

## H3L1 Class #25 Graduates taking the Oath from Chief Nicholson



**SFFD**

**EMS AND COMMUNITY PARAMEDICINE**

**FIRE COMMISSION REPORT  
JUNE 2024**

**DEPUTY CHIEF SANDY TONG**

# Welcome to newly appointed Tony Molloy, Assistant Deputy Chief, EMS

## Bio

*Antenor (Tony) Molloy was born and raised in San Francisco he attended McAteer High School, San Francisco City College, and graduated from San Francisco State University. In 1995, Tony was given the opportunity of a lifetime. He had been selected to the SFFD 92<sup>nd</sup> class; it was a dream come true. He served 7 years as a Firefighter before becoming an H3 Firefighter Paramedic. As a Firefighter Paramedic, Tony worked at Stations 1, 41, 5, and 36. After 10 years as a Firefighter Paramedic, he was promoted to EMS Captain where he worked for 3 years at San Francisco International Airport and was one of many key responders to the Asiana Crash. In 2014, Tony became the Acting Section Chief of EMS Operations where he worked for 5 years and played a key role on many projects. In 2019, he returned to the Field to work at RC4. As soon as a course was available, he became a Community Paramedic and worked on both SCRT and SORT. Along with his work in Community Paramedicine, Tony has served as the Vice President and President of the San Francisco Fire EMS Officers Association. Tony has been married to his wife Michelle for over 30 years and they have raised two amazing People. Tony's favorite thing to do outside of work is to hang out with his granddaughter Olive.*

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With his previous experience as Section Chief of EMS Operations, Chief Molloy brings a strong base of administrative skills and deep understanding of EMS issues; coupled with strong relationships with current EMS staff, he has begun to identify a comprehensive list of issues to prioritize. He, with Section Chief Chocker (EMS Operations) and Section Chief Gordon (EMS Administration), are working together to expand on the great work of the Division and to address outstanding issues to further strengthen the operations of the EMS Division. We are very happy to have him in his new role!



# EMS DIVISION

June 2024

Assistant Deputy Chief Tony Molloy

## OPERATIONS

Month	Daily Runs (average)	Time on Task (average minutes)	90 <sup>th</sup> percentile APOT (min)	SFFD Market Share (%)	Narcan Use (Admin./month)	<b>Cardiac Arrests:</b> 2. Total 3. Resus Attempted 4. Witnessed 5. VF 6. CPR/AED 7. ROSC at ED 8. % survival
April	363	93	33.33	78	244	1. 129 2. 38 3. 20 4. 7 5. 18 6. 11 7. 24%
May	363	93	33.55	77	252	1. 131 2. 32 3. 22 4. 2 5. 16 6. 7 7. 18%
June	358	91	33.30	77	202	1. 137 2. 42 3. 23 4. 6 5. 10 6. 10 7. 26%
Average	361	92	33.39	77	233	

## NOTABLE ACTIVITIES

- **H3L1 Graduation**

On June 21<sup>st</sup>, the EMS Division added 12 new H3L1 EMTs to the Department! Congratulations to H3L1 Cohort #25 on their graduation from their 12-week training academy. This was the first cohort to participate in an expanded H3L1 academy from 8 weeks to 12 weeks. The academy length was increased to address additional required training requirements and valuable presentations, as well as expanded didactic and EVOC training.

- **Ambulance inspections completed ahead of schedule**

LEMSA requires our ambulances to be permitted every year after an inspection. We do that inspection from top to bottom, ensuring that every item is on every rig, from the cardiac monitor that can transmit a heart rhythm to the hospital to two tongue depressors.

- **Ferno NX powered gurneys**

Our Department is moving to reduce crew injuries with several new equipment changes. We have new devices to extricate patients out of buildings that can help to prevent crews from having to carry them. Last month, we launched our most ambitious new piece of equipment, the powered Ferno gurney. Not only does our new gurney raise and lower by itself, but it can do most of the work loading patients into the back of the ambulance, thereby helping to keep our members' backs and shoulders healthy and uninjured. It's a big commitment, but our goal is to make EMS a 30-year career option for our members.

- **Lifeline**

The San Francisco Fire Department Community Outreach, Recruitment and Education (CORE) Committee now sponsors the Lifeline program, This program was started by several of our own bilingual paramedics who recognized a need in the community to help our non-English speakers communicate with first responders. As you've heard in prior Commission meetings, our medics visit members of our community who can have difficulty communicating and help them fill out information cards that are available to first responders should they call 911. This important information includes medications and medical history. It also has some basic translations so that our responders can get the basics of why they called 911. This past month, the team was interviewed by KTSF, a station that broadcasts in the City for Mandarin and Cantonese speakers. They worked with the PIO to arrange everything and did an amazing job.



## NOTABLE RESPONSES

Along with the thousands of emergencies our members responded to this month, there are a few we would like to highlight.

1. We responded to a choking call and found the victim in cardiac arrest. Our member used the Magill Forceps to clear the airway and ROSC was achieved. Pt transported without further complication.
2. We responded to a fall to find a 19-month-old had fallen from a second story window. Our members treated and transported to ZSFG where the patient was treated for a fractured skull and released without any permanent damage.
3. During Pride parade, our members responded to a report of a stabbing within the perimeter of the parade. Our members gained access on a Gator, treated the patient who was then transported to ZSFG and eventually released to continue healing at home.

## PHOTOS



EMS members (4 are also previous City EMT graduates) at the City's Juneteenth Parade



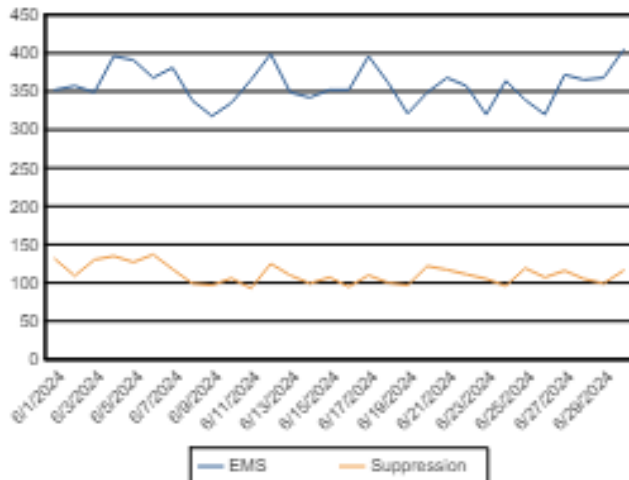
Newly arrived Ambulance Medic 510. Pictured in Pride Parade

# SFFD ACTIVITY SUMMARY – June 2024

SFFD Activity Summary From 06/01/2024 To 06/30/2024

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS Suppression P90 (Min)	P90 (Min)
06/01/2024	352	131	483	69.52	91.85	28.05	112.64	73.69
06/02/2024	357	109	466	68.62	92.04	24.06	113.38	54.23
06/03/2024	349	130	479	69.17	94.13	24.17	117.27	42.94
06/04/2024	396	135	531	72.24	97.32	21.72	120.32	51.85
06/05/2024	391	127	518	71.31	95.23	23.74	115.35	47.45
06/06/2024	368	137	505	66.78	91.52	29.58	114.42	72.29
06/07/2024	381	118	499	70.67	97.01	26.67	119.40	76.04
06/08/2024	338	99	437	62.27	84.30	22.85	110.14	62.93
06/09/2024	318	97	415	64.58	88.31	27.48	108.10	72.40
06/10/2024	335	106	441	72.39	92.03	23.92	116.21	44.86
06/11/2024	365	93	458	70.47	93.47	22.99	119.89	60.78
06/12/2024	399	125	524	76.91	100.12	27.77	127.97	75.66
06/13/2024	349	110	459	73.09	92.16	22.82	116.37	46.42
06/14/2024	342	99	441	69.56	93.05	24.92	115.41	55.47
06/15/2024	352	107	459	65.74	91.21	23.89	112.94	49.59
06/16/2024	352	95	447	64.11	87.96	29.84	107.71	77.63
06/17/2024	396	110	506	74.12	94.40	21.53	121.72	52.62
06/18/2024	361	100	461	53.14	70.57	24.05	113.54	65.28
06/19/2024	321	97	418	69.90	90.53	22.96	111.68	58.18
06/20/2024	349	122	471	70.13	92.61	23.39	115.08	53.24
06/21/2024	368	117	485	72.01	95.06	24.74	118.84	65.27
06/22/2024	357	111	468	69.65	91.75	22.05	117.46	46.72
06/23/2024	320	105	425	68.53	86.21	24.76	108.80	60.47
06/24/2024	364	96	460	69.17	91.64	19.05	116.65	40.46
06/25/2024	339	119	458	65.48	84.97	20.24	106.22	44.77
06/26/2024	320	107	427	68.73	93.15	22.02	117.30	41.90
06/27/2024	372	116	488	65.59	93.90	24.25	115.95	56.75
06/28/2024	365	105	470	72.66	95.90	27.47	119.10	73.48
06/29/2024	368	99	467	67.81	91.97	21.85	118.41	56.60
06/30/2024	404	116	520	66.47	89.26	27.35	110.92	76.41

Calls By Date

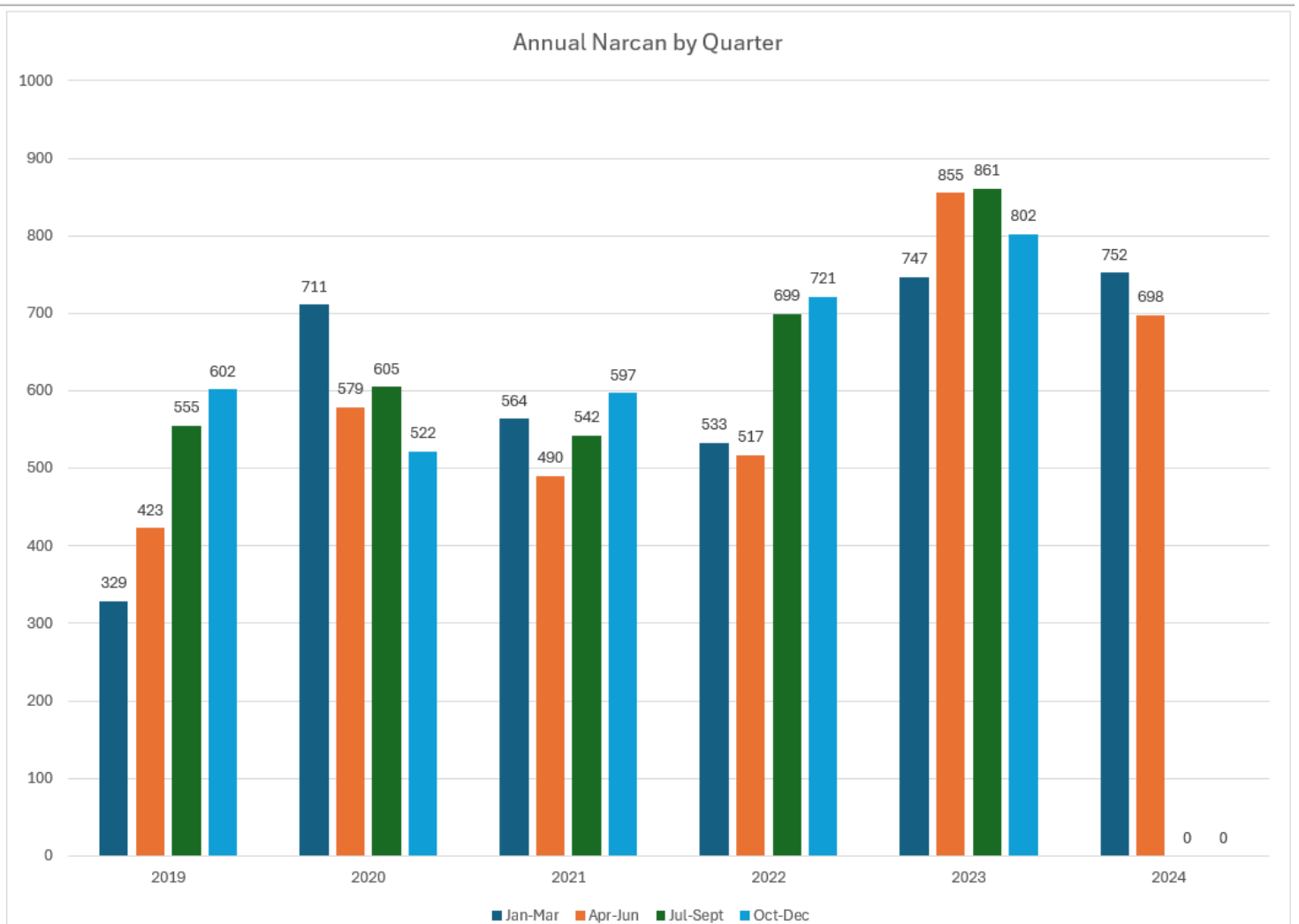


Call Length (Average and P90)



## NARCAN ADMINISTRATION

	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Annual Total
<b>2019</b>	329	423	555	602	<b>2019</b> 1909
<b>2020</b>	711	579	605	522	<b>2020</b> 2417
<b>2021</b>	564	490	542	597	<b>2021</b> 2193
<b>2022</b>	533	517	699	721	<b>2022</b> 2470
<b>2023</b>	747	855	861	800	<b>2023</b> 3263
<b>2024</b>	752	698	0	0	<b>2024</b> 1450



# COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang  
June 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 <sup>th</sup> 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 <sup>nd</sup> team added June 27, 2022

## Community Paramedicine Division Highlights

**Cohort 6 Graduation:** On Friday, June 28<sup>th</sup>, members of community paramedicine training cohort 6 graduated. Cohort 6 represented a milestone in our training program development:

- First training cohort conducted since we became the first approved community paramedicine training program in California (September of 2023, exiting the pilot phase),
- First cohort to host members of an outside Fire or EMS agency, with four (4) members of Hayward Fire in attendance,
- First cohort to achieve a 100% IBSC exam pass rate on their first attempt (International Board of Specialty Certification exam required by the state).

Community Paramedicine Division leadership would like to recognize Community Paramedic Captain Daniel Nazzareta for his capable and skilled leadership as cohort 6 director, as well as the dedication of support staff including Community Paramedic Captain Eddy Bird, EMS Lieutenant Scott Ward, and EMS Lieutenant Travis Redman. Additional recognition is credited to Community Paramedicine Medical Director Dr. Joseph Graterol, without whose kind support and generous sharing of his time and knowledge this cohort would not have thrived.

Please join us in commending the following members for their dedication and investment in their clinical care:

San Francisco Fire Department: Nicholas Aguilar, Daniel Barcenas, Nicholas Koo, Elton Rangel, Eric You, Brandon Yukich

Hayward Fire Department: Eric Brassfield, Frank Crespo, Troy Crivello, Raul Valencia





**Speaker Series:** Dr. Andrew Barnard, New York University, joined Department members on June 25<sup>th</sup> to share insights and answer questions about his recent book, “Conservatorship.” Dr. Barnard, in part informed by observational ride alongs with EMS-6 and SCRT in 2022, presented his findings from an overarching study of California’s mental health system.

**Tuesday,  
June 25th**

2:00 – 3:00 pm (virtual)

**San Francisco Fire Department  
Community Paramedicine Division  
2024 Monthly Speaker Series**



**Conservatorship in California**

New York University sociology professor Dr. Alex Barnard will be sharing insights from his recently published book *Conservatorship*.

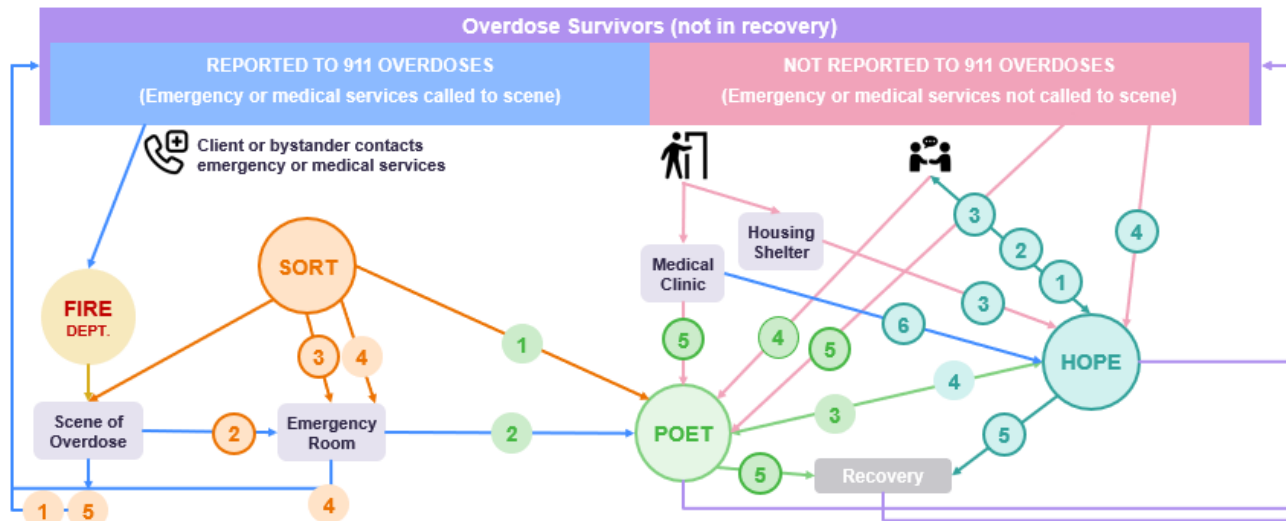
Informed in part by his observations riding with SFFD Street Crisis Response Team units and EMS-6 captains, Dr. Barnard’s work presents an overarching narrative of the challenges San Francisco, California, and the United States face with providing compassionate and effective mental health care.

Dr. Barnard will share a brief overview of his findings followed by a facilitated Q&A session.

**CIVIC Bridge:** As reported in the January Fire Commission Report, the Community Paramedicine Division participated in two (2) separate CIVIC Bridge projects. While both projects have completed, our Adobe civic partners have expressed interest in extending their volunteer time to support additional analysis.

- **High-Utilizer Performance Measurement (civic partner Adobe):** Since February, members of the Adobe team have been conducting extensive interviews with CP Division leadership and EMS-6 captains, document reviews, data analysis, and process mapping. This project has resulted in several programmatic and evaluation recommendations Division leadership will be working to implement in the next several months and look forward to reporting on it.

- SORT & POET Client Process Improvement (civic partner ZS Associates):** Members of ZS Associates supported a condensed project seeking to identify gaps in care and impactful opportunities between our SORT (SFFD) and POET (DPH) programs. This project resulted in improvements in the SORT/POET workflows and additional training for community paramedics on the topic of buprenorphine micro-dosing and care for individuals with substance use disorder. A CIVIC Bridge Innovation Showcase will occur on July 11<sup>th</sup>. Representatives from City and Department leadership and the Mayor’s Office of Innovation will be present, as well as participating civic partners.



Above: Process map developed by ZS Associates

## EMS-6

Operational period: 6/1/2024 – 6/30/2024

Total encounters: 222

Average encounters per day: 7.4

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -58.96%

Encounter Type*	Number
Case Conference	5
Phone Consult	80
911 System Contacts	121
Outreach	8
Show of Support	8
<b>Total</b>	<b>222</b>

### EMS-6 Successes & Challenges:

- High-Utilizer Connected Directly to Withdrawal Management:** On June 13<sup>th</sup>, EMS-6 Community Paramedic Captain Ishikawa coordinated entry of the City’s eighth-highest utilizer of emergency services into a residential alcohol withdrawal management program. Year-to-date the client had 61 contacts with EMS & CP Division units, 33 of which resulted in transport. During an earlier attempt to refer the client to

the Managed Alcohol Program (MAP), the client was unable to complete their intake due to complications from their alcohol use disorder and was subsequently evaluated at an emergency department. EMS-6 coordinated with the ED substance use navigators to confirm the client’s willingness for withdrawal management, receive medical clearance, and plan for self-presentation at the treatment facility. The following morning the client did not self-present at the treatment facility. EMS-6 Captain Ishikawa successfully located the client, arranged for an SCRT unit to respond, and coordinated a direct warm-hand off to treatment facility intake personnel.

## SCRT

Operational period: 6/1/2024 – 6/30/2024

Total Calls for Service: 996

Average Response Time: 17.36

Average on Scene Time: 43.14

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	172	17.27%
Ambulance transport to ED	138	13.86%
Remained in the community	463	46.49%
Unable to Locate & Walked Away	223	22.39%
<b>Total</b>	<b>996</b>	<b>100.00%</b>

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	172	22.25%
Ambulance transport to ED	138	17.85%
Remained in community	463	59.90%
<b>Total</b>	<b>773</b>	<b>100.00%</b>

### 5150

Grave disability	22
Danger to Self	7
Danger to Others	4
<b>Total*</b>	<b>29</b>

\*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 (996)
PD On Scene Prior to Arrival	16	1.61%
PD requested by SCRT	6	0.60%
SCRT requested by PD	231	23.19%
<b>Total Incidents with PD present on scene</b>	<b>253</b>	<b>25.40%</b>

### SCRT Successes & Challenges:

- ED Transport Diverted with Direct Connection to Care:** On June 12<sup>th</sup>, SCRT-7 with Community Paramedic Dmitry Golovin and EMT Oscar Gutierrez responded to a 911-activation for a report of an individual experiencing a behavioral health crisis. SCRT-7 co-responded with SFPD due to reports of active property damage occurring. On arrival the team engaged a housed 40-year-old male client who recently stopped taking their anti-psychotic medication. CP Golovin performed a chart review revealing the client was receiving intensive case management services and connected directly with the client’s case manager who confirmed the client’s medications were ready for pick up. The client was medically cleared by the SCRT team and transported directly to their intensive case management team for re-connection to their medication.

### SORT

Operational period 6/1/2024 – 6/30/2024

Calls for Service: 115

SFFD Suboxone Starts: 3

Provider	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	YTD (2024)	YTD % (2024)
<b>AMR</b>							0	0%
<b>King American</b>		2					2	6%
<b>SFFD</b>	4	11	10	9	6	3	43	96%
<i>SORT</i>	3	2	3	1			9	21%
<i>SCRT (inc CP5)</i>				1			1	2%
<i>Medic Units / EMS</i>	1	8	7	7	6	3	32	74%
<b>Grand Total</b>	4	13	10	9	6	3	45	100%

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	5	4.35%
Ambulance transport to ED	46	40.00%
Remained in the community	51	44.35%
Unable to Locate & Walked Away	13	11.30%
<b>Total</b>	<b>115</b>	<b>100.00%</b>

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	5	4.90%
Ambulance transport to ED	46	45.10%
Remained in community	51	50.00%
<b>Total</b>	<b>102</b>	<b>100.00%</b>

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	11	6.36%
Ambulance transport to ED	78	45.09%
Remained in the community	63	36.42%
Unable to Locate & Walked Away	21	12.14%
Total	173	100.00%

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	11	7.24%
Ambulance transport to ED	78	51.32%
Remained in community	63	41.45%
Total	152	100.00%

### SORT Highlights:

- **Hospital & Follow-up Care Coordination:** On June 20<sup>th</sup>, SORT-1 with Community Paramedic Zach Beatty was special-called by a substance use navigator at CPMC Pacific Emergency Department to assist with post-overdose follow care and access to treatment. The client, a 43-year-old unhoused individual, had ten (10) prior EMS contacts since the beginning of the year and 29 EMS contacts in 2023. On arrival at the ED, the client was seeking support with opioid withdrawal symptoms and was subsequently given an initial dose of buprenorphine (generic for Suboxone) by ED staff. With SORT-1's coordination, the client was connected via telehealth to the DPH Post Overdose Engagement Team (POET), and given an ongoing buprenorphine prescription.

**San Francisco Fire Department**  
**EMS and CP Divisions**

**Acronyms/Abbreviations/Terms**

<b>5250</b>	14-day hold placed after a 5150	<i>CP</i>
<b>800B</b>	Police code for “report of mentally disturbed person”, B priority (non-violent, no weapon)	<i>CP</i>
<b>910B</b>	Police code for “check on wellbeing”, B priority (non-violent, no weapon)	<i>CP</i>
<b>AB1544</b>	CA State Assembly Bill 1544 codifies Community Paramedicine into the CA Health & Safety Code	<i>CP</i>
<b>ABC's</b>	Airway, Breathing, Circulation	<i>Training</i>
<b>ACLS</b>	Advanced Cardiac Life Support	<i>Training</i>
<b>ADU</b>	Acute Diversion Unit	<i>CP</i>
<b>AED</b>	Automatic External Defibrillator	<i>Training</i>
<b>ALS</b>	Advanced Life Support	<i>MCI/Training</i>
<b>AMA</b>	Against Medical Advice	<i>Operations</i>
<b>Amb</b>	Ambulance	<i>Operations</i>
<b>AMS</b>	Altered Mental Status	<i>Training</i>
<b>AOS</b>	Arrived on Scene	<i>Operations</i>
<b>AOT</b>	Assisted Outpatient Treatment (Laura’s Law)	<i>CP</i>
<b>APS</b>	Adult Protective Services	<i>CP</i>
<b>ASA</b>	Aspirin	<i>Training</i>
<b>AUD</b>	Alcohol Use Disorder	<i>CP</i>
<b>BLS</b>	Basic Life Support	<i>MCI/Training</i>
<b>BP</b>	Blood Pressure	<i>Training</i>
<b>BVM</b>	Bag Valve Mask	<i>Training</i>
<b>CaCl</b>	Calcium Chloride	<i>Training</i>
<b>CAL-MAT</b>	California Medical Assistance Team	<i>MCI</i>
<b>CCP</b>	Casualty Collection Point	<i>Active Shooter</i>
<b>CCP Leader</b>	Casualty Collection Leader	<i>Active Shooter</i>
<b>CDMIN</b>	California Disaster Medical Network	<i>MCI</i>
<b>CDPH</b>	California Department of Public Health	<i>MCI</i>
<b>CECC</b>	Central Emergency Communication Center	<i>Operations</i>
<b>CHF</b>	Congestive Heart Failure	<i>Training</i>
<b>CIT</b>	Crisis Intervention Team (SFPD)	<i>CP</i>
<b>CIWA</b>	Clinical Institute Withdrawal Assessment	<i>CP</i>
<b>CM</b>	Case Manager	<i>CP</i>
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<i>Training</i>
<b>CP</b>	Community Paramedic	<i>CP</i>
<b>COWS</b>	Clinical Opioid Withdrawal Scale	<i>CP</i>
<b>CP1</b>	ADC CP Division	<i>CP</i>
<b>CP2</b>	Section Chief of Operations, CP Division	<i>CP</i>
<b>CP3</b>	Section Chief of Administration, CP Division	<i>CP</i>
<b>CP5</b>	Field Community Paramedic Rescue Captain	<i>CP</i>
<b>CPR</b>	Cardio-Pulmonary Resuscitation	<i>Training</i>
<b>CQI</b>	Continuous Quality Improvement	<i>Operations</i>

<b>C-Spine</b>	Cervical Spine	<i>Training</i>
<b>D<sub>10</sub>W</b>	Dextrose 10% in water	<i>Training</i>
<b>D<sub>25</sub>W</b>	Dextrose 25% in water	<i>Training</i>
<b>D<sub>50</sub>W</b>	Dextrose 50% in water	<i>Training</i>
<b>DEM</b>	Department of Emergency Management	<i>MCI</i>
<b>DKA</b>	Diabetic Ketoacidosis	<i>Training</i>
<b>DMAT</b>	Disaster Medical Assistance Team	<i>MCI</i>
<b>DMORT</b>	Disaster Mortuary Team	<i>MCI</i>
<b>DNR</b>	Do Not Resuscitate	<i>Training</i>
<b>DOA</b>	Dead on Arrival	<i>Operations</i>
<b>DOC</b>	Department Operations Center	<i>MCI</i>
<b>DPH</b>	Department of Public Health	<i>MCI</i>
<b>DPH-OCC</b>	Department of Public Health Office of Care Coordination	<i>CP</i>
<b>DUCC</b>	Dore Urgent Care Clinic – a behavioral health clinic	<i>CP</i>
<b>DX</b>	Diagnosis	<i>Operations</i>
<b>ECG</b>	Electro-Cardiogram	<i>Training</i>
<b>ED</b>	Emergency Department	<i>Training</i>
<b>EDCM</b>	Emergency Department Case Management	<i>CP</i>
<b>EDIE</b>	Emergency Department Information Exchange	<i>CP</i>
<b>EMS</b>	Emergency Medical Services	<i>MCI/Training</i>
<b>EMS1</b>	Assistant Deputy Chief, EMS Division	<i>Operations</i>
<b>EMS2</b>	Section Chief, EMS Operations	<i>Operations</i>
<b>EMS6</b>	Responds to frequent 911 users	<i>Operations</i>
<b>EMS6A</b>	Field Unit Call Sign (Alpha)	<i>CP</i>
<b>EMS6B</b>	Field Unit Call Sign (Bravo)	<i>CP</i>
<b>EMS6C</b>	Field Unit Call Sign (Charlie)	<i>CP</i>
<b>EMS6D</b>	Field Unit Call Sign (Delta)	<i>CP</i>
<b>EMSA</b>	Emergency Medical Services Agency	<i>Operations</i>
<b>EMT</b>	Emergency Medical Technician	<i>Operations</i>
<b>EOC</b>	Emergency Operations Center	<i>MCI</i>
<b>EOP</b>	Emergency Operations Plan	<i>MCI</i>
<b>Epi</b>	Epinephrine	<i>Training</i>
<b>ESF</b>	Emergency Support Function	<i>MCI</i>
<b>ET3</b>	A new reimbursement/billing framework designed to reimburse providers for non-ED transports or treat in place scenarios	<i>CP</i>
<b>ETT</b>	Endotracheal Tube	<i>Training</i>
<b>FEMA</b>	Federal Emergency Management Agency	<i>MCI</i>
<b>FF/PM</b>	Firefighter Paramedic	<i>Operations</i>
<b>G</b>	Gram	<i>Training</i>
<b>GCS</b>	Glasgow Coma Scale	<i>Training</i>
<b>GYN</b>	Gynecological	<i>Training</i>
<b>HazMat</b>	Hazardous Materials Incident	<i>Training</i>
<b>HICT</b>	High Intensity Care Team	<i>CP</i>
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996 (regulations protecting the privacy and security of certain health information)	<i>CP</i>
<b>HOT</b>	Homeless Outreach Team	<i>CP</i>
<b>HR360</b>	Health Right 360 (a community-based organization)	<i>CP</i>

<b>HSOC</b>	Healthy Streets Operation Center (Mayor's response task force for unhoused)	<i>CP</i>
<b>HTN</b>	Hypertension	<i>Training</i>
<b>I&amp;Q Site</b>	Isolation and Quarantine Site (COVID)	<i>CP</i>
<b>IC</b>	Incident Commander	<i>Active Shooter</i>
<b>ICM</b>	Intensive Case Management	<i>CP</i>
<b>ICS</b>	Incident Command System	<i>MCI</i>
<b>ICU</b>	Intensive Care Unit	<i>Operations</i>
<b>IM</b>	Intramuscular	<i>Training</i>
<b>IN</b>	Intranasal	<i>Training</i>
<b>IO</b>	Intraosseous	<i>Training</i>
<b>IV</b>	Intravenous	<i>Training</i>
<b>IVP</b>	IV Push	<i>Training</i>
<b>J</b>	Joule (electrical measurement)	<i>Training</i>
<b>JEOC</b>	Joint Emergency Operations Center	<i>MCI</i>
<b>kg</b>	Kilogram	<i>Training</i>
<b>LEMSA</b>	Local Emergency Medical Services Agency	<i>Operations</i>
<b>LOC</b>	Level of Consciousness	<i>Training</i>
<b>lpm</b>	Liter Per Minute	<i>Training</i>
<b>Lt49</b>	Lieutenant, Station 49	<i>Operations</i>
<b>LUCAS</b>	Lund University Cardiopulmonary Assist System (mechanical chest compression device)	<i>Operations</i>
<b>MAD</b>	Mucosa Atomizer Device	<i>Training</i>
<b>MAP</b>	Managed Alcohol Program	<i>CP</i>
<b>MAT</b>	Medication-Assisted Treatment	<i>CP</i>
<b>max</b>	Maximum	<i>Training</i>
<b>mcg</b>	Microgram	<i>Training</i>
<b>MCI</b>	Multi-Casualty Incident	<i>MCI</i>
<b>ME</b>	Medical Examiner	<i>Operations</i>
<b>meds</b>	Medications	<i>Training</i>
<b>mEq</b>	Milliequivalent	<i>Training</i>
<b>mg</b>	Milligram	<i>Training</i>
<b>MGS</b>	Medical Group Supervisor	<i>MCI</i>
<b>MHOAC</b>	Medical/Health Operational Area Coordinator	<i>MCI</i>
<b>min.</b>	Minute	<i>Training</i>
<b>MI</b>	Myocardial Infarction	<i>Training</i>
<b>ml</b>	Milliliter	<i>Training</i>
<b>MMRT</b>	Mobile Medical Response Team	<i>CP</i>
<b>MOU</b>	Memorandum of Understanding	<i>Operations</i>
<b>MVA</b>	Motor Vehicle Accident	<i>Operations</i>
<b>NDMS</b>	National Disaster Medical System	<i>MCI</i>
<b>NIMS</b>	National Incident Management System	<i>MCI</i>
<b>NPA</b>	Nasopharyngeal Airway	<i>Training</i>
<b>NPO</b>	Nothing per mouth	<i>Training</i>
<b>NS</b>	Normal Saline	<i>Training</i>
<b>NTG</b>	Nitroglycerin	<i>Training</i>
<b>NTI</b>	Nasal Tracheal Intubation	<i>Training</i>
<b>OA</b>	Operational Area	<i>MCI</i>
<b>OB</b>	Obstetrical	<i>Training</i>



<b>OES</b>	Office of Emergency Services	<i>MCI</i>
<b>OPA</b>	Oropharyngeal Airway	<i>Training</i>
<b>OTC</b>	Over the Counter	<i>Training</i>
<b>OTI</b>	Oral Tracheal Intubation	<i>Training</i>
<b>ODU</b>	Opioid Use Disorder	<i>CP</i>
<b>PACC</b>	Post-Acute Community Conservatorship	<i>CP</i>
<b>PALS</b>	Pediatric Advanced Life Support	<i>Training</i>
<b>PDC</b>	Patient Distribution Center	<i>MCI</i>
<b>PDT</b>	Patient Declines Transport	<i>Operations</i>
<b>PEA</b>	Pulseless Electrical Activity	<i>Training</i>
<b>PERRLA</b>	Pupils equal, round, and reactive to light and accommodation	<i>Training</i>
<b>PGO</b>	Public Guardian Office	<i>CP</i>
<b>PHI</b>	Protected Health Information	<i>CP</i>
<b>PM</b>	Paramedic	<i>Operations</i>
<b>PO</b>	By Mouth	<i>Training</i>
<b>POV</b>	Privately Owned Vehicle	<i>Operations</i>
<b>prn</b>	As Needed	<i>Training</i>
<b>PSH</b>	Permanent Supportive Housing	<i>CP</i>
<b>PT</b>	Patient	<i>Operations</i>
<b>PTA</b>	Prior to Arrival	<i>Operations</i>
<b>QRS</b>	Parts of Cardiac Contraction Complex	<i>Training</i>
<b>RAMS</b>	Richmond Area Multi-Services (a community-based organization)	<i>CP</i>
<b>R/O</b>	Rule Out	<i>Training</i>
<b>RC</b>	Rescue Captain	<i>Operations</i>
<b>RC1</b>	Rescue Captain Field Unit 1	<i>Operations</i>
<b>RC2</b>	Rescue Captain Field Unit 2	<i>Operations</i>
<b>RC3</b>	Rescue Captain Field Unit 3	<i>Operations</i>
<b>RC4</b>	Rescue Captain Field Unit 4	<i>Operations</i>
<b>RC49</b>	Rescue Captain, Station 49	<i>Operations</i>
<b>RC5</b>	Rescue Captain Field Unit 5	<i>Operations</i>
<b>RDMHC</b>	Regional Disaster Medical/Health Coordinator	<i>MCI</i>
<b>RDMHS</b>	Regional Disaster Medical/Health Specialist	<i>MCI</i>
<b>RGS</b>	Rescue Group Supervisor	<i>Active Shooter</i>
<b>RIS</b>	Rapid Intoxication Scale	<i>CP</i>
<b>RMM</b>	Rescue Medical Manager	<i>Active Shooter</i>
<b>ROI</b>	Release of Information	<i>CP</i>
<b>ROSC</b>	Return of Spontaneous Circulation	<i>Operations</i>
<b>RTF</b>	Rescue Task Force	<i>Active Shooter</i>
<b>SBP</b>	Systolic Blood Pressure	<i>Training</i>
<b>SCRT</b>	Street Crisis Response Team	<i>CP</i>
<b>SEMS</b>	Standardized Emergency Management System	<i>MCI</i>
<b>SFFD</b>	San Francisco Fire Department	<i>MCI</i>
<b>SFPD</b>	San Francisco Police Department	<i>MCI</i>
<b>SGA</b>	Supraglottic Airway (airway device)	<i>Operations</i>
<b>SIP Site</b>	Shelter in Place Site (COVID)	<i>CP</i>
<b>SL</b>	Sublingual	<i>Training</i>
<b>SORT</b>	Street Overdose Response Team	<i>CP</i>
<b>SP</b>	Shared Priority	<i>CP</i>

<b>SPA</b>	Service Provider Agreement	<i>Operations</i>
<b>SQ</b>	Subcutaneous	<i>Training</i>
<b>START</b>	Simple Triage and Rapid Treatment	<i>Operations</i>
<b>SUD</b>	Substance Abuse Disorder	<i>CP</i>
<b>SVT</b>	Supraventricular Tachycardia	<i>Training</i>
<b>SW</b>	Social Worker	<i>CP</i>
<b>SWRT</b>	Street Wellness Response Team	<i>CP</i>
<b>TEMS</b>	Tactical Emergency Services Team	<i>Active Shooter</i>
<b>Title 22</b>	The section of the California Health & Safety Code which pertains to Emergency Medical Services	<i>CP</i>
<b>TKO</b>	To Keep Open	<i>Training</i>
<b>TWUCC</b>	Tom Waddell Urgent Care Clinic Golden Gate Ave	<i>CP</i>
<b>Tx</b>	Treatment	<i>Operations</i>
<b>UOA</b>	Upon Our Arrival	<i>Operations</i>
<b>UTL</b>	Unable to Locate	<i>Operations</i>
<b>V-Fib</b>	Ventricular Fibrillation	<i>Training</i>
<b>V-Tach</b>	Ventricular Tachycardia	<i>Training</i>
<b>WPIC</b>	Whole Person Integrated Care	<i>CP</i>
<b>y/o</b>	Years old	<i>Operations</i>