



Fire Commission Report – September 2025

EMS Division

October 8, 2025

Assistant Deputy Chief Tony Molloy



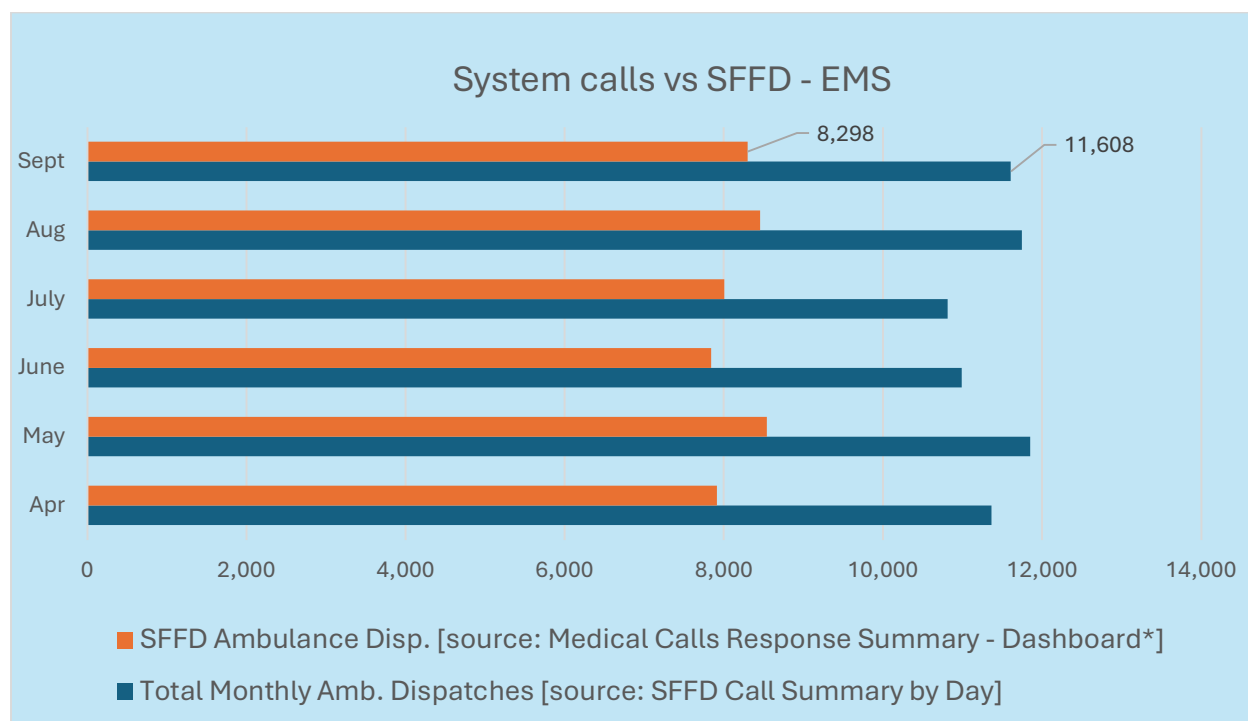
Operations

Monthly Call Volume

Below is a six-month review of City EMS call volume, Fire Department (SFFD) dispatches, and SFFD RC dispatches.

	Apr	May	June	July	Aug	Sept
Total Monthly Amb. Dispatches	11,364	11,853	10,989	10,813	11,747	11,608
SFFD Ambulance Dispatches	7,912	8,540	7,840	8,007	8,456	8,298
RC total calls	1,090	1,114	916	951	966	995

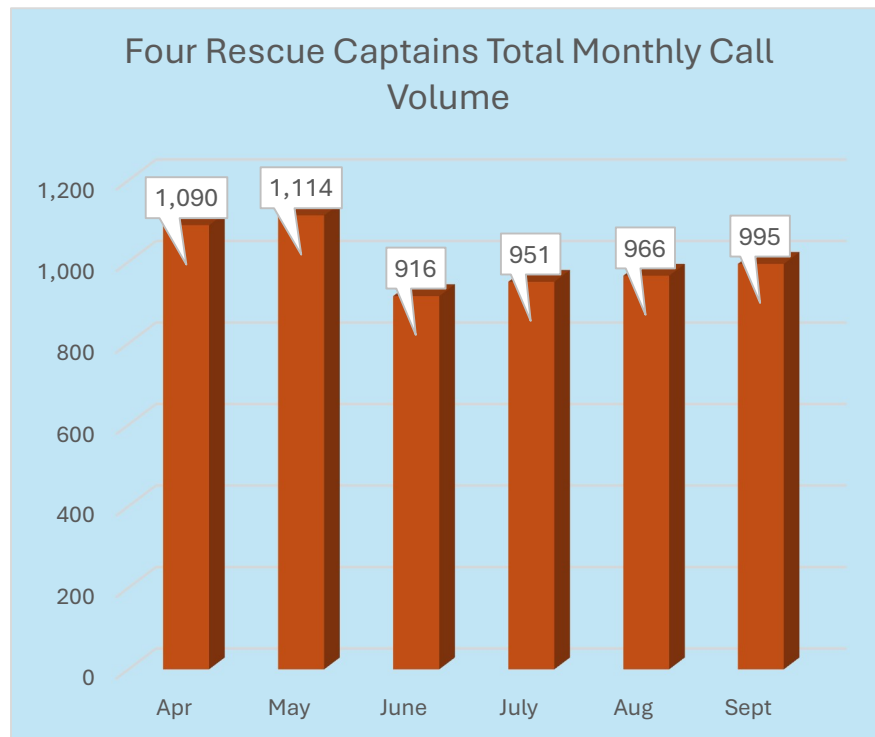
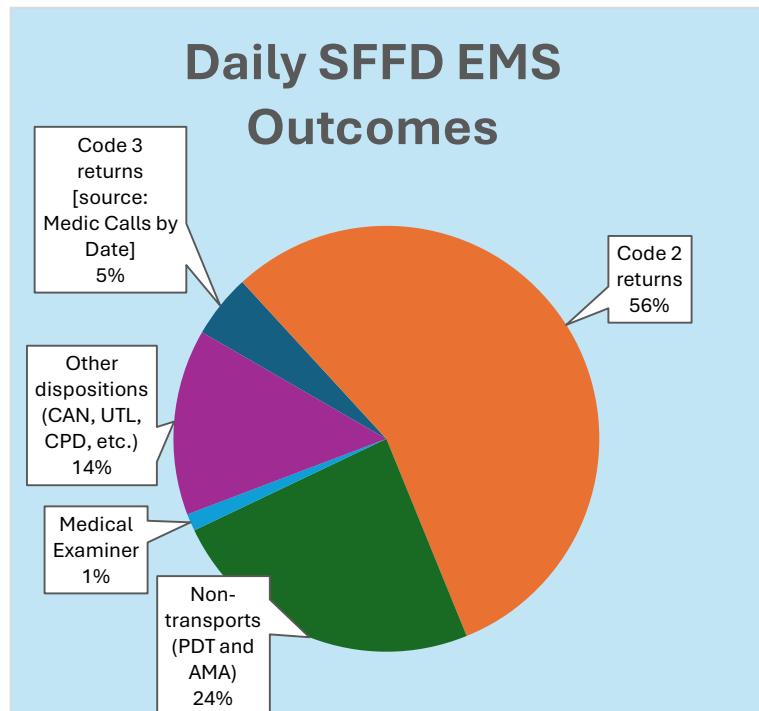
System volume continues to hover around 11 to 12 thousand calls a month. Our EMS call volume for the Department is approximately 72% of the total calls this past month.



EMS Call Outcomes

Referring to those 8,298 SFFD EMS calls, here are the average daily outcomes to the right for this month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns are non-emergent transports. Non-transports are when a person with capacity decides not to go the hospital. We call them “Patient Declines Transport” or “Against Medical Advice.” AMA is where we really think you should go, but the patient still declines. Medical Examiner outcomes are anytime we pronounce a person dead at the scene. This could be from someone who we do CPR on or those who are deceased and cannot be resuscitated when we arrive. Last

are the remainder, which include those where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.

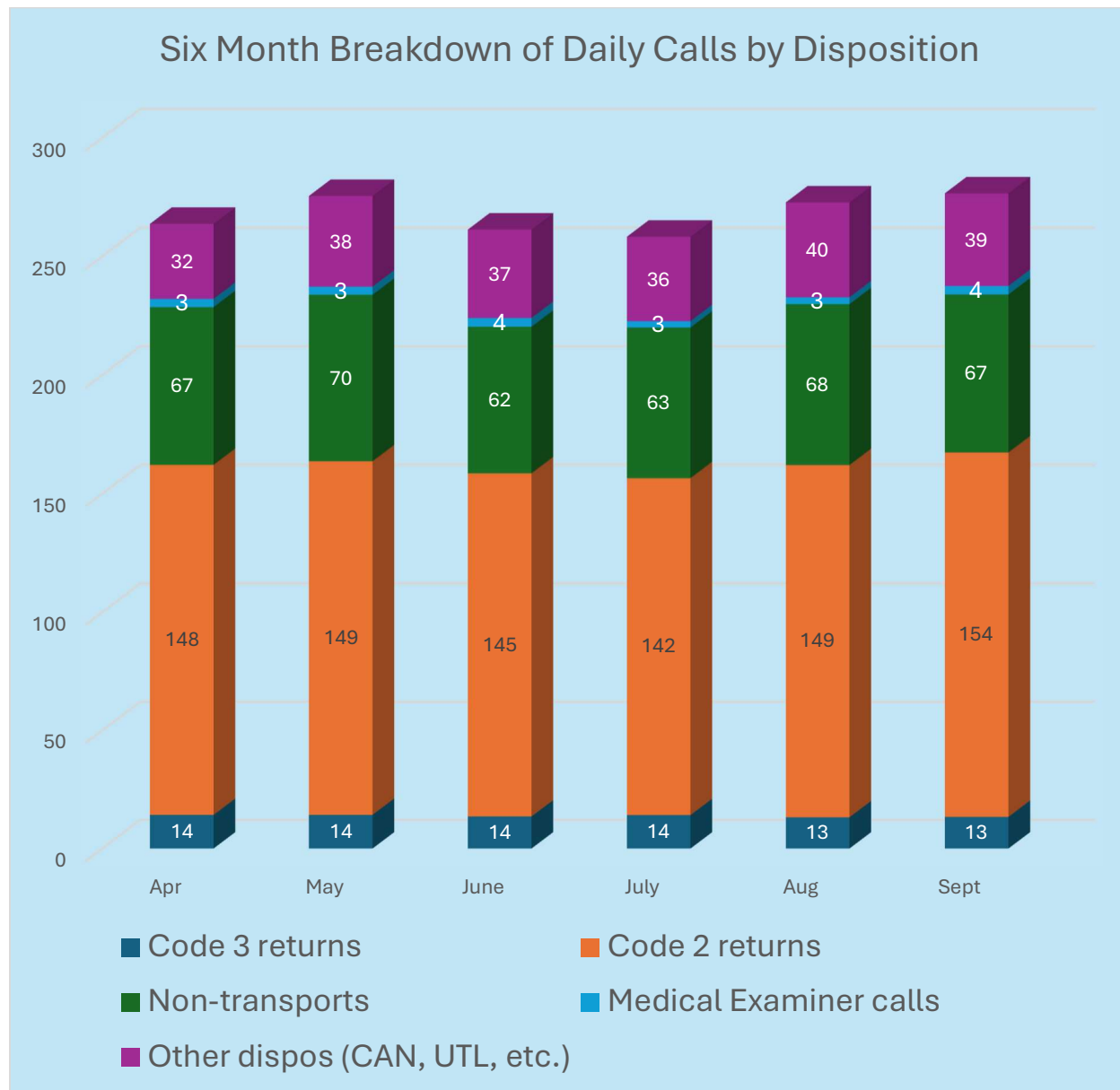


San Francisco Fire Department EMS Rescue Captains

This chart shows the total calls for all four field Rescue Captain units. Our four rescue captains ran close to 8 calls per day, with our downtown RC1 running many more each watch. Our EMS Captains run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.

Trend Analysis for Call Outcomes

These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transports like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. We ran 374 calls per day in August and below is the disposition by day.



Ambulance Patient Offload Times

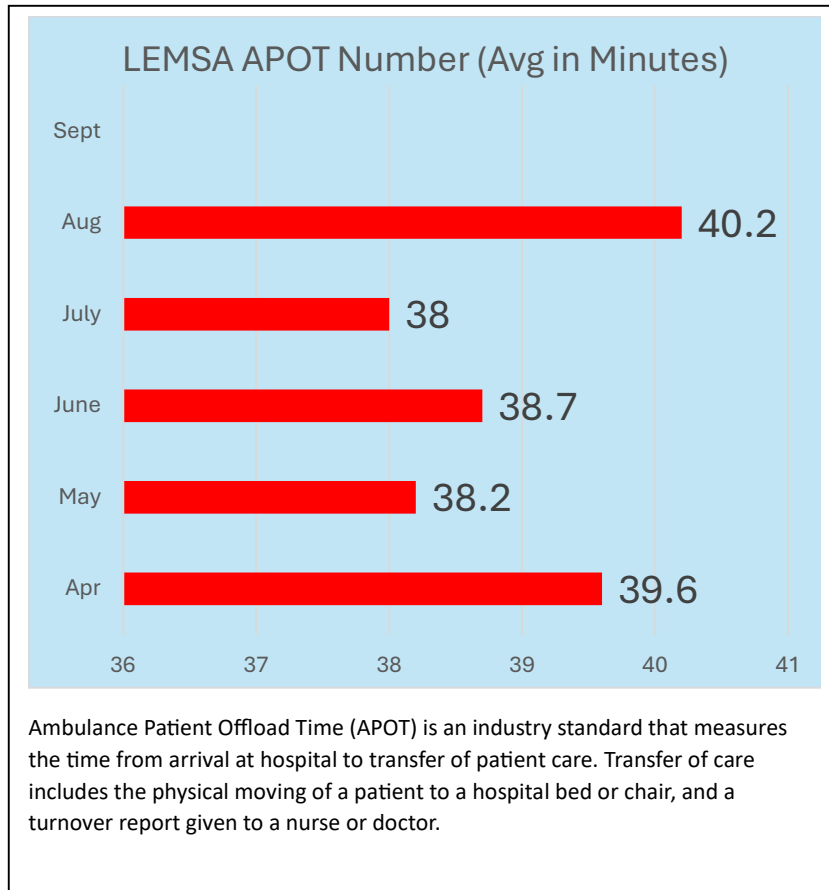
As you know, the State benchmark for transfer of care is under 30 minutes. LEMSA's average for all has not yet been released this month, but we should have it in time for the Commission meeting.

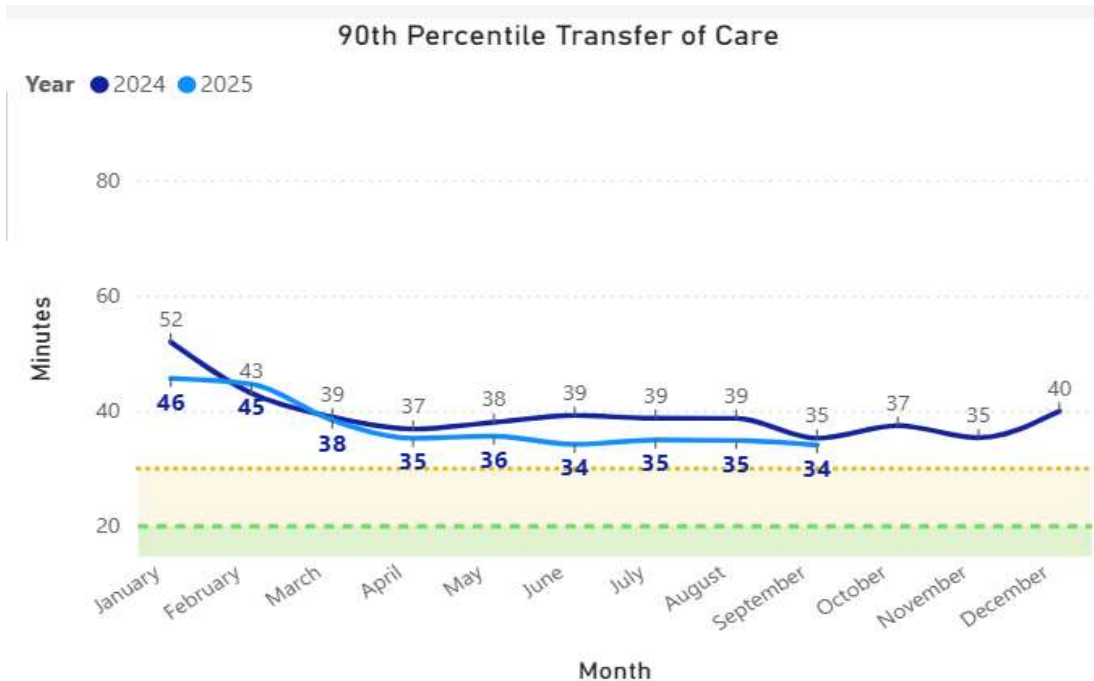
I would like to address the fact that our data and LEMSA's are not the same. Part of this difference is that we are measuring SFFD units, while LEMSA is measuring us along with AMR and King American.

We feel the larger reason is that our measurements are based on the time stamp made by the hospital signing our PCR to accept the patient. This is the marker that the state's AB40 uses. LEMSA is using a related but different manual time that our crews check to approximate that signature time. Our analysis shows that the manually entered time is not exact to the transfer of care time, which could account for the difference between LEMSA's numbers in the above chart being different than our own below. Our crews attempt to make these entries at the same time, but it is not always possible. In the coming months, we hope to have a technological fix to this data discrepancy and have been working for months with our ePCR provider on this project.

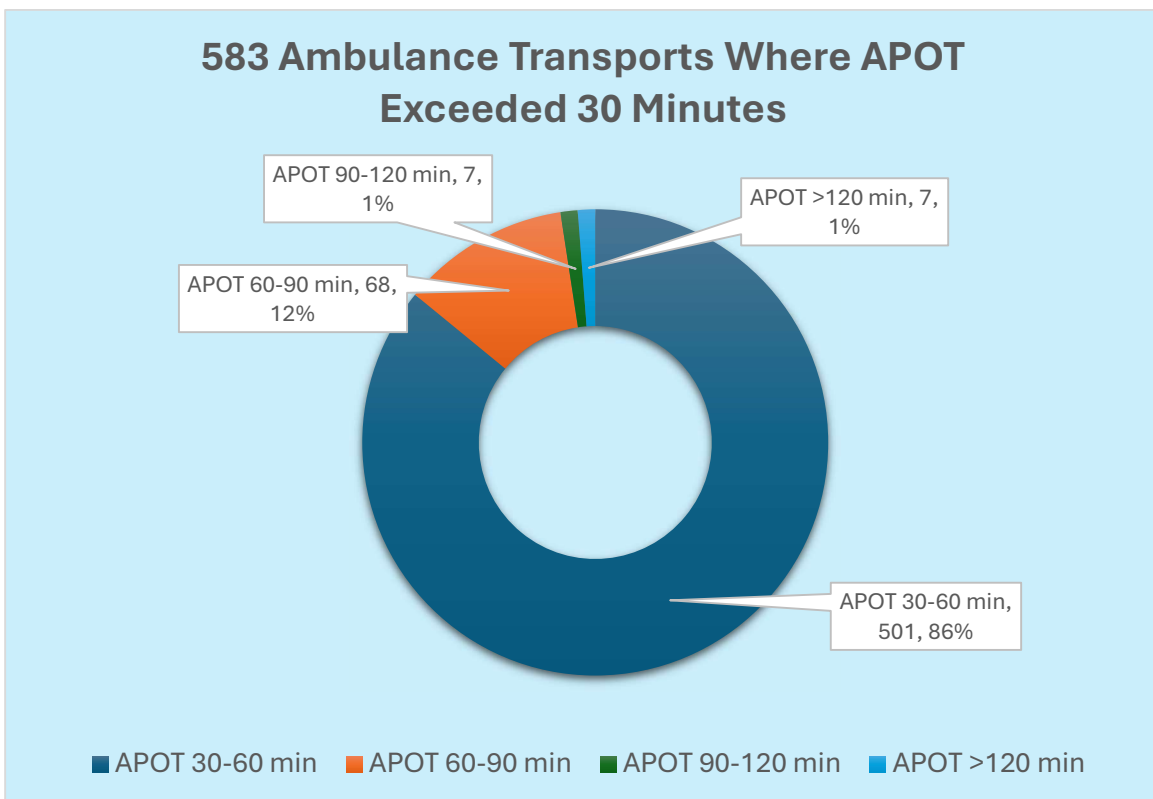
We would like to publicly acknowledge that several of our community hospitals have made some excellent advances in APOT over the past months. That is not to say that we still don't have a long way to go. Indeed, one of our hospitals accounts for over a third of the great-than-30 APOT events that we have in the City. We look forward to sharing more information as we work together with our LEMSA and community hospitals to improve APOT numbers.

/





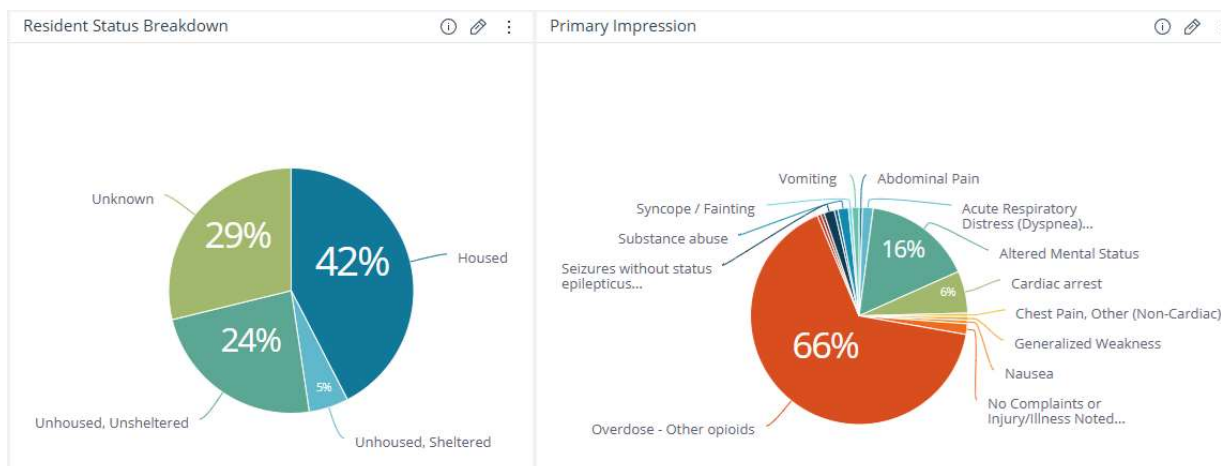
This next graphic shows the number of times our ambulances spent over 30 minutes at all the hospitals. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 583 times that ambulances waited to turn over a patient represents all time beyond the state standard of 30 minutes and accounted for over 140 hours that our crews spent idle at hospitals.



Narcan Administration for Opioid Overdoses

As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.

This month, we treated 191 patients with Narcan. Most were treated by our crews, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Of those patients, approximately 29% were unhoused, 29% were unknown status, and 42% were housed. This is a slight increase of housed versus unhoused individuals.



Advanced Paramedic Skills for Critical Patients

Here are the data on the advanced skills performed by our Department paramedics.

Advanced EMS Skills [source: ESO ePCR]	Apr	May	June	July	Aug	Sept
Intubation: Direct Laryngoscopy	6	9	4	6	4	5
Intubation: Video Laryngoscopy	22	19	14	16	14	15
Continuous Positive Airway Pressure (CPAP)	30	28	23	6	22	17
Pleural Decompression	0	0	0	2	1	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	0	4	2	0	1	2
Transcutaneous Pacing	4	3	3	1	3	1
Intraosseous Infusion Adult	41	33	28	33	34	31
Intraosseous Infusion Pediatric	0	0	0	0	0	1

Over the past several months, we've explained each of these advanced interventions. We continue to review this information in our CQI office and use it to determine what trainings to provide.

/

Cardiac Arrest Data

Our cardiac arrest survival rate is again correlated with the presentation of the patient in arrest. There is a correlation between ROSC at ED and whether or not the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Note our analysis of the Utstein results below.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
October '24	126	36	24	4	13	11	31%
November '24	132	40	24	9	7	13	33%
December '24	116	32	20	3	10	4	13%
January '25	147	43	26	6	7	11	26%
February '25	144	26	17	2	14	12	46%
March '25	152	36	20	1	8	13	36%
April '25	128	24	9	3	4	10	42%
May '25	123	24	20	5	13	9	38%
June '25	136	21	14	3	7	4	19%
July '25	113	29	19	6	11	8	28%
August '25	118	37	25	6	12	14	38%
September '25	138	33	21	2	6	9	27%

Of those numbers above, here are the details for those in Utstein 1 and 2.

Utstein 1	2	Transported	2	ROSC at ED	1	50%
Utstein 2	0	Transported	-	ROSC at ED	-	n/a

Utstein 1= Witnessed Arrest + found in a shockable rhythm.

Utstein 2= Witnessed Arrest + found in a shockable rhythm + Bystander CPR &/or AED

Notable Events

9/11 Memorial



Station 49 remembered our fallen brothers and sisters on the anniversary of the 9/11 attacks. We read aloud all the names of those who perished that day, including firefighters and EMS.

Warm Reunion with Rescuer



On September 9, the Zuni Cafe became the site of a remarkable lifesaving effort when a 60-year-old retired paramedic suffered a sudden cardiac arrest. Thanks to the quick actions of his husband, restaurant staff, and SFFD responders, he survived and today, the SFFD and the EMSA came together to honor the server for his efforts.

When the patient collapsed, his husband, an EMT, recognized the signs of cardiac arrest and immediately began rescue breathing. The server, a former lifeguard, quickly stepped in to start chest compressions, while other staff members assisted until fire and EMS units arrived.

SFFD crews continued advanced life support, delivering three defibrillations before the patient regained a pulse. He was transported to CPMC Van Ness, where he arrived awake, alert, and talking. Doctors diagnosed a STEMI and rushed him directly to the cath lab.

At the reunion, the patient and his family were able to thank the bystanders and first responders whose efforts saved his life. The gathering highlighted the importance of CPR training and the impact ordinary citizens can have in an emergency.

New H3 L1 Class at DOT TI



Our most recent H3 L1 Academy began mid-September at DOT TI and has 16 recruits going through the paces with our instructor cadre.



Notable Calls

Call Type: MCI

Date: 09/24/2025

Units: RC3

Medic 580

King - American 110

Engine 09

Battalion 10

Summary: Multi-vehicle accident involving a Bus on the 101 freeway that resulted in a RED Alert MCI response for ultimately 6 total patients (1 red (critical), 2 yellow (moderate), and 3 green. (minor if any) B10 and RC3 handled command of incident with CHP on scene. M580 transported one critical patient to SFGH. King American 110 transported two yellows code 3 to SFGH. E09 triaged the additional patients, two of whom were on board the bus, a third that was in another vehicle. The three greens ultimately were non-transports after evaluation by medics on scene. Outstanding teamwork and coordination were done by multiple agencies to expeditiously treat and transport the injured off scene with minimal on scene time.

Call Type: Symptomatic Bradycardia

Date: 09/15/2025

Units: Medic 552

Engine 12

Summary: M552 and E12 responded for the elderly male patient who was found unresponsive at an assisted living facility. Crews quickly identified that patient had a profoundly slow heart rate, the crew quickly applied the Zoll monitor and used the external pacing function to the patient which improved the patient's heart rate which in turn corrected the low blood pressure. The patient became more responsive and vital signs greatly improved on scene. The patient awoke in the ambulance with treatments, and patient transported lights and sirens to the hospital. The patient had a hospital stay at UCSF and was discharged back to a skilled nursing facility.

Call Type: Pediatric Cardiac Arrest

Date: 09/12/2025

Units: Medic 556

RC2

Engine 5

Summary: Unwitnessed Cardiac arrest of a 6-month-old patient. RC2, E05 and M556 arrived on scene and quickly started CPR and established an airway. After the second round of epinephrine, the crew obtained pulses and quickly packaged the patient for transport to the ED. The patient was transported light and sirens to CPMC pediatrics. The last update on the patients stated that the patient is still in the ICU.

//

Community Paramedicine Division Fire Commission Report

Operational Period 9/01/25-9/30/25

Total Monthly Responses: 1,766

Daily Average: 58.87

Average Response Time: 18.98 mins

Involuntary Psychiatric Holds

Grave disability	22
Danger to Self	9
Danger to Others	1
Total*	32

Disposition Engaged Individuals (SCRT)

Ambulance Transport to Hospital	151	16.52%
Non-Ambulance Transport	224	24.51%
Remained in Community	539	58.97%
Total	914	100.00%

Top 3 Alternate Destinations:

1. Geary Stabilization Unit
2. Soma Rise
3. Shelter (multiple locations)

Law Enforcement

SCRT		Percent of total calls for service (1,360)
PD requested by SCRT	3	0.2%
SCRT requested by PD	381	28%

Community Paramedic Captains

- 480 responses
- Engaged with 49 unique high utilizers of 911
 - 90 engagements
- Engaged with 7 overdose survivors (one or more overdoses)
 - 7 engagements
- HSOC resolutions: 18
- 311 Calls Resolved: 47

Case Conferences	9
Shows of Support (SOS)	1
MAP referral	1
SCOPE referral	4

Training

ALS In-Service Training Update

In September, Community Paramedicine Training Lieutenant Dmitry Golovin supported the In-Service training team by delivering an ALS training module to all active paramedics in the Department. Topics included protocol updates from the Local EMS Agency, including new anti-psychotic medication Zyprexa (Olanzapine), and the opening of the Geary Stabilization Unit (GSU) to ambulance transports as a Transport to Alternate Destination (TAD) site.

SAMSHA Supported Buprenorphine & Involuntary Health Hold (5150) Training Modules

On September 4th, two training modules were released via the Department's online training platform. Both modules' development and associated overtime costs were supported by federal grant funds from SAMHSA (Substance Use and Mental Health Services Agency) through a partnership with our local Department of Public Health.

The first module, on buprenorphine (Suboxone), was assigned to all Department paramedics with the intent to continue improving our members understanding and comfort with this medication novel to paramedics. Evaluation data, analyzed by New York University's Anti-Stigma lab, showed statistically significant improvements in our members' competency and confidence to treat people with substance use disorder.

The second module, on involuntary mental health holds (5150's), was assigned to all Department first responders, with the intention of improving our members' understanding of 5150 holds, common scenarios to consider, and how to safely operationalize them in the field.

Continuous Quality Improvement

Well-being Check Supports Elderly Patient in Medical Distress

On September 13th, Community Paramedic Dmitry Golovin and EMT Isabella Vaessen (SCRT-11) conducted a welfare check at a residence in the Sunset District after the patient's family

reported not hearing from her for two days. Crews observed uncollected newspapers and a car in the garage, raising concern that someone inside needed aid. After requesting forcible entry, they found an 84-year-old female weak, bedridden, and covered in feces after several days of diarrhea and profound weakness. Initial assessment revealed sinus tachycardia and dehydration; IV fluids were administered and ALS support requested. The patient was safely extricated by stair chair and transferred to AMR for transport to Seton Hospital for further evaluation. This case demonstrated SCRT's role in both medical stabilization and welfare checks that escalate to emergent medical interventions.

Unsheltered Pregnant Individual Connected to Care

On September 10th, Community Paramedic Shane Pinaula, EMT Deshawnte Collins, and Community Paramedic Captain Mary Meraw responded to a request from police at the Tenderloin Station. They arrived to find a 24-year-old woman, primarily Spanish speaking, who was pregnant and experiencing homelessness. The Division members worked together, with the help of a translator, to secure shelter, transport, and a warm hand-off to COMPASS Family Services.

Well-being Check Resulting in Acute Medical Incident

On September 5th, 2025, SCRT6 responded to a bystander report of a 63-year-old woman requiring a well-being check along the Great Highway bike path. On arrival she was confused, with slurred speech and low blood glucose, confirming severe hypoglycemia. Community Paramedic Kemp Hare and EMT Nathaniel Nicholas worked to initiate IV access and administered IV dextrose, resulting in rapid improvement in mental status. The patient reported two days without food, denied a history of diabetes, and noted chronic bilateral foot pain and swelling. After stabilization, she was transferred to M515 for transport to St. Mary's ER for further care.

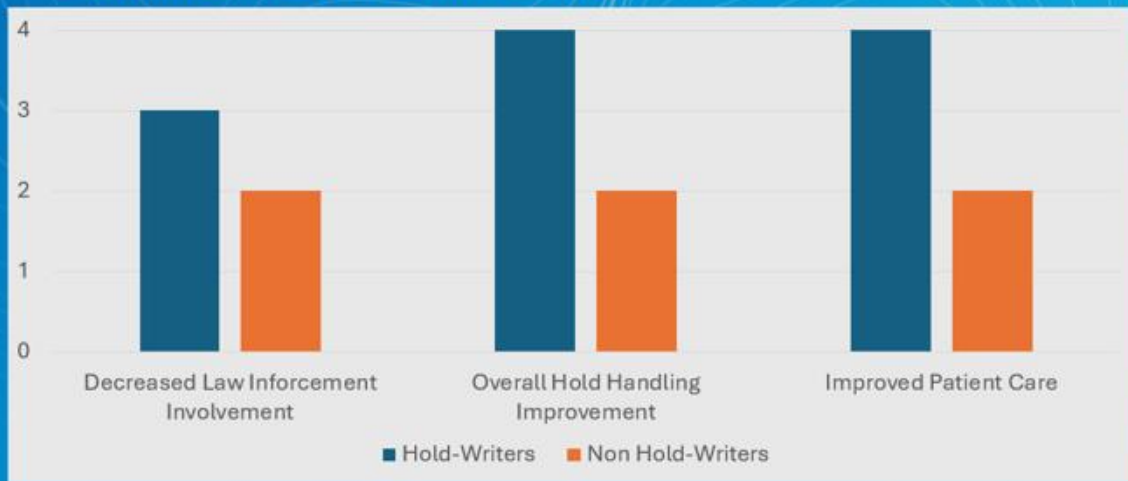
Medical Director

Dr. Joseph Graterol presented at the 2025 American College of Emergency Physicians (ACEP) Research Forum on the project *Emergency Medical Services Clinicians Perspectives on Involuntary Psychiatric Hold Writing*. The study, co-authored with SFFD leaders Chief April Sloan, Section Chief Michael Mason, and Captain Chelsea Meyers, surveyed 61 EMS clinicians on the impacts of paramedic-initiated psychiatric holds. Findings showed that most clinicians, particularly those authorized to write holds, viewed the practice as safe, improving efficiency and patient care, while also noting ongoing challenges with provider safety and psychiatric receiving center capacity. This research represented one of the first systematic evaluations of EMS perspectives on involuntary psychiatric hold writing and was shared on a national stage.

Quantitative Results



- Statistically significant results:



Above: Excerpt from Dr. Graterol's presentation to the American College of Emergency Physicians Salt Lake City 2025 Conference.

Division Highlights

Center for Innovations in Community Safety, Georgetown University Site Visit

Mariela Ruiz-Angel, Director of Alternative Response Initiatives, Center for Innovations in Community Safety (CICS), Georgetown Law School, spent two days in San Francisco riding on Community Paramedicine Division units and meeting with Division Leadership. The Department is continuing to support a landscape analysis project with CICS as part of their Alternative Response Research Collective.



Pictured: Mariela Ruiz-Angel, Director of Alternative Response Initiatives, Center for Innovations in Community Safety (CICS), Georgetown Law School, Community Paramedic Kyle Battaglia

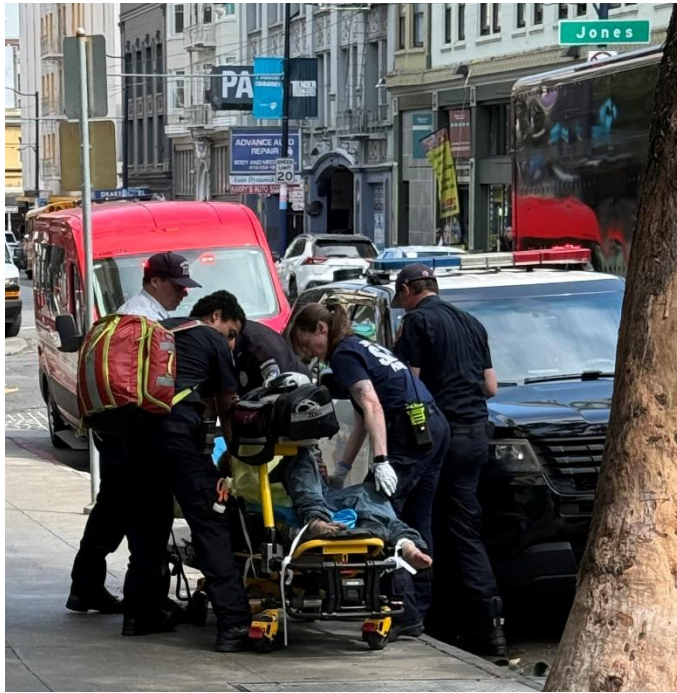
Department of Public Health Director Daniel Tsai Ride-Along on SCRT-6

On September 3rd, Department of Public Health (DPH) Director Daniel Tsai rode for several hours with the Community Paramedic Isaac James and EMT John Diamantidis. Director Tsai wanted to better understand the SCRT program, and how we can build upon its success and collaboration with our DPH partners.

San Francisco Chronicle Reporters Ride-Along with SCRT-2

On September 12th, reporters Anna Bauman and Stephen Lam rode with Community Paramedic Gemma Johnson and EMT Scott Ward. Chief Pang previously reported during the August Fire Commission session on our efforts to track and reduce workplace violence against our members. After his report, the SF Chronicle reached out to the Department and interviewed Assistant Deputy Chief Sloan and Section Chief Craig Gordon, who have led our multi-year efforts, and scheduled a ride-along with SCRT-2. This was followed by a ride along with EMS.

During the ride along, a 911 activation was made by DPH Director Tsai and Deputy Policy Chief Kunal Modi (pictured below). The individual was assessed, placed on an involuntary mental health hold, and transported by ambulance to the hospital.



Pictured: *Left* – Community Paramedic Captain Ben Sosin, Community Paramedic Gemma Johnson, EMT Scott Ward *Right* – SF Chronicle Reporter Anna Bauman, DPH Director Daniel Tsai, Health and Human Services Chief Kunal Modi