

9910 Cohort #6



SFFD

EMS AND COMMUNITY PARAMEDICINE

FIRE COMMISSION REPORT
APRIL 2024

DEPUTY CHIEF SANDY TONG

EMS DIVISION
 April 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
February	366	95	75	226	1. 124 2. 41 3. 17 4. 5 5. 11 6. 10 7. 30%
March	371	94	74	268	1. 154 2. 50 3. 40 4. 11 5. 12 6. 15 7. 24%
April	362	93	74	244	1. 129 2. 38 3. 20 4. 7 5. 18 6. 11 7. 24%
Average (previous)	366 (368)	94 (96)	74 (75)	246 (249)	1. 136 2. 43 3. 26 4. 8 5. 14 6. 12 7. 26%
					8.

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. The EMS Division is developing a program to provide improved equipment and technology to support our crews in mitigating the worst aspects of the opioid crisis.

Of the 10 top institutional users per month, skilled nursing facilities, supportive housing sites, police stations, and homeless shelters are listed as the highest users of EMS. The EMS Division is developing a program to address the EMS call volume from supportive housing buildings.

Top 10 Addresses for 911 Use April		
Address	Type	Number of Responses
302 Silver	Skilled Nursing	45
1925 Evans	Navigation Center	45
555 Beale	Supportive Housing	40
520 South Van Ness	Supportive Housing	36
301 Eddy Street	SFPD	28
220 golden Gate	Supportive Housing	25
630 Valencia	SFPD	24
1001 Polk	Shelter	24
144 Eddy St	Supportive Housing	23

NOTABLE ACTIVITIES

- On April 1st, 9910 City EMT Cohort #6 started their two-week orientation, which they completed on April 12th. This enthusiastic group of 11 are now into their 500 hours of on-the-job experience on the ambulance.
- On April 8th the EMS Division joined the Division of Training in welcoming a new H3L1 academy, with 14 new recruits.
- On April 21st members of the EMS Division provided medical support to the annual Cherry Blossom parade. Members of the EMS Division marched in the parade, which was a huge success.
- On April 22nd the State Legislature of Wyoming passed a bill that detailed how community paramedicine would operate in that state. Among other requirements was the adoption of the 4th edition of the National Community Paramedicine curriculum, which Assistant Deputy Chief Tangherlini co-authored.
- On April 25th multiple units from SFFD participated in a multi-agency MCI drill dubbed Operation Encore. During this exercise 4 engine companies, 1 truck company, 4 ambulances, 2 RCs, 1 BC, and 1 Division Chief along with one of the Department MCUs responded to a mock explosion during a concert at SFSU with 65 patients. The patients consisted of dozens of volunteers from the community and City EMT who had moulage and injury cards to appear as patients. Under the leadership of Assistant Chief Juratovac and Captain Covitz, units worked to triage, treat, and transport each victim. Mock victims were not actually transported to hospitals, but actual notifications were sent. All the crews did an outstanding job, and many lessons were learned about how we train and how to handle this scale of an emergency. This exercise was the culmination of months of preparation by the EMS Division, particularly Section Chief Chocker.
 - Throughout the month of April, several members of the EMS Division trained to use an app developed specifically to improve the way fire and EMS can manage an MCI. The SFFD partnered with a start-up company known as Peak Response to obtain a grant from the National Institute of Standards and Technology (NIST) to develop and test this app. A select

group of our members were trained in the use of the app and these members shadowed personnel managing the MCI using traditional methods. It became clear that the technological approach was a much more effective means of tracking and distributing patients. A small number of personnel deploying this app were able to establish the number of patients, their severity, and where to send them more quickly. One hospital deployed the app and was able to communicate bed numbers directly to the field and receive information about critical patients, as much as eight minutes sooner.

- Members of the Hyannis MA Fire Department were on-scene to witness the exercise and the use of Peak Response. All Hyannis units will begin using this app in the coming months with the goal of deploying it in a large-scale exercise in September. Representatives from the First Net Authority also attended to measure the viability of a technological approach to MCI management. The findings from the Peak Response trial will be reported at the annual NIST Public Safety Communications Research Division conference this June in Chicago. Chief Tangherlini will represent the SFFD. Members who participated in this effort included: Captain Jennifer Warren, Lieutenant Jenni Wiebers, Paramedic Nolan Hamblen, Paramedic Matt Fluke, Paramedic Clark Irely, Paramedic Aaron Rivers, Paramedic Christian Navarro, and EMT Fidel Villalobos.

NOTABLE RESPONSES

1. On 4/11 members of the EMS Division successfully obtained return of spontaneous circulation (ROSC) for a patient in cardiac arrest after the first defibrillation. The patient is being treated at CPMC Van Ness. Outstanding work by Paramedics Blumeyer and Sullivan.
2. On 4/17 Captain Andy Zanoff used the video laryngoscope to treat a choking victim. The patient survived and is likely to make a full recovery.
3. On 4/23 members of the EMS Division treated a severe allergic reaction requiring airway intervention. Members Hansen-Weaver and Castillo provided excellent care. Captain Nash Quinto was able to establish the airway by using the video laryngoscope.
4. On 4/18 crews treated a v-fib arrest and obtained ROSC after multiple ACLS interventions. The patient is recovering at CPMC Van Ness. Strong work by Mark Slingerland, Blake Roy, Paul Basset, and Alexander Lamond.

PHOTOS

9910 Cohort #6 – instruction by Capt Barnekoff



H3L1 Class - Firefighter down training



Members moving in to conduct triage during Operation Encore, MCI Drill on April 25th



Mock patients are moved to treatment areas for additional triage and care until they can be moved into ambulances.



Peak Response in action.



Four members of the Hyannis Fire Department, representatives from the First Net Authority, and the main developer from Peak Response joined Assistant Deputy Chief Tangherlini and the crew of Engine 35 along with the staff from the fire boat for a post drill ride.

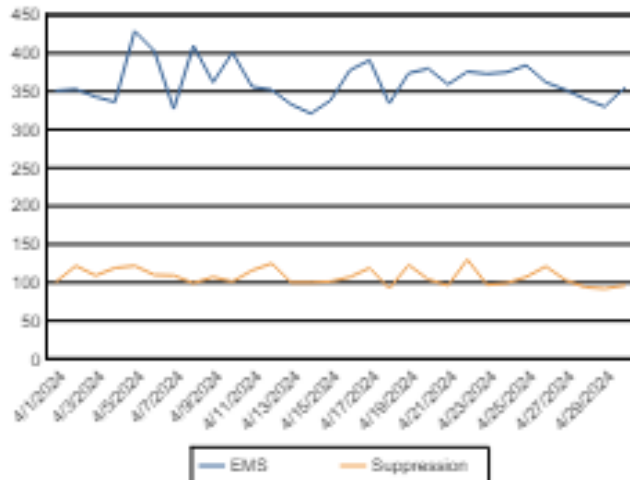


SFFD ACTIVITY SUMMARY – April 2024

SFFD Activity Summary From 04/01/2024 To 04/30/2024

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
04/01/2024	351	101	452	70.16	93.83	28.59	116.55	87.47
04/02/2024	353	122	475	69.07	95.50	20.45	117.44	45.62
04/03/2024	343	109	452	73.24	97.86	24.43	125.42	64.45
04/04/2024	336	119	455	69.40	93.79	23.24	115.48	46.97
04/05/2024	429	122	551	70.06	92.42	23.49	115.17	50.31
04/06/2024	403	110	513	64.95	89.95	24.49	113.82	48.53
04/07/2024	327	109	436	64.51	88.82	20.81	114.32	48.14
04/08/2024	410	99	509	76.82	98.66	30.44	125.94	76.55
04/09/2024	362	107	469	69.83	91.31	22.14	116.14	65.94
04/10/2024	401	101	502	75.54	97.22	22.88	122.42	63.23
04/11/2024	356	116	472	69.78	91.75	26.90	115.10	77.86
04/12/2024	352	125	477	65.20	87.95	20.31	108.57	45.61
04/13/2024	333	100	433	69.65	90.73	29.64	112.31	82.15
04/14/2024	321	100	421	62.79	86.52	29.51	104.07	76.67
04/15/2024	338	101	439	68.24	90.82	26.31	113.16	64.05
04/16/2024	378	107	485	72.04	95.03	19.95	120.31	33.77
04/17/2024	391	119	510	72.88	101.18	26.90	121.63	80.83
04/18/2024	334	92	426	74.12	102.24	22.22	126.24	43.25
04/19/2024	374	123	497	72.46	92.85	20.91	121.54	40.03
04/20/2024	380	104	484	72.63	92.71	30.08	114.29	84.15
04/21/2024	359	96	455	65.61	89.46	25.20	109.24	56.82
04/22/2024	376	130	506	78.24	102.20	23.30	127.60	60.60
04/23/2024	373	97	470	56.45	78.85	20.41	120.93	64.07
04/24/2024	375	99	474	70.50	91.63	22.59	119.38	40.28
04/25/2024	384	107	491	72.08	98.25	23.11	124.25	56.97
04/26/2024	362	121	483	73.83	97.42	32.61	121.12	74.38
04/27/2024	352	103	455	70.51	96.23	30.35	119.42	90.59
04/28/2024	340	94	434	65.90	88.66	29.08	109.00	76.15
04/29/2024	330	92	422	71.83	92.30	18.54	115.44	33.55
04/30/2024	354	96	450	67.58	90.07	26.47	111.25	69.06

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

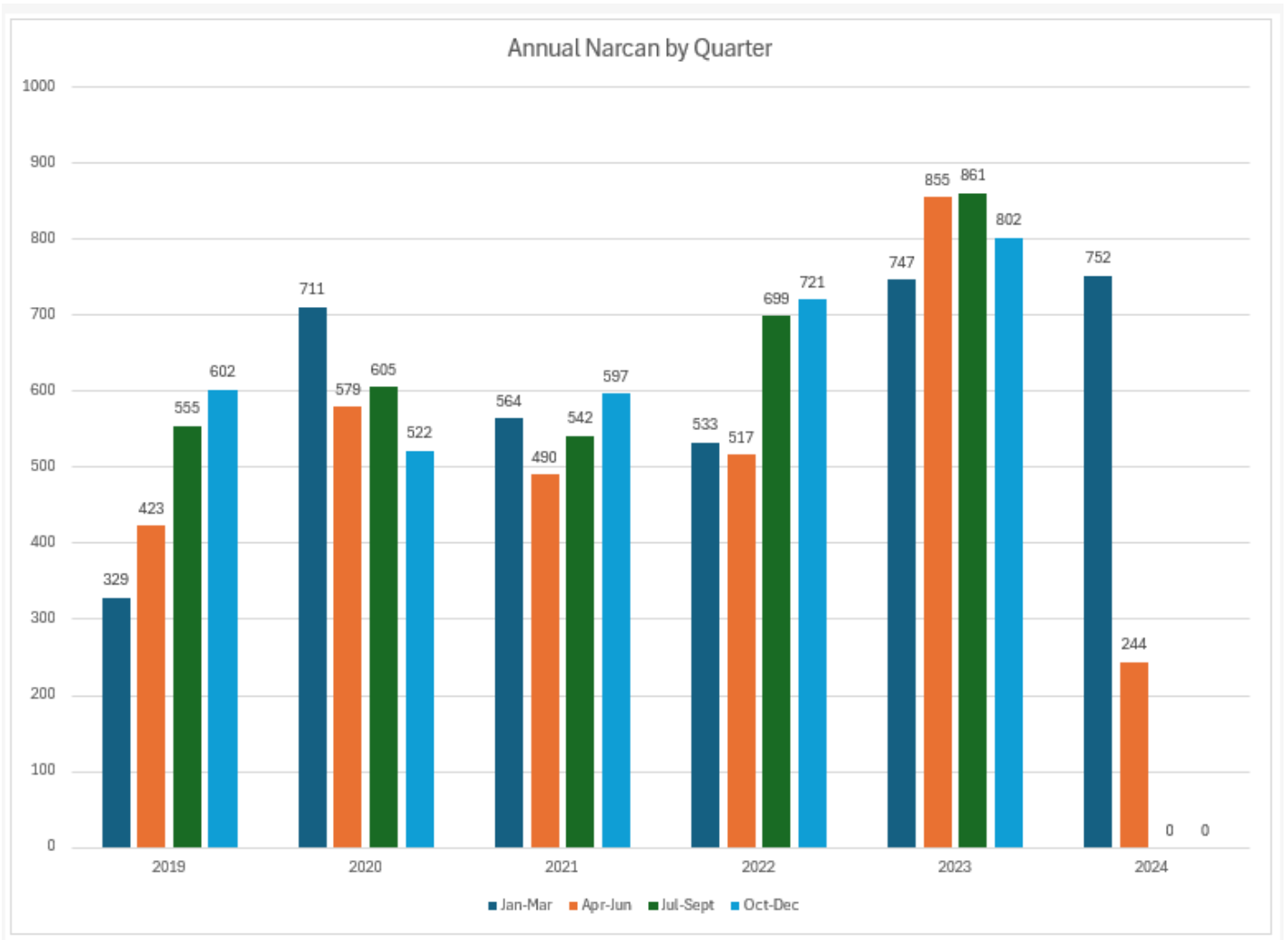
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/11	104	73%	39	27%	143
	2023/12	50	60%	33	40%	83
	2024/01	61	59%	42	41%	103
	2024/02	52	66%	27	34%	79
	2024/03	79	75%	26	25%	105
	2024/04	70	73%	26	27%	96
	2024/05	2	67%	1	33%	3
Fire Incidents	2023/11			70		70
	2023/12			87		87
	2024/01			64		64
	2024/02			41		41
	2024/03			55		55
	2024/04			28		28
Medical Incidents	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	5,215	76%	1,638	24%	6,853
	2024/03	5,416	75%	1,769	25%	7,185
	2024/04	5,198	77%	1,581	23%	6,779
	2024/05	205	75%	67	25%	272

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	244	0	0	2024 996



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
April 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

- **New Vehicles Arriving:** On April 15th, the Division began onboarding six (6) new Ford Midrise Transit vehicles. The acquisition of these vehicles was delayed by COVID supply chain shortages. Their arrival will allow for the release of older vehicles from our fleet, increased availability of relief pieces, and a reduction in out-of-service time for mechanical repairs. Division leadership would like to recognize Community Paramedic Captain Meraw and Bureau of Equipment Captain Jason Watrous for their work in mobilizing these units.
- **Support for Senate Bill 1180:** On April 24th, Chief Pang attended the Mayor’s State Legislative Committee to present the Department’s support for SB1180, a bill written by Senator Angelique Ashby, that would direct health care service plans to provide reimbursement coverage for the services provided by a community paramedicine, triage to alternative destination, or mobile integrated health program. The impact of this bill, which is also championed by the organization of California Professional Firefighters, would be to:
 - Provide insurance reimbursement opportunities for the work our paramedics and community paramedics are doing.
 - Increase transports to the SF Sobering Center, thereby reducing emergency department overcrowding.
 - Potentially reducing ambulance 911 response times due to increased ambulance availability as a result of decreased patient offload times.

The State Legislative Committee voted unanimously to have the City and County of San Francisco officially support SB1180.

- **61st Annual San Francisco Lions Coordinating Council of Lions Clubs’ Police, Firefighters, & Sheriffs Award Night:** On April 26th multiple Department members, selected by their peers, were chosen for recognition by the San Francisco Coordinating Council of Lions Clubs. Members included Community Paramedic Emily Tam, as well as Adam Wood, Floyd Rollins, Tomie Kato, and Hashim Anderson.
- **Community Paramedicine Training Cohort 6:** Planning is ongoing for the 6th cohort of candidates to be trained as community paramedics. 6 department members have been selected for the six-week training, which begins on May 20. These 6 department members will help maintain community paramedicine staffing. In addition, there will be 5 candidates from other agencies: 4 from Hayward

Fire and 1 from Santa Rosa Fire. Our training program has been approved by California EMSA, and as the largest community paramedicine program in California, we hope to inspire and assist Fire Departments throughout the state to develop their own community paramedicine programs.

- Leadership and Change Management Program:** On April 3, ADC Simon Pang, along with Deputy Chief Shayne Kaialoa, completed a Leadership and Change Management Program put on by San Francisco DHR. The program consisted of 6 weekly sessions totaling 32 hours. Students learned from the experiences of three successful leaders in SF City Government, assessed their own leadership styles, and culminated in student’s presenting their own projects of change. Chief Pang’s change project centered on proposed substance use disorder training for the Department’s paramedics.



- FDIC International Conference Presentation:** Section Chief of Operations April Sloan was invited to present at the 2024 FDIC International Conference, JEMS Innovation Summit. The summit, held on April 16th and 17th, was an invitation-only event for senior leaders within EMS to share and learn amongst peers. Chief Sloan shared an overview of community paramedicine within San Francisco to a national audience.



EMS-6

Operational period: 4/1/2024 – 4/30/2024

Total encounters: 277

Average encounters per day: 9.23

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -39.58%

Encounter Type*	Number
Case Conference	7
Phone Consult	72
911 System Contacts	181
Outreach	14
Show of Support	3
Total	277

EMS-6 Successes & Challenges:

Multi-Agency Response Coordination: EMS-6 team members coordinated multiple agencies to care for an unhoused justice-involved individual who was deteriorating in the Ingleside community. The client had recently begun to decline to participate in their Care Court mandated treatment plan despite ongoing outreach and engagement by VA & Street Medicine staff. **SFPD** located the individual and requested community paramedicine units to the scene to assess and engage them. **SCRT-7** with Community Paramedic Lauren Jolley responded and placed the individual on a 5150 hold. EMS-6 Captain Scott Eberhart followed up with hospital staff and notified involved agencies. **DPH's BEST neighborhoods team** followed up with the hospital and facilitated placement at a locked psychiatric facility. This outcome involved complex coordination between front-line SFPD staff as well as their Crisis Intervention Unit, an SCRT unit, an EMS-6 unit, an ambulance for transport, hospital staff, and the Department of Public Health's BEST neighborhood team.

SCRT

Operational period: 4/1/2024 – 4/30/2024

Total Calls for Service: 1132

Average Response Time: 16.89

Average on Scene Time: 43.02

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	205	18.11%
Ambulance transport to ED	180	15.90%
Remained in the community	497	43.90%
Unable to Locate & Walked Away	250	22.08%
Total	1132	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	205	23.24%
Ambulance transport to ED	180	20.41%
Remained in community	497	56.35%
Total	882	100.00%

5150

Grave disability	21
Danger to Self	18
Danger to Others	10
Total*	38

*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 (1132)
PD On Scene Prior to Arrival	16	1.41%
PD requested by SCRT	6	0.53%
SCRT requested by PD	285	25.18%
Total Incidents with PD present on scene	307	27.12%

SCRT Successes & Challenges:

- Conserved Individual Supported in the Community:** On April 18th, Community Paramedic James Lee and EMT Michael Taylor responded to a field request from the Office of the Public Conservator. Members responded to a residence where a nurse practitioner required scene support & de-escalation for an individual who was under community conservatorship. The support of the SCRT members allowed for the individual to agree to their long-acting injectable antipsychotic medication and remain in their home. The conservator’s office reached out to the Department to recognize how well the team deescalated and supported the individual with patience and compassion. “After some discussion and problem solving, we were finally in the home. James and his team worked very well together, was able to bring in equipment and convinced [the individual], who was yelling at myself and the NP, to accept the LAI. He was very calm, understanding, validating and [the individual] was very responsive to him. They were also able to resolve things very quickly and managed the situation without escalating it.”
- Unhoused Family Sheltered:** On Saturday, April 13th, Community Paramedics Darawali and Sanchez Molina on SCRT were requested by SFPD to support an unhoused family. The family, which included a 14-year-old child and their parents, had approached officers seeking shelter. The SCRT members worked to contact multiple providers before securing emergency overnight family shelter placement and ensuring follow-up care was in place – a particularly hard task on a weekend evening. This incident is demonstrative of the increasing family homelessness that City first responders are encountering, a trend recently highlighted by the SF Chronicle in an article published 4/27, “S.F. immigrant families trapped in homelessness amid a shortage of shelter and help.”
- Temporary Conservatorship Coordinated:** On April 25th, Community Paramedic Captain Patrick Renshaw responded with SCRT Community Paramedic Hare and EMT De Vincenzi to support DPH staff in the field with an involuntary mental health hold for a combative individual. The individual had 20 contacts with SFFD providers in the past 2 years. On initial response to DPH’s request for support, the individual had left the area and units were unable to locate them. However, after remaining in the area, the members were able to locate the individual and safely transport them without incident to the hospital.

SORT

Operational period 4/1/2024 – 4/30/2024

Calls for Service: 131

SFFD Suboxone Starts: 9

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	Apr-24	Total	% of Total
AMR			2				1		1					4	4%
King American				2	1	1		1			2			7	6%
SFFD	8	7	6	4	4	8	9	10	10	4	10	10	9	99	90%
<i>SORT</i>	7	5	3			1	5	2	2	3	2	3	1	34	34%
<i>SCRT (inc CP5)</i>	1	2			2	1			1				1	8	8%
<i>Medic Units / EMS</i>			3	4	2	6	4	8	7	1	8	7	7	57	58%
Grand Total	8	7	8	6	5	9	10	11	11	4	12	10	9	110	100%

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	8	6.11%
Ambulance transport to ED	72	54.96%
Remained in the community	38	29.01%
Unable to Locate & Walked Away	13	9.92%
Total	131	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	8	6.78%
Ambulance transport to ED	72	61.02%
Remained in community	38	32.20%
Total	118	100.00%

SORT Highlights:

Emergency Department Coordination: On April 13th, SORT Community Paramedic Tony Acosta was special-called by a hospital emergency department social worker seeking support for a client. The individual was recovering from a non-fatal opioid overdose and requesting shelter and addiction treatment care. SORT Community Paramedic Acosta facilitated a specialized, gender-specific, shelter placement for the individual, performed a chart review, and organized for follow-up care from the DPH POET team (Post Overdose Engagement Team). This incident both highlights the coordinated effort between EMS providers, hospitals, and our Department of Public Health as well as the necessity of shelter when attempting to stabilize individuals.

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>