

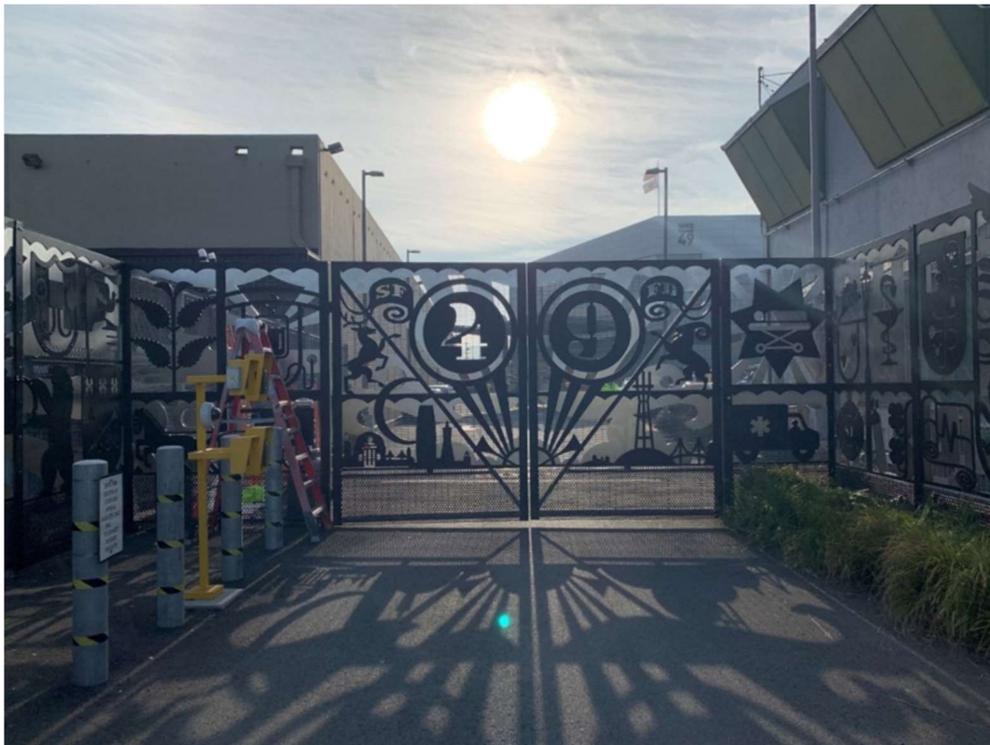
Fire Commission Report

January and February 2026

EMS Division

March 11, 2026

Assistant Deputy Chief Tony Molloy



Introduction

This is our first two-month Fire Commission report, starting the 2026 calendar year.

Operations

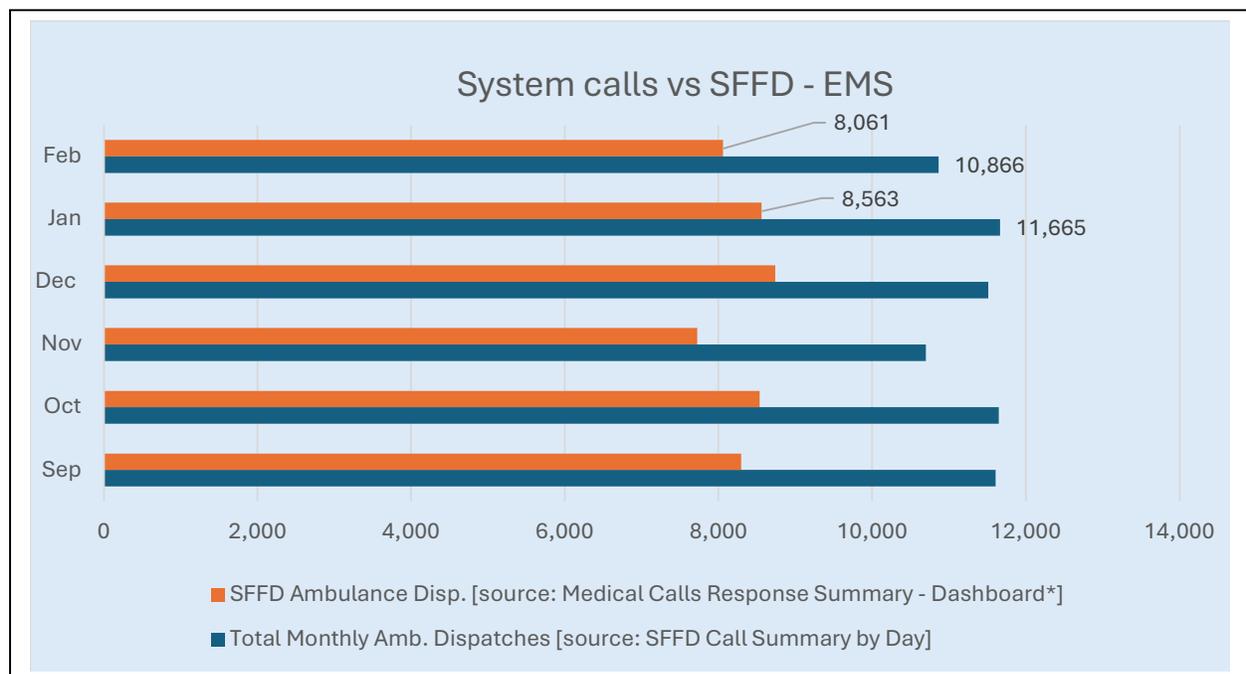
Monthly Call Volume

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

Key Performance Indicators	Sept	Oct	Nov	Dec	Jan	Feb
Total Monthly Amb. Dispatches	11,608	11,651	10,701	11,511	11,665	10,866
SFFD Ambulance Dispatches	8,298	8,539	7,723	8,740	8,563	8,061
RC Total Calls	995	998	893	909	980	847

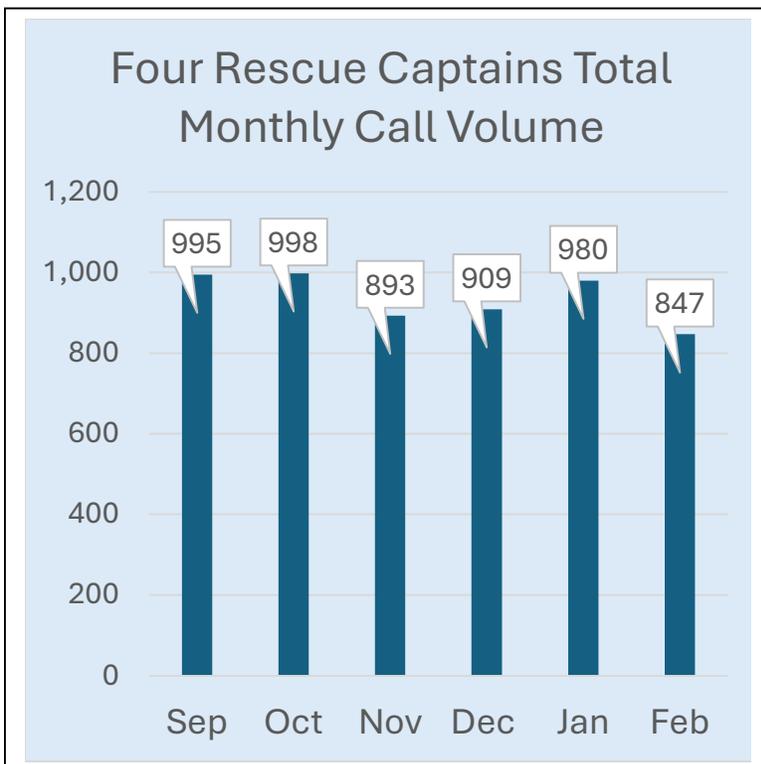
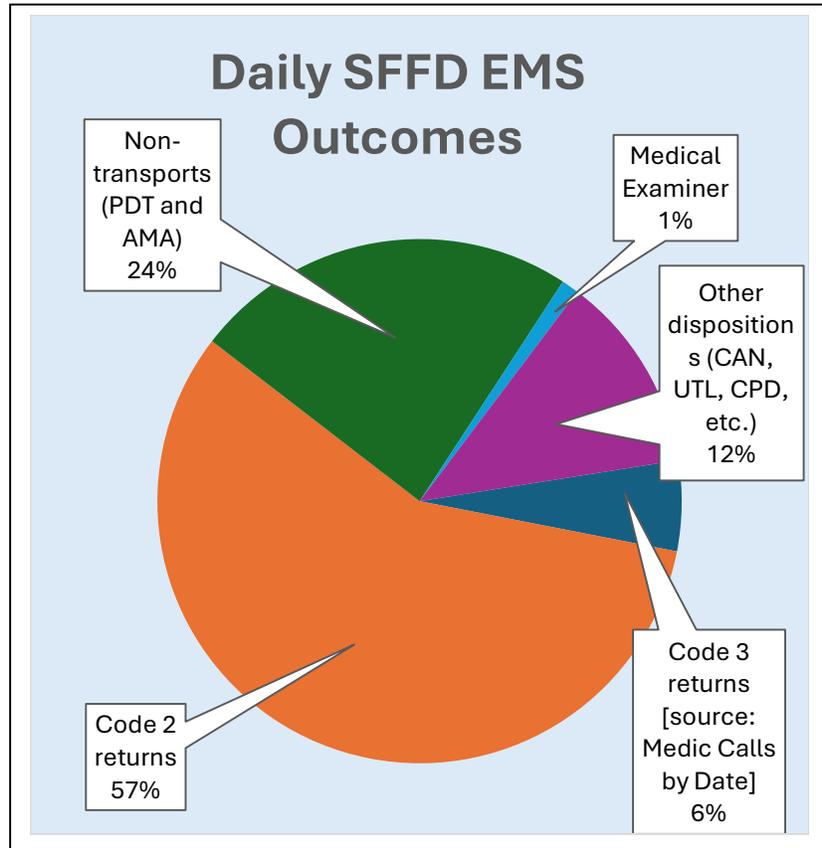
Table 1 Monthly Call Volume

System call volume has remained generally level over January and February, with a slight increase in calls per day in February. Our EMS call volume is hovering around 73-74% of the total system EMS calls these past two months. This does not include our Community Paramedic only responses.



EMS Call Outcomes

Referring to the SFFD EMS calls, here are the average daily outcomes to the right for the past month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns are non-emergent transports. Non-transport are when a person with capacity decides not to go to 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



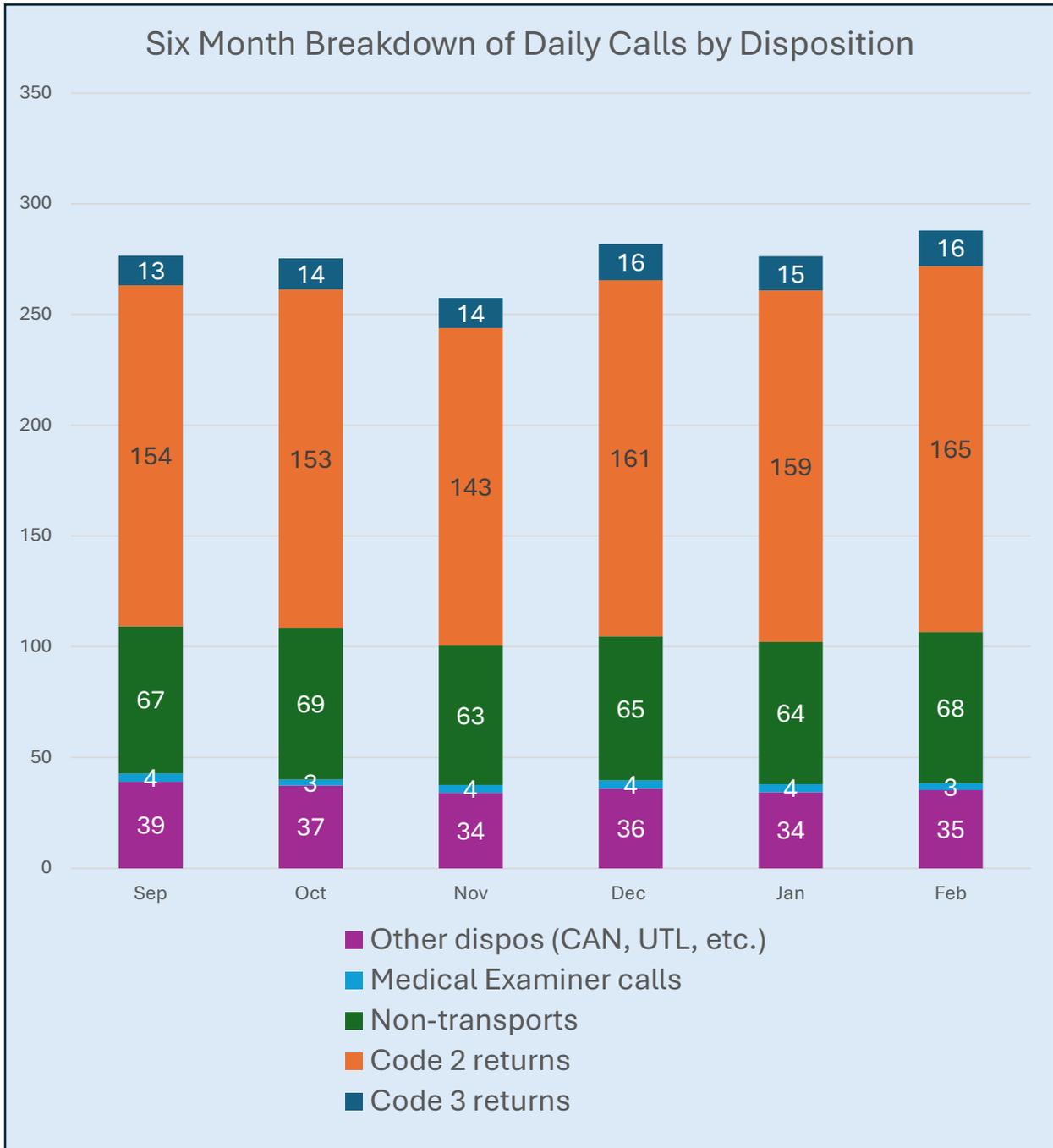
where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.

Rescue Captains – EMS Supervisors

This chart shows the total calls for all four field Rescue Captain (RC) units. Our four RCs ran about eight calls per day, with our downtown RC1 running many more on average each watch. Our RCs 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 top: 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. Below are the average daily call outcomes in each category.



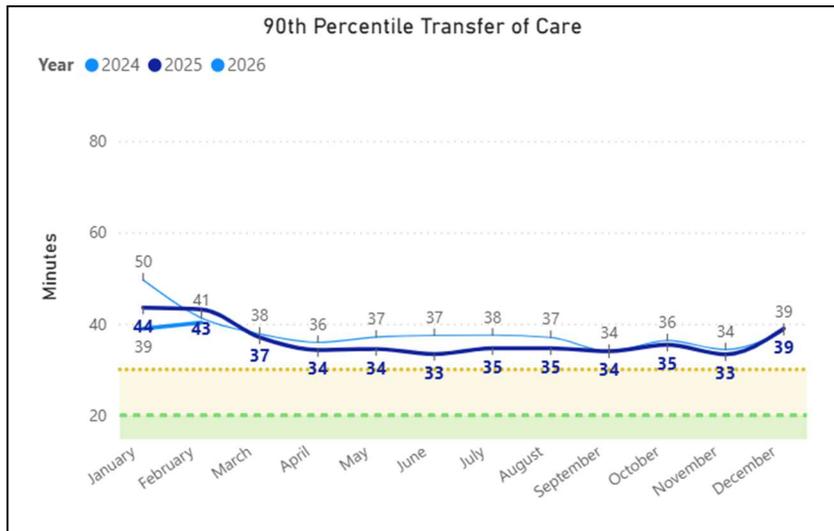
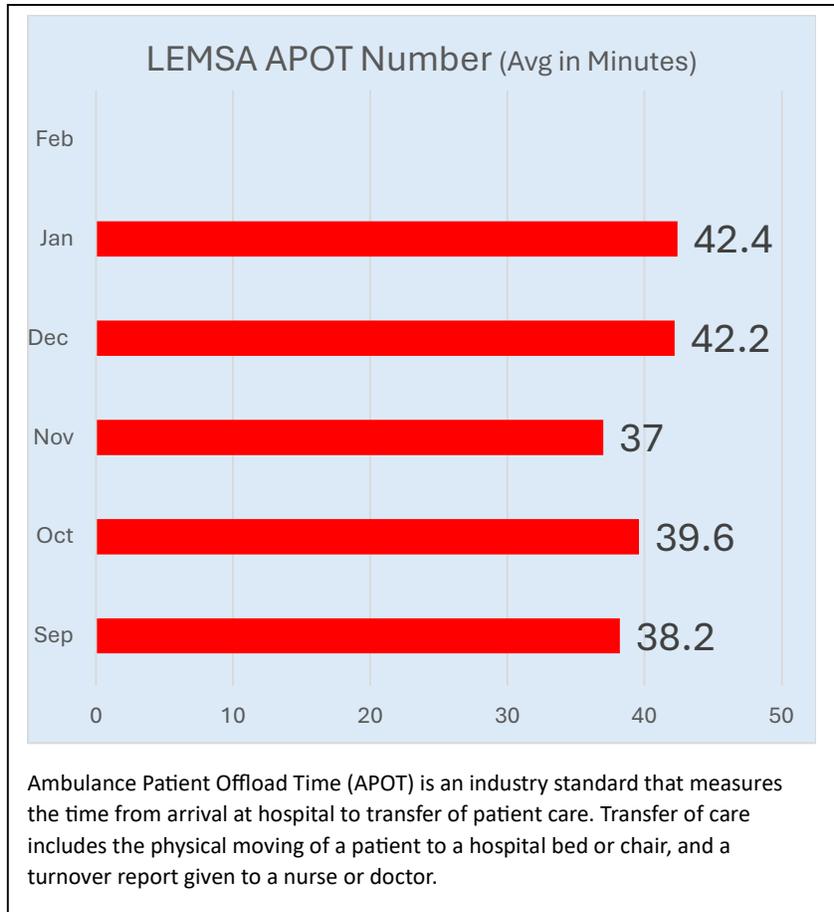
Ambulance Patient Offload Times at Emergency Rooms

The LEMSA average APOT for the month of January has lingered above 42 minutes. We do not have LEMSA's data for February as of this writing.

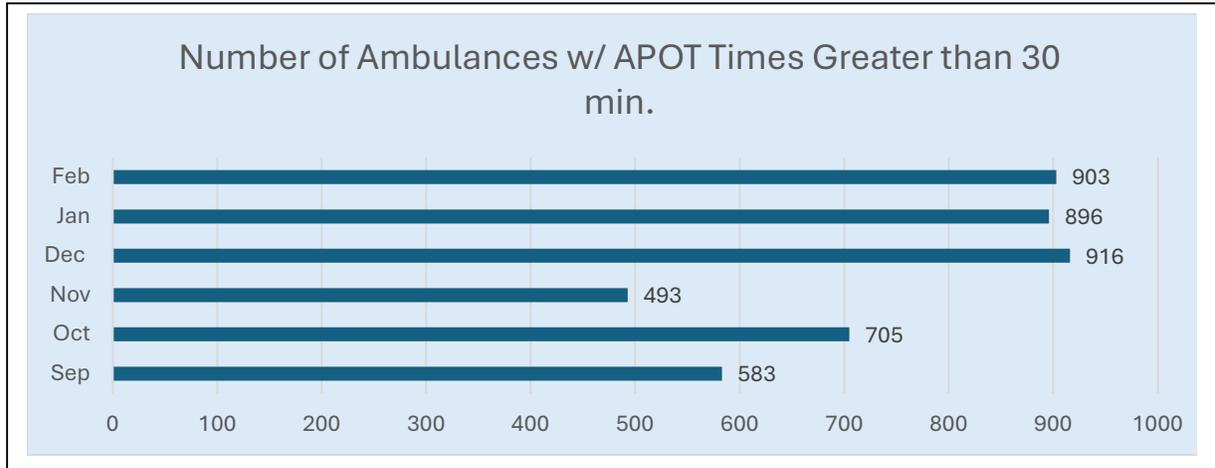
The LEMSA numbers in this chart show the average APOT based on when crews manually entered their transfer of care. We have been transitioning to the time of signature when a hospital takes over care of our patient. This is the benchmark AB40 requires us to use. The data from our reports below show a more accurate time for APOT, which is based on the signature time of the hospital. We are in the planning stages for an APOT summit in March of this year, including all hospitals, providers, and LEMSA representatives, along with other important stakeholders in the City.

The next chart shows a year-over-year comparison for SFFD APOT times using the timestamp of the signature obtained at the hospital. This chart also shows the 90th percentile, rather than the average. With the addition of 2026 data, there is a new line for January and February.

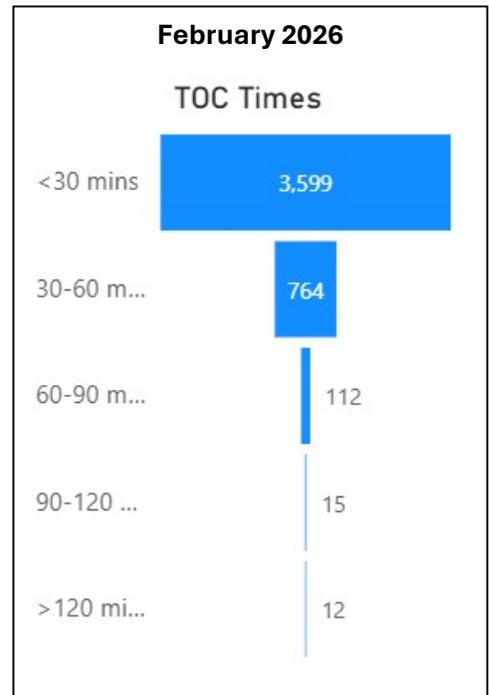
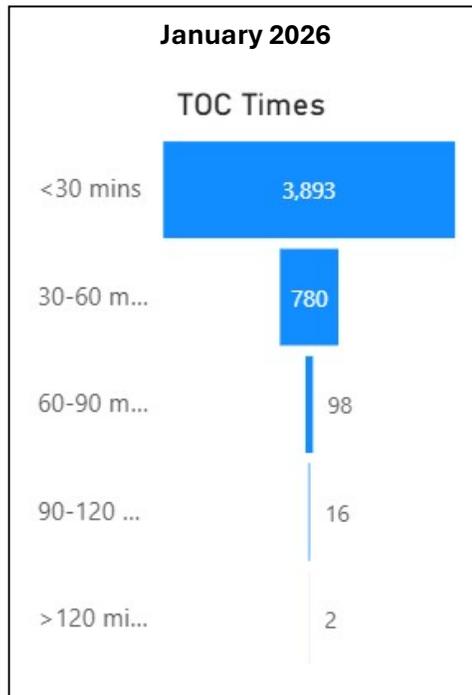
January's number is 39 and February is 40. Again, our goal is 30 minutes to turn over care.



This next graphic shows the number of times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff.



To the right are the details of each month. We've added those calls arriving in under thirty minutes for comparison. These totals are broken down into five buckets: under 30 minutes (*i.e.*, the benchmark), 30-60, 60-90, 90-120, and over 120. The times that ambulances waited more than 30 minutes account for 220 hours and 237 hours in January and February, respectively. These are hours that our crews spent idle at hospitals *beyond thirty minutes*.



Narcan Administration for Opioid Overdoses

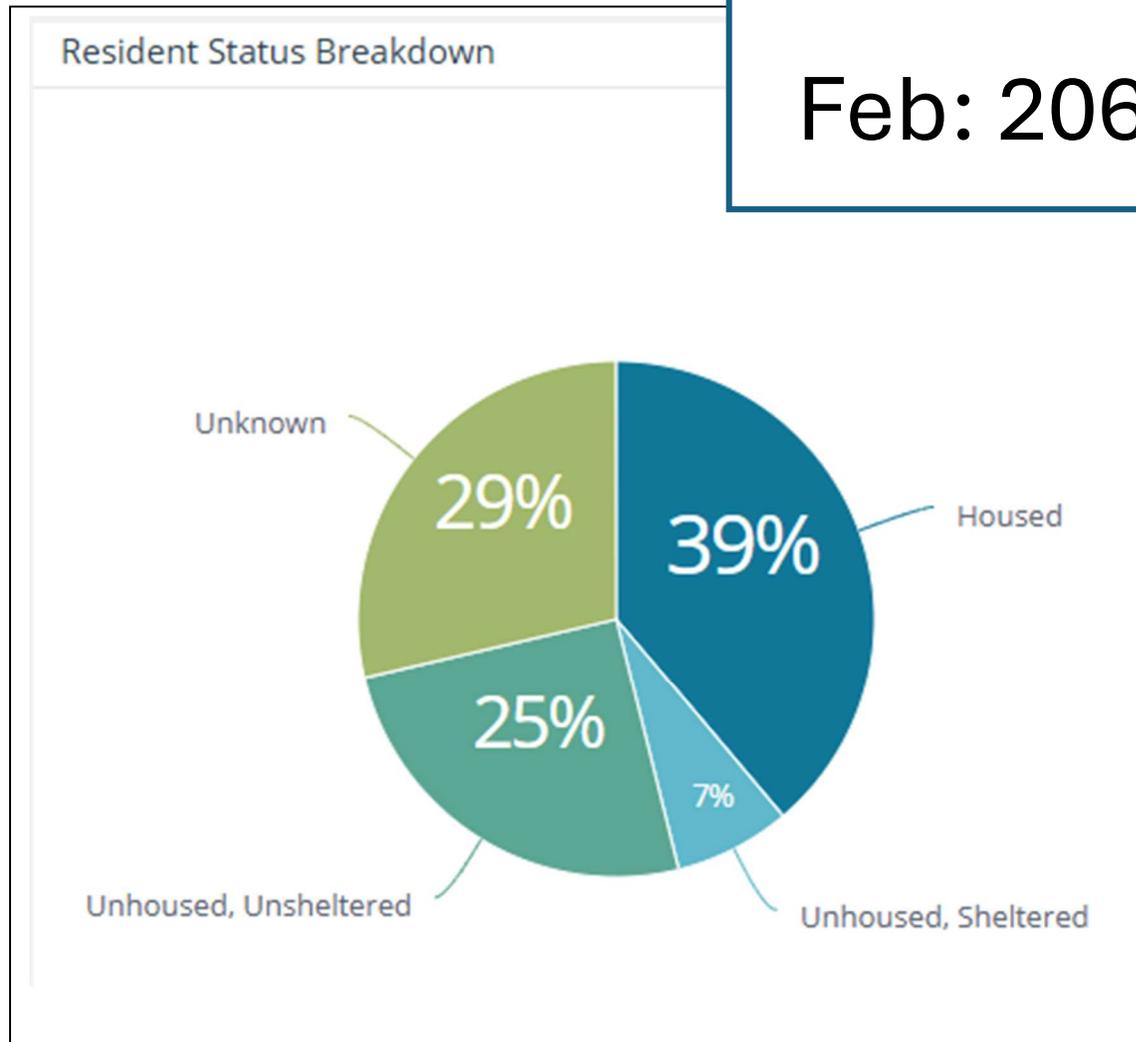
We use naloxone (Narcan) for opioid overdoses in the City. Below are number of patients we treated with Narcan. We also looked to see the housing status of each call.

Of the most recent month's patients, approximately 32% were unhoused, 29% were unknown status, and 39% were housed.

Total Number Of
Individuals Treated in
With Narcan

Jan: 215

Feb: 206



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]	Sept	Oct	Nov	Dec	Jan	Feb
Intubation: Direct Laryngoscopy	5	10	9	12	10	12
Intubation: Video Laryngoscopy	15	13	18	17	16	18
Continuous Positive Airway Pressure (CPAP)	17	34	23	34	41	35
Pleural Decompression	0	0	0	0	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	2	1	0	3	4	2
Transcutaneous Pacing	1	6	6	4	3	2
Intraosseous Infusion Adult	31	31	54	32	36	38
Intraosseous Infusion Pediatric	1	1	0	2	0	0

Table 2 - Advanced Life Support EMS skills

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.

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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 the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Our results for those cases are at bottom.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
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%
October '25	113	48	25	5	16	12	25%
November '25	123	51	31	8	12	8	16%
December '25	136	38	23	4	8	11	29%
January '26	150	37	23	6	14	17	46%
February '26	125	43	25	6	3	14	30%

Table 3 - Cardiac Arrest monthly data

Of those numbers above, here are the details for those in Utstein 1 and 2 categories for the months of this report.

	Number of calls	Transported	ROSC at ED	Percentage
Utstein 1	5	4	3	60%
Utstein 2	3	3	1	33%
Yearly Total	8	7	4	47% Average

Table 4 - Utstein table with totals of Utstein 1 and 2

Utstein 1: Witnessed Arrest + found in a shockable rhythm

Utstein 2: Witnessed Arrest + found in a shockable rhythm + bystander CPR and/or AED

Notable Events

MLK March

On January 19, I and many of our Department marched through San Francisco to remember the life and impact of Reverend Martin Luther King. His philosophy of unity, nonviolence, and equality set the stage for our Department's own core values. It was a pleasure to see so many there to remember and celebrate this great man.

Superbowl LX

During Super Bowl week, Fire Department personnel provided medical and public safety coverage for events associated with Pro Bowl activities and Super Bowl operations throughout the city. Coverage included Pro Bowl practices and the Pro Bowl event at Moscone Center, as well as standby operations at multiple high-profile locations including San Francisco Marriott Marquis (player hotel), Palace of Fine Arts, Grace Cathedral, and the Ferry Building.

Personnel assignments included Paramedic and EMT staffing for scheduled events and venue standby operations, with deployments ranging from 4-hour event coverage to 12-hour standby shifts. These operations ensured medical readiness and rapid emergency response capability at major event venues and gathering locations during Super Bowl week activities.

Promotion Celebration

On February 24, we celebrated all those who were promoted in 2025. Several of our newest H33s were able to attend with their families and friends. It was a wonderful event and I always enjoy the opportunity to celebrate our members' successes.

Advanced Life Support Training Started

Our Inservice Division of Training team at 49 have begun the twice-annual training of all paramedics in the Department. These trainings include policy and protocol updates, along with education on advance life support knowledge and skills. This training series should be completed by the end of March.



Station 49 and CP Members Started with 137th Fire Academy

Several of our EMS and CP members began the 137th Fire Academy on January 26. They'll be cross training to become Firefighters and Firefighter Paramedics with our suppression colleagues.

New Lieutenant Appointed as Substance Use Coordinator

Paramedic Sam Schow was appointed as a lieutenant to serve as our new substance use coordinator. This grant-funded position will focus on treatment and transport of some of the most vulnerable members of our community. I look forward to sharing with you some of his work product.

Ambulance Patient Offload Time Summit

The Ambulance Patient Offload Summit planning group has met weekly or more often to get ready for our summit taking place this month. We expect a large participation from hospitals, providers, LEMSA, City officials, and the Mayor's Office. The goal will be to develop a plan to help our 911 system better cope with the causes behind long patient offload times so that our system ambulances can be back in service to take excellent care of the next patient who needs us.

Gurney Evaluation for New Ambulances



In an effort to find the best equipment for our members and the community, we are in the process of testing two powered gurney systems for installation into our future ambulances. These gurneys are designed to reduce the lifting requirements of our members so that they can safely load and unload patients without having to bear the weight of the gurney or patient.



Notable Calls

Incident 26024433 – Field Delivery

Responding Units: E03 and M583

On February 18, 2026, at approximately 0430 hours, crews responded to a report of a 24-year-old female found on a street corner during an active storm who was exhibiting signs of active labor. Upon arrival, personnel found the patient alert and reporting that she was approximately 28 weeks pregnant and experiencing imminent delivery.

Due to the advanced stage of labor, the patient was assisted into the ambulance where EMS personnel prepared for an emergent field delivery. A healthy neonate was delivered shortly thereafter without complication. Immediate post-delivery care was provided to both the mother and newborn, including assessment and stabilization.

Following stabilization, both patients were transported to the hospital for further evaluation and continued care.

Incident 26024612 – Rapid Response to Stroke with Good Outcome Expected

Responding Units: E14 and M507

At 1156 hours, crews arrived on scene and rapidly identified a 22-year-old male exhibiting stroke-like symptoms. A prompt and coordinated assessment was performed, and transport was initiated without delay. Early notification was provided to UCSF, allowing the receiving facility to prepare for the patient's arrival.

Upon arrival at the hospital, the patient was taken directly to CT imaging, where a brain bleed was identified. Clinical findings included moderate expressive aphasia and mild right-sided extremity weakness.

The patient currently remains in the ICU and is demonstrating a positive prognosis, due in part to the timely recognition and swift actions taken by the responding units.

Community Paramedicine Division Fire Commission Report

January & February, 2026

Operational Period 1/1/2026 – 2/28/2026

Dispatches

	January	February
Total Dispatches	1,754	1,541
Daily Average	56.58	55.03
Average Response Time (minutes)	16.85	17.32

Involuntary Psychiatric Holds

	January	February
Grave disability	15	21
Danger to Self	9	16
Danger to Others	6	6
Total* 41 Holds	20	21

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

Disposition Engaged Individuals (SCRT)

	January	January	February	February
Ambulance Transport to Hospital	169	17.73%	157	17.80%
Non-Ambulance Transport	236	24.76%	250	28.34%
Remained in Community	548	57.50%	475	53.85%
Total	953	100%	882	100%

Top 3 Alternate Destinations

	January	February
#1	Geary Stabilization Unit	Shelter
#2	SoMaRISE	Geary Stabilization Unit
#3	Shelter	SoMaRISE

Law Enforcement Involvement

	January	January	February	February
Incidents where SCRT arrived on scene	1,404	100%	1,275	100%
PD requested by SCRT	16	1.13%	12	0.94%
SCRT requested by PD	294	20.94%	277	21.72%

Community Paramedic Captains

	January	February
Responses	294	275
Number of Unique High-Utilizers Engaged	37	41
Number of Engagements with High-Utilizers	48	49
Number of Unique Overdose Survivors Engaged	5	2
Number of Engagements with Overdose Survivors	5	2
HSOC (Healthy Streets Operation Center) Resolutions	9	8
Case Conferences	44	20
Shows of Support (SoS)	2	3
SCOPE (Sobering Center Opioid Prevention & Education) Referrals	1	0

Division Highlights

Statewide Behavioral Health Working Group Invitation

In February, CalChiefs (California Fire Chiefs Association) invited Assistant Deputy Chief Sloan to represent the California Fire Service in a statewide stakeholder working group convened by the Emergency Medical Services Administrators' Association of California (EMSAAC) in coordination with the California Emergency Medical Services Authority (EMSA) to address operational and system challenges in 911 response to behavioral health emergencies.

The group will begin with an in-person session at EMSA offices in Rancho Cordova and aims to develop a shared framework and cross-disciplinary guidance document to promote consistent, coordinated behavioral health emergency response practices that can be adapted across California jurisdictions.

SCRT NextDoor Night Shelter Pilot

The SCRT NextDoor night shelter (1001 Polk St.) pilot programs continues with growing enrollment. Since inception on 1/12/26, the pilot has resulted in 62 after-hours shelter placements with next-day follow-up attempted with all clients.

Medical Director

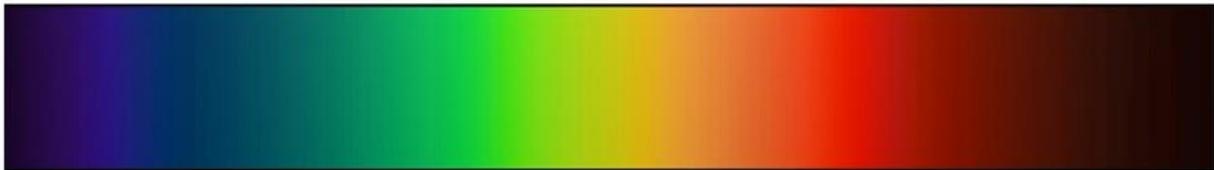
Real-world Examination of Naloxone for Drug Overdose Reversal (RENDOR)

The San Francisco Fire Department continues to collaborate on a multi-center study on the Real-world Examination of Naloxone for Drug Overdose Reversal (RENDOR). In February, a research team including several Community Paramedic division members, were invited to present a subset of this project's findings at two upcoming national Emergency Medicine conferences (SAEM National and Western SAEM). This recognition as well as the ongoing successful contributions to this national research study demonstrates SFFD's prominent role in advancing the science and quality of prehospital care especially in the realm of substance use disorder management.

Training

Intellectual and Developmental Disabilities (IDD) Training

On January 15th, the Community Paramedicine Division partnered with the California State Council on Developmental Disabilities (SCDD) to deliver IDD-focused field training to the CP Division. The 1.5-hour session was led by Sheraden Nicholau, Deputy Director of Regional Operations for SCDD, and strengthened our clinical capability to recognize and adapt to common IDD-related considerations encountered during 911 incidents. These include communication methods, social awareness differences, sensory and information processing, repetitive behaviors and self-regulation, focused attention, and neuromotor differences. This training supports safer, more effective, and less traumatizing interactions during behavioral-health and crisis events. The Division wishes to recognize CP Training Lieutenant Dmitry Golovin for organizing and facilitating the session.



Pragmatic Language	Social Awareness	Monotropic Mindset	Information Processing	Sensory Processing	Repetitive Behaviors	Neuro-Motor Differences
Social communication including body language, eye contact, small talk, and turn-taking in conversation.	Ability to pick up on etiquette, social norms, taboos. Ability to form and maintain relationships.	Narrow but intense ability to focus, resulting in "obsessive" interests and difficulty task-switching.	Ability to assimilate and apply new information quickly or to adapt to new environments or situations.	Challenges interpreting sensory information, hypersensitivity or hyposensitivity to stimuli.	Tendency to "stim" in response to varying emotions. Can be beneficial or harmful in nature.	Ability to control body movements. Ranges from clumsiness to complete loss of ability to move with intention.

Above: Excerpt from 1/15 IDD Training

Notable Incidents

Neighborhood Street Team Multi-agency coordination

On 1/21, Community Paramedic Captain Jennifer Ishikawa (CP12) coordinated a multi-agency response at Cesar Chavez St. and S. Van Ness Ave. following two weeks of NST outreach to a long-term unhoused individual who was frequently hostile and historically unwilling to engage in services. Based on pre-incident assessment, Capt. Ishikawa identified the need for site cleaning and potential psychiatric evaluation. CP12 deployed jointly with SFPD, DPW, and DPH to notify the individual of planned cleaning and to assess ability to meet basic needs (food, clothing, shelter). The individual was not intoxicated or overtly psychotic at the time, consolidated belongings, cleaned the area, and accepted follow-up care and engagement.

Cross-jurisdiction Problem Solving

On 1/28 SCRT1 (CP Nicholas Aguilar, EMT Kevin Ronan) were special called by SFPD to respond to the Salesforce Transit Center. On arrival they engaged a 32-year-old male with a potential developmental disability. SCRT1 team members conducted a chart review of the clients medical records, contacted the client's caregiver and family, and facilitated a successful return to their home in San Jose.

Behavioral Health Response with Notable Clinical Outcome

On 01/20, SCRT1 (CP Nicholas Aguilar, EMT Ronan) identified serious infected leg wounds during a behavioral health response involving grave disability and severe substance use disorder, where the individual was refusing medical care. With consultation support from CP5 Capt. Mary Meraw, SCRT1 initiated an appropriate 5150 (GD) to enable emergency evaluation and treatment. The individual rapidly decompensated in the ED with concern for septic shock, requiring ICU admission and intubation; subsequent chart review documented meaningful recovery (extubated, off vasopressors) and reconnection with family. EMS-6 (Capt. Sherry Mahoney) elevated the case for leadership awareness, and A/EMS Capt. Richard Platt (CQI) routed it into CP CQI as a high-value learning case highlighting clinical vigilance, timely legal/clinical decision-making, and coordinated follow-through across SCRT and EMS-6.

Trauma-Informed Care with Cross-Division Connection to Care

On 01/21/2026, Engine 36 provided compassionate and continuous support to a young adult in acute depressive crisis and proactively requested SCRT6. E36 Officer Kori Grant directed Firefighter Paramedic Christopher Herron to give a briefing to SCRT6 Community Paramedic Kemp Hare & EMT Brian Dorgan while still en route to coordinate their approach and ensure the incoming team was briefed on immediate safety and support needs. Engine 36 remained on-scene until SCRT6 arrived and delivered a high-quality turnover that emphasized the patient's initial non-verbal state, high vulnerability, and fear of ambulances and law enforcement tied to prior traumatic encounters; prior history suggested autism spectrum considerations, informing a lower-stimulus, communication-adapted assessment. SCRT6 then facilitated a timely, patient-centered transfer to the Geary Stabilization Unit (GSU) for further evaluation and support. SCRT6 CP Hare specifically recognized Engine 36's trauma-informed approach as exemplary inter-company collaboration under busy 911-system conditions.

Multi-Agency Coordination Resulted in Safe Outcome for Community

On 2/12 SFPD observed a 23-year-old female in acute crisis running into lanes of oncoming traffic and requested SCRT support. On arrival, SCRT12 (CP Nicholas Koo, EMT Brandon Stratton) coordinated closely with the patient's mother to obtain essential collateral health information. SCRT12 assessment noted severe emotional dysregulation, intermittent erratic behavior, and safety risk in the setting of repeated attempts to enter traffic; CP5 (T/Capt. Shonkwiler) was consulted and concurred that the patient met criteria for an involuntary psychiatric hold (danger to self). SCRT12 engaged with and de-escalated the patient, negating the need for physical restraints. For patient care and follow-up advocacy, the SCRT12 community paramedic accompanied during transport, with a Code 2 transfer and warm handoff at the hospital for further evaluation and stabilization.

SCRT NextDoor Night Shelter Pilot: Positive Outcome

On 2/19, Community Paramedic Captain Ben Sosin (CP5) performed a weekend follow-up with a client that had been placed in the overnight shelter pilot by SCRT12 (CP Nicholas Cassel, EMT Brandon Stratton) the previous night.

The client had recently received a long-acting injectable, Brixadi, at SCOPE and was expressing concern for his ability to remain abstinent. CP5 Sosin, working with the client's HOT case manager, was able to connect the client to a weekend drop-in center, and subsequent long-term shelter, where the client could safely remain until further connections to care and treatment could be facilitated by their case manager during business hours.