. Community Paramedic Division members responded to him multiple times to advocate for admission and a resolution to his ongoing medical issue. This event prompted the facilitation of a multi-disciplinary case conference to find a solution that would serve his medical needs and reduce ED utilization.

SCRT

Operational period: 3/1/2024 – 3/31/2024

Total Calls for Service: 1270

Average Response Time: 17.35

Average on Scene Time: 41.71

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	196	15.43%
Ambulance transport to ED	204	16.06%
Remained in the community	562	44.25%
Unable to Locate & Walked Away	308	24.25%
Total	1270	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	196	20.37%
Ambulance transport to ED	204	21.21%
Remained in community	562	58.42%
Total	962	100.00%

5150

Grave disability	18
Danger to Self	14
Danger to Others	4
Total*	32

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

Police Presence on Scene

		Percent of total calls for service (1270)
PD On Scene Prior to Arrival	24	1.89%
PD requested by SCRT	4	0.31%
SCRT requested by PD	255	20.08%
Total Incidents with PD present on scene	283	22.28%

SCRT Successes & Challenges:

CP5 was special called by PD regarding a family in need of shelter. On arrival CP5 and SCRT encountered a family of 7 who arrived in the US from Afghanistan several days ago. There were 2 adults and 5 children, all under the age of 6. Over the course of 3 hours multiple shelters and the Urgent Accommodation Voucher (UAV) program were contacted. After being denied by shelters and not receiving a response from UAV, Chief Sloan was notified. She was able to locate a responsive individual at UAV and a hotel voucher was procured with placement for 2 weeks. SCRT transported the family to the hotel. The family received follow up from the Department of Public Health Office of Coordinated Care (OCC) and the Department of Homelessness and Supportive Housing (HSH) and was connected to resources. The UAV voucher was provided by HSH, who recently expanded the program due to the needs of the Community Paramedic Division, who have had multiple encounters with families in need of shelter during evening/overnight and weekends.

SB43

An 80-year-old client seen by multiple Community Paramedic members, street outreach teams and PD over 8 years was admitted for placement after being conserved. She has been unsheltered for over 10 years. The client stays on the sidewalk in various neighborhoods across the City, frequently displaying distressing street behaviors and occupying restrooms, preventing entry and use by others. She is wheelchair user and unable to perform activities of daily living, meaning she is not eligible for shelter or other services. She asks others to push her to her destination and to buy food and water. She will become verbally abusive to individuals who assist her. She presents the same behaviors to CP member and has called the Public Defender's Office during encounters. As she aged, her medical issues have become more debilitating, and she is no longer able to care for herself. The expanded criteria for Grave Disability under SB43 is the reason she has been successfully referred for conservatorship, after years of encounters, advocacy and multiple previous admissions.

SORT

Operational period 3/1/2024 – 3/31/2024

Calls for Service: 166

SFFD Suboxone Starts: 10

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total	% of Total
AMR			2				1		1				4	4%
King American				2	1	1		1			1	1	7	7%
SFFD	8	7	6	4	4	8	9	10	10	5	11	10	92	89%
<i>SORT</i>	7	5	3			1	5	2	2	3	3	2	33	32%
<i>SCRT (inc CP5)</i>	1	2			2	1			1				7	7%
<i>Medic Units / EMS</i>			3	4	2	6	4	8	7	2	8	8	52	50%
Grand Total	8	7	8	6	5	9	10	11	10	5	12	11	103	100%

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	7	4.22%
Ambulance transport to ED	90	54.22%
Remained in the community	52	31.33%
Unable to Locate & Walked Away	17	10.24%
Total	166	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	7	4.70%
Ambulance transport to ED	90	60.40%
Remained in community	52	34.90%
Total	149	100.00%

SORT Highlights:

An individual was transported to the ED for an overdose. This individual has opiate use disorder (OUD) and alcohol use disorder (AUD). The individual expressed a desire to stop using substances. They would need medically supervised detox and suboxone to treat opiate withdrawal while in treatment. A substance use navigator (SUN) contacted SORT, who facilitated transport to Maria X Martinez (MxM) for ongoing care coordination. SORT contacted HealthRight360 (HR360) for detox options. HR360 has recently contracted with out of county facilities for alcohol detox. An MxM provider assessed and prescribed the suboxone, POET supported the client during the 20-minute phone intake and SORT went to the pharmacy to pick up the suboxone so the client would have medication without interruption during treatment. The client was transported from MxM to the out of county facility. This encounter spanned 7 hours, from time of overdose to time of transport. Identification of and notification to SORT of an individual who wanted treatment was an integral part of this process. Navigating polysubstance use needs in the setting of treatment and detoxification is a complex and challenging process for providers and nearly impossible for someone who has just survived an overdose. The client stated he would not have been able to complete the multiple steps needed for the intake process without the support of POET, SORT and MxM providers.

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>