

**Station 49 Members Alia Dong-Stewart and Gerald Colbert**



**SFFD**

**EMS AND COMMUNITY PARAMEDICINE**

**FIRE COMMISSION REPORT  
JULY 2024**

**DEPUTY CHIEF SANDY TONG**

# EMS DIVISION

July 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)	Cardiac Arrests: 2. Total 3. Resus Attempted 4. Witnessed 5. VF 6. CPR/AED 7. ROSC at ED 8. % survival
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%
July	345  Total (10,703)	94	35.34	74	202	1. 121 2. 31 3. 28 4. 9 5. 14 6. 11 7. 35%*
Average	355	93	34.06	76	219	

\*Updated data collection and calculation revised (removed Traumatic arrests)

## NOTABLE ACTIVITIES

- The Department reviewed and discussed several policy and protocol changes that were being considered by the San Francisco EMS Agency (SFEMSA). The EMS Division now has a working group that considers all changes to policy and protocol holistically with stakeholders from several parts of our Department. In this way, our experience in the field can inform our SFEMSA's oversight to provide for better care of our community.
- The Department provided two ambulances for the fourth of July Fireworks event. We saw nine calls for service and seven transports. This call volume was greater than anticipated and some of our regular 911 ambulances were utilized for the event. Always seeking to learn from any situation, our After Action Report recommends a staffing increase for next year's event.
- On August 1<sup>st</sup>, I joined other SFFD members and SFFD leadership at an event at the Tenderloin Museum to celebrate an exhibit called Tenderloin Blackness, organized by Del Seymour with Shavonne Allen. This dynamic exhibit celebrates the many black members of the Tenderloin, including activists, artists, leaders, workers, community members, and residents. Our EMS members work in the Tenderloin (sometimes called the TL) every day and are a part of the amazing public service in that community. We were proud to have two of our own Station 49 members, Paramedic Gerald Colbert and EMT Alia Dong-Stewart, be a part of the small group who were featured in Del Seymour's film. Alia told one of my Section Chiefs recently, "You cannot be a San Franciscan without knowing our history. The Tenderloin Museum is a gem of knowledge and culture. It's a must-see in the City." Coincidentally, Alia was part of the medic unit on the cardiac arrest call in the Notable Responses section below. I would like to encourage our Fire Commission members, if you haven't already, to plan a visit to the museum. Service to our community is made all the better when we are fully participating members of that community. We hope to stay in conversation with those we met at this event, especially Del Seymour, who was one of the first paramedics ever licensed in the State of California. He's also known as the Mayor of the TL and I look forward to further collaboration with him.



*Left to right, Del Seymour, Gerald Colbert, Alia Dong-Stewart*

- We had a special visit by some very welcomed guests on July 30<sup>th</sup> at Station 49. The San Francisco SPCA brought several canine visitors and one amazing 35 lb bunny to spend some time with our members in conjunction with a generous donation of canine oxygen masks to be stocked on our ambulances. It was a wonderful event, which you may have seen on the local news. Not only will it help us better serve our City and our animal companions, but anytime we can hang out with our human and canine friends from the SPCA, it is a great day.



## NOTABLE RESPONSES

We respond to thousands of emergencies each month. Here are two we would like to highlight:

- We responded to a blast injury in the early morning of July 5<sup>th</sup>. The male reportedly had a large firework go off in his hand, severely damaging three of his fingers and his thumb. After ensuring our crews' safety, we quickly assessed and stabilized the patient's hand for transport. Crews continued to maintain the patient's condition enroute to the hospital. ED staff sutured three of his fingers, which he was able to move and feel. The patient was released from the ED with his hand intact.
- We responded to a call for chest pain on Golden Gate Avenue on July 21<sup>st</sup>. We determined the patient was experiencing an acute myocardial infarction, otherwise known as a heart attack. After moving the patient to the ambulance for transport, the patient went into cardiac arrest. We started CPR, shocked the patient immediately, and restored pulses. Our medic and EMT's care was so rapid, and in line with our protocols, that the patient not only regained pulses, but was speaking in full sentences during the call. This is quite uncommon and can be directly attributed to the quick actions of our crew. After receiving a stent for a 100% occlusion of one of their coronary arteries, the patient was discharged from the hospital with no neurologic deficits. This incident demonstrates the gold standard for cardiac arrest treatment and care.

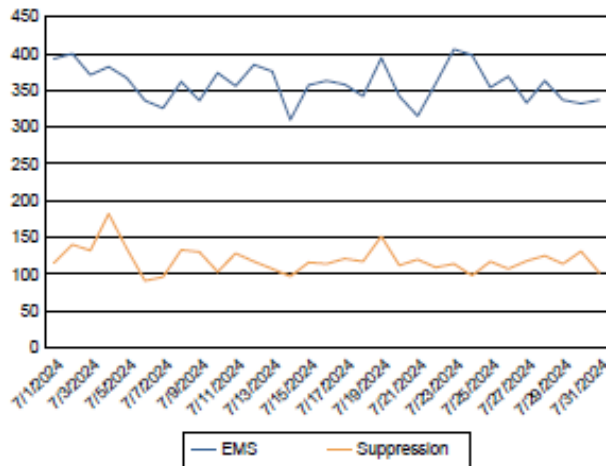


# SFFD ACTIVITY SUMMARY – July 2024

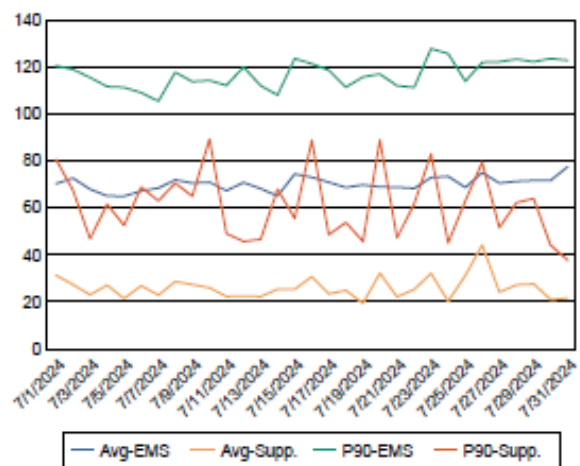
## SFFD Activity Summary From 07/01/2024 To 07/31/2024

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
07/01/2024	393	115	508	70.23	97.00	31.31	120.44	80.62
07/02/2024	400	140	540	72.69	98.14	27.24	118.92	67.54
07/03/2024	371	132	503	67.88	92.36	22.97	115.47	46.79
07/04/2024	382	182	564	65.13	88.44	27.05	111.69	61.52
07/05/2024	367	135	502	64.95	89.41	21.31	111.29	52.48
07/06/2024	336	91	427	67.22	88.86	26.80	109.08	68.75
07/07/2024	326	96	422	68.47	85.67	22.79	105.38	62.93
07/08/2024	362	133	495	71.85	97.70	28.61	117.76	70.58
07/09/2024	336	130	466	70.50	89.38	27.31	113.81	64.89
07/10/2024	374	103	477	70.87	92.10	26.00	114.20	89.34
07/11/2024	356	128	484	67.35	92.28	22.22	112.10	49.04
07/12/2024	385	117	502	70.73	92.41	22.46	119.98	45.64
07/13/2024	376	107	483	68.22	91.48	22.24	111.99	46.56
07/14/2024	310	97	407	65.03	85.77	25.30	108.09	67.92
07/15/2024	357	116	473	74.34	96.68	25.28	123.56	55.51
07/16/2024	363	114	477	73.04	94.84	30.70	121.33	88.85
07/17/2024	358	121	479	70.95	93.82	23.38	118.57	48.60
07/18/2024	342	117	459	68.68	88.87	24.87	111.34	53.72
07/19/2024	394	151	545	69.74	93.20	19.37	115.76	45.71
07/20/2024	342	112	454	68.87	93.85	32.19	117.01	88.96
07/21/2024	315	120	435	68.74	91.05	22.13	112.08	47.21
07/22/2024	359	109	468	68.25	91.17	25.14	111.26	61.72
07/23/2024	406	114	520	72.92	99.92	31.97	127.79	82.89
07/24/2024	398	98	496	73.35	100.28	20.26	125.65	45.07
07/25/2024	354	117	471	68.61	94.98	31.14	113.90	62.98
07/26/2024	369	107	476	75.02	96.87	44.23	121.94	79.37
07/27/2024	333	118	451	70.53	96.71	24.06	122.21	51.54
07/28/2024	363	125	488	71.24	98.77	27.15	123.34	62.16
07/29/2024	337	114	451	71.68	94.58	27.56	122.23	63.92
07/30/2024	332	131	463	71.65	96.96	21.02	123.54	44.03
07/31/2024	337	102	439	77.53	97.35	21.44	122.85	37.80

**Calls By Date**

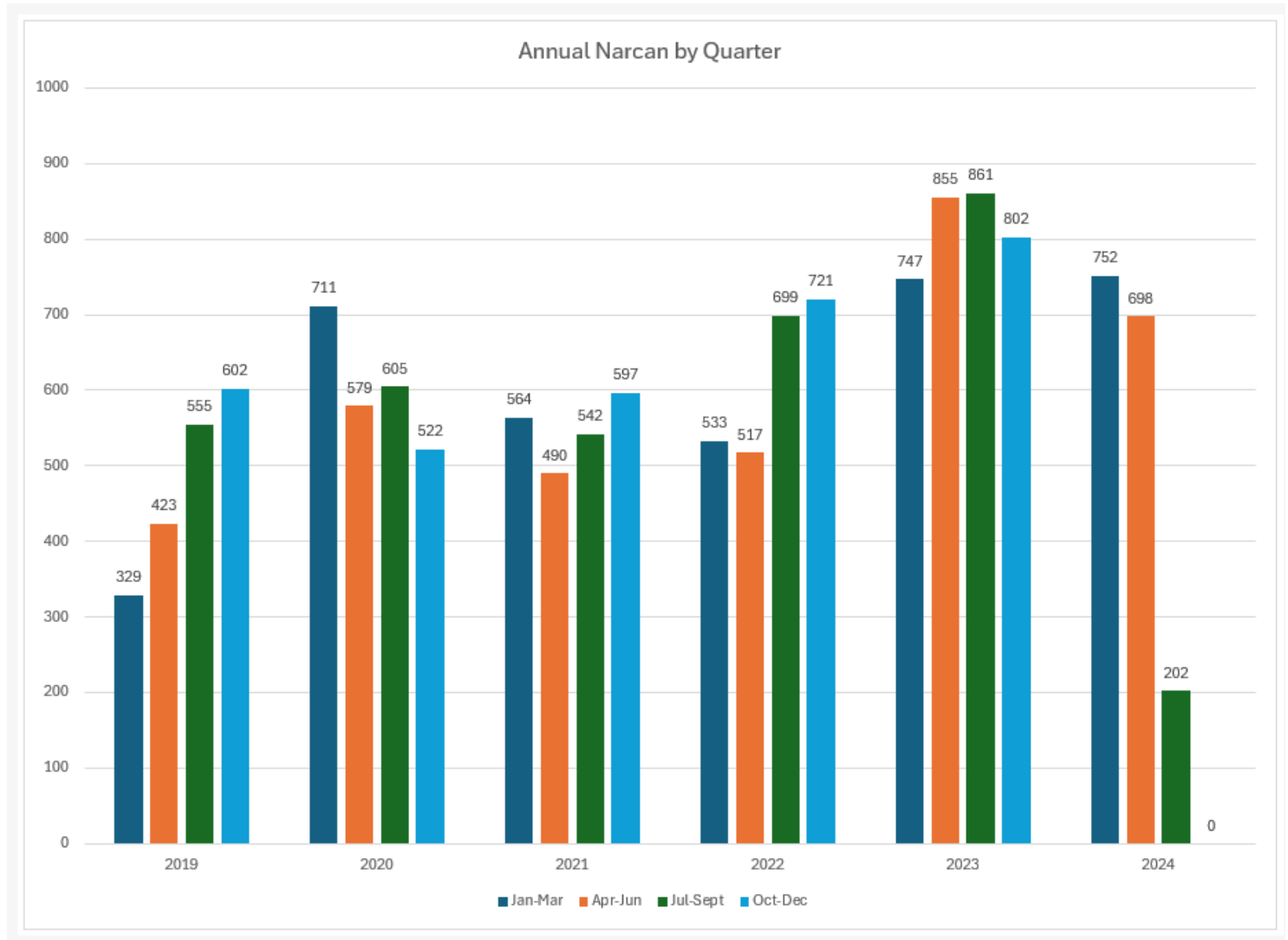


**Call Length (Average and P90)**



# 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	202	0	<b>2024</b>	1652



# COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang

July 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

- **New York University School of Law Report:**

The Policing Project at New York University School of Law has published an in-depth study on community safety and non-police alternative first response in San Francisco, entitled, “San Francisco’s Public Safety System: Lessons in First Response Policy Implementation.” The work primarily focuses on the experiences and successes of the Street Crisis Response Team and the Street Overdose Response Team. Additionally, the NYU report was promulgated in an Axios.com article that elaborated on the findings:

*The report, released this month by the New York University School of Law's Policing Project, analyzed the effectiveness of San Francisco's Street Crisis Response Team (SCRT) — designed to respond to people experiencing mental health crises — and the Street Overdose Response Team (SORT), for residents experiencing drug overdoses.*

*The performance of both teams offers "reason for cautious optimism," according to the report. By the numbers: From June 2022 through August 2023, SCRT responded to 12,581 calls — about 29 per day — within 16 minutes, on average, according to the Policing Project.*

*Between August 2021 and May 2023, SORT responded to more than 3,000 calls — the majority of which involved an overdose. In the majority of SCRT's encounters, the police were never called for backup, while a significant portion (1,391) of SORT's clients accepted harm-reduction supplies, according to the report. What they're saying: **The city has made "real strides" in non-police alternatives to emergencies**, Jessica Gillooly, a policing fellow at the Policing Project, said in a written statement.*

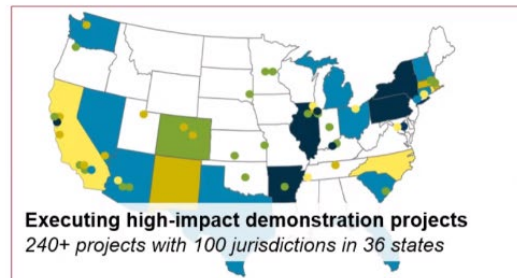
<https://url.avanan.click/v2/> <https://www.policingproject.org/news-main/2024/7/11/new-report-on-alternative-first-response-in-san-francisco-finds-significant-progress-includes-recommendations-for-improvement> .YXAzOnNmZHQyOmE6bzpjYmQzNGNmNDNiZTgzMzliZmM3OTU3ZjZhYWQ4MmVIMT02OmU3MmY6ZjdiYzUzZTcxNWl0ZjgxYTU5NDk0NjZiNmIzMzViMTEyZDRkODg2YzhiNTI0ZGU4YTY4ZTgxMDMzYThjMzI2ZTpoOIQ6Tg

- **Harvard Kennedy School Government Performance Lab (GPL)**

We have been accepted in the 2024 cohort of the Harvard Kennedy School's Government Performance Lab (GPL). The GPL will assign a Fellow to provide 1:1 coaching, research, and technical assistance for 9-12 months. Areas that we will be seeking assistance are:

- Key Performance Indicator development for EMS based teams such as SCRT.
- Assistance with attaining financial sustainability.
- Knowledge of the best practices of other jurisdictions.

## Our organization and impact



Harvard Kennedy School Government Performance Lab © 2023

3

## Alternative 911 Emergency Response Implementation Cohort

The GPL's 2024-25 Alternative 911 Emergency Response Implementation Cohort is designed for **jurisdictions that are interested in developing a fourth branch of emergency response** to divert a significant share of 911 calls to an alternative response team and/or other 911 diversion pathways that otherwise would have gone to police, fire, or emergency medical services.

**Jurisdictions exploring or addressing the following topics are particularly encouraged to apply:**

1. **Significantly increasing the percentage of 911 calls diverted** to alternative responses, including unarmed, alternative response teams and telephonic responses
2. **Scaling an existing alternative response team**, e.g. expanding staffing, hours, or geographic reach
3. **Exploring integration of new 911 technology** to facilitate call triage to appropriate responses
4. **Investing in training, recruitment, and retention practices of the 911 workforce** to support adoption of triage to alternative responses
5. **Evaluating alternative response program operations and outcomes** using quantitative and qualitative data
6. **Testing innovative approaches to sustainable alternative response program funding**, such as leveraging or implementing a local tax, drawing on a state-level funding source, billing Medicaid for services, or other creative approaches

4



- **National Association of Mobile Integrated Health Providers:**

On July 18<sup>th</sup>, Section Chief of CP Administration Michael Mason was invited to speak to over 800 individuals attending a webinar hosted by the National Association of Mobile Integrated Health Providers (NAMIHP). The webinar focused on funding and sustainability for mobile integrated health & community paramedicine programs. Chief Mason shared our efforts to advance and advocate for creation of insurance and financial incentives that support MIH programming, as well as current legislative efforts in California.

Team	Population Focus	Team Composition
EMS-6	High Utilizers of 911 & EMS	1. Community Paramedic Captain 2. Homeless Outreach Team and/or Advanced Provider (eg NP, RN etc.)
Street Overdose Response	Overdose Response & Prevention	1. Community Paramedic 2. EMT
Street Crisis Response	<i>Alternative to Police</i> for Acute Behavioral Health Crisis & Well-being checks	1. Community Paramedic 2. EMT 3. Peer Support Specialist

**16,000 responses per year (!)**

Digittech

- **July CP Speaker Series:**

On July 24<sup>th</sup>, Urban Alchemy’s Director of the HEART program, Ross Mirkarimi, joined Fire Department members to present and discuss the Homeless Engagement Assistance Response Team (HEART). Director Mirkarimi, with his broad experience as both former San Francisco Sheriff and member of the Board of Supervisors, shared insights from HEART’s first year of operations.

**Wednesday,  
July 24th**

12:00 – 1:00 pm (virtual)

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



**HEART: Homeless Engagement Assisted Response Team**

Ross Mirkarimi became the director of Urban Alchemy’s HEART program in 2023. Funded by the Department of Emergency Management, Director Mirkarimi oversees a team of 25 field, dispatch, and care coordination staff. After a year of operations, HEART has proven itself as an effective alternative response to low-acuity 311 & 911 calls for issues involving people experiencing homelessness.

Prior to his tenure with HEART, Director Mirkarimi served as the 35<sup>th</sup> sheriff of San Francisco City and County, and as a City supervisor representing District 5 between 2005 and 2012.

Please join as Director Mirkarimi shares an overview of the HEART program followed by a facilitated Q&A session.

If you require assistance or accommodation attending email [Michael.Mason@sfgov.org](mailto:Michael.Mason@sfgov.org) or call (628) 732-6041

**All San Francisco Fire Department Members Welcome  
No Registration Required: [tinyurl.com/JulyCPSpeaker](https://tinyurl.com/JulyCPSpeaker)**

- **San Francisco Overdose Prevention Collaborative:**

On July 26<sup>th</sup>, Section Chief Mason presented the Department’s work with pre-hospital Suboxone to the San Francisco Overdose Prevention Collaborative (SFOPC). The SFOPC is a group supporting overdose prevention clinical champions and substance use navigators across San Francisco hospital emergency departments.

## EMS-6

Operational period: 7/1/2024 – 7/30/2024

Total encounters: 234

Average encounters per day: 7.8

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: - 35.63%

Encounter Type*	Number
Case Conference	6
Phone Consult	85
911 System Contacts	116
Outreach	22
Show of Support	5
<b>Total</b>	<b>234</b>

### EMS-6 Successes & Challenges:

- A 33-year-old male eloped from a psychiatric institution from another county and took a Greyhound bus to San Francisco. Within three days of arriving in San Francisco, while experiencing hallucinations, the individual generated a 911 call and was transported to a hospital by a SFFD ambulance. The following day 911 was again activated on his behalf. The responding ambulance crew recognized that the individual had two 911 calls in two days and requested EMS-6. EMS-6 captain Scott Eberhart interviewed the individual and learned that the crisis centered around him wanting to return home. With the individual’s permission, Captain Eberhart called the individual’s mother, who immediately ordered a ride sharing vehicle to transport her son to the bus station and paid for him to return home by bus. By taking the time to build rapport and problem solve, this individual, who was at risk of getting lost on the streets and bouncing from ER to ER, was reunited with his family.

## SCRT

Operational period: 7/1/2024 – 7/31/2024

Total Calls for Service: 1,122

Average Response Time: 17.26

Average on Scene Time: 42.21

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	177	15.78%
Ambulance transport to ED	161	14.35%
Remained in the community	503	44.83%
Unable to Locate & Walked Away	281	25.04%
<b>Total</b>	<b>1,122</b>	<b>100.00%</b>

**Disposition Engaged Individuals Only**

Non-ambulance transport to non-ED resource	177	21.05%
Ambulance transport to ED	161	19.14%
Remained in community	503	59.81%
Total	841	100.00%

**5150**

Grave disability	26
Danger to Self	20
Danger to Others	7
<b>Total*</b>	29

\*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 (1122)
PD On Scene Prior to Arrival	10	0.89%
PD requested by SCRT	6	0.53%
SCRT requested by PD	247	22.01%
Total Incidents with PD present on scene	263	23.44%

**SCRT Successes & Challenges:**

**Fire Station 9 & SCRT Units Engage & Shelter Vulnerable Family:**

Outstanding teamwork was displayed by department members from Station 9, Station 49 and Community Paramedicine, who helped find shelter for an unhoused family. Members of Station 9 had been noticing a family with young children living out of a van across the street from their station for a couple of weeks. Station 9 members, concerned about the living situation of the woman, her husband, their one-year-old daughter and another 12-year-old family member, brought it to the attention of Lt. Jared Cooper at Station 49. Lt. Cooper went to the van and, recognizing that the family were Spanish speaking only, brought in paramedic Jaime De La Cruz—who speaks Spanish—from Station 49. Community Paramedicine Captain Mary Meraw was also contacted, and a SCRT unit (Community Paramedic Carla Beyer and EMT James De Vincenzi) was dispatched. The number of personnel involved illustrates the challenging coordination required to shelter a family. Paramedic De La Cruz translated all communication and assisted in the transport. Family intake was conducted over the phone to initiate an Urgent Accommodation Voucher from the Department of Homelessness and Supportive Housing (HSH). The Bayview Access Point was contacted to update the family’s documentation in the One system, used by HSH, and to explain the resources available to the family. Another member, Community Paramedic Shane Pinaula delivered a child car seat for safe transport. After many hours, the family was transported to family shelter by the SCRT.

## SORT

Operational period 7/1/2024 – 7/31/2024

Calls for Service: 104

SFFD Suboxone Starts: 9

Provider	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	YTD (2024)	YTD % (2024)
AMR	0	0	0	0	0	0	0	0	0%
King American	0	2	0	0	0	0	0	2	5%
SFFD	4	11	10	9	6	3	9	52	96%
<i>SORT</i>	3	2	3	1	0	0	2	11	21%
<i>SCRT (inc CP5)</i>	0	0	0	1	0	0	1	2	4%
<i>Medic Units / EMS</i>	1	9	7	7	6	3	6	39	75%
<b>Grand Total</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>9</b>	<b>54</b>	<b>100%</b>

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	10	9.62%
Ambulance transport to ED	38	36.54%
Remained in the community	44	42.31%
Unable to Locate & Walked Away	12	11.54%
<b>Total</b>	<b>104</b>	<b>100.00%</b>

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	10	10.87%
Ambulance transport to ED	38	41.30%
Remained in community	44	47.83%
<b>Total</b>	<b>92</b>	<b>100.00%</b>

### SORT Highlights:

#### Sobering Center Opioid Prevention & Education Pilot (SCOPE)

On July 1<sup>st</sup>, the Sobering Center, an accredited alternative destination for people with alcohol use disorder, started the SCOPE pilot for people who have had a recent opioid overdose and are interested in safe monitoring and connection to resources. The pilot allows for the Street Overdose Response Team to bring individuals seeking any connection to substance use disorder care to rest at the Sobering Center overnight and receive in-person outreach from the Post Overdose Engagement Team (POET) in the morning. Though all individuals must first be seen at an emergency department, the low barrier program is designed for any individual with substance use disorder, whether they simply want a safe place to rest, receive harm reduction supplies, or are interested in medication assisted treatment or residential treatment. The pilot is currently limited to weekday referrals only, but the Department of Public Health is increasing staffing to include weekends.

In the month of July there were three individuals transported by SORT to the Sobering Center through this pilot. One of the individuals, a 28-year-old male, had 37 911 contacts with the SFFD since 2018. A SORT crew



was notified by an ambulance crew of the patient, who had experienced a Narcan reversed overdose. The SORT crew met the individual at the hospital, coordinated with the physician there, and transported the individual to the Sobering Center later in the day. The following day another SORT crew assisted the individual to fill a medication prescription and transported him to a treatment program.

**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>