



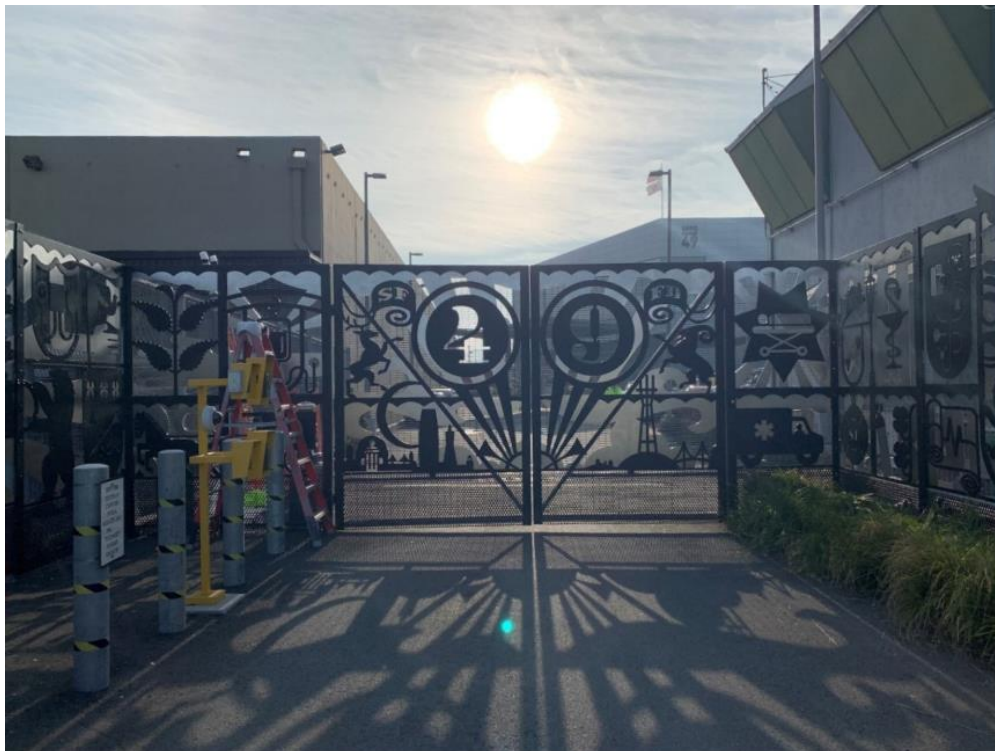
Fire Commission Report

May and June 2026

EMS Division

July 8, 2026

Deputy Chief Garreth Miller



Introduction

This is our second two-month Fire Commission report covering May and June of 2026.

Operations

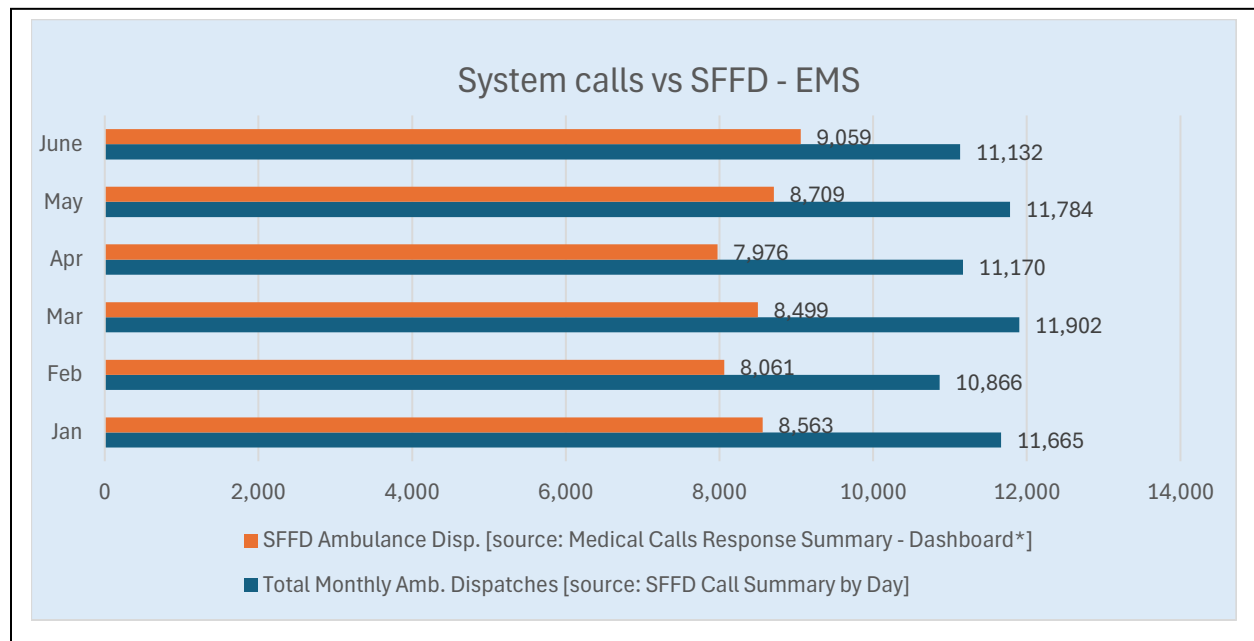
Monthly Call Volume

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	Jan	Feb	Mar	Apr	May	Jun
Total Monthly Amb. Dispatches	11,665	10,866	11,902	11,170	11,784	11,132
SFFD Ambulance Dispatches	8,563	8,061	8,499	7,976	8,709	9,059
RC Total Calls	980	847	988	809	915	903

Table 1 Monthly Call Volume

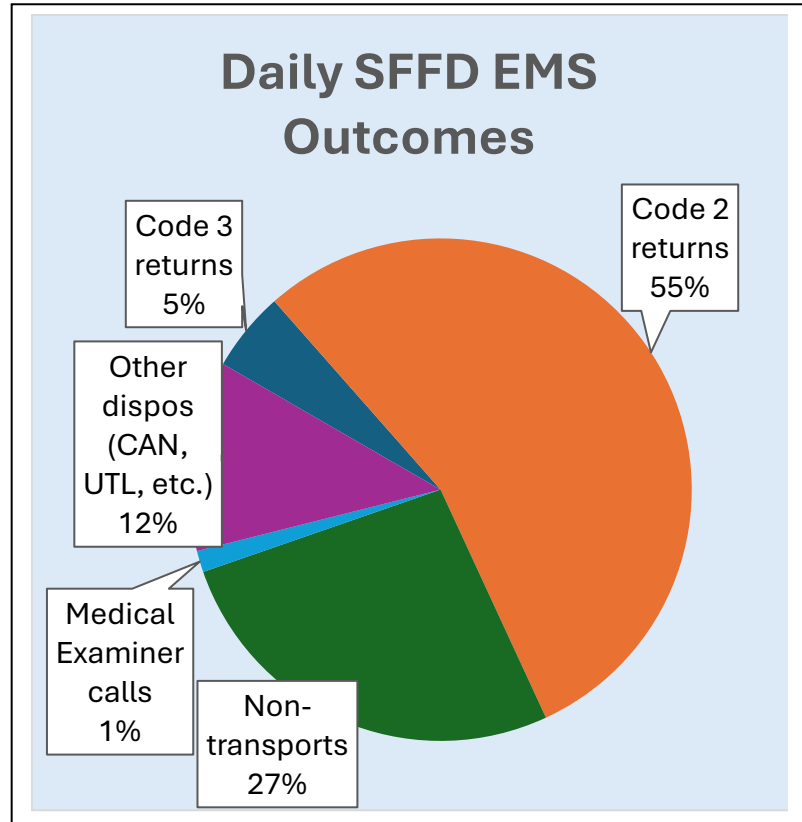
System call volume has remained generally level over the last few months. The Department’s EMS call volume as a percentage of the total EMS dispatches was 74% in May and 81% in June. This does not include our Community Paramedic only responses.



EMS Call Outcomes

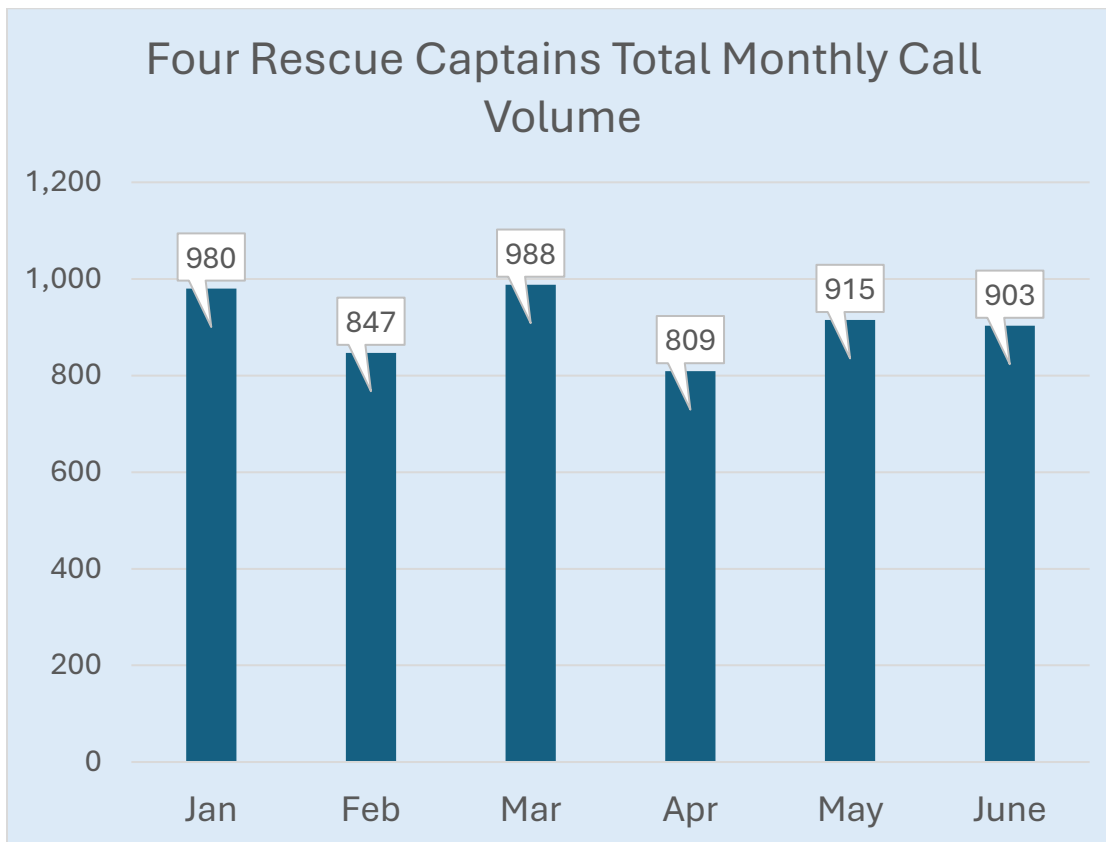
Referring to the SFFD EMS calls, here are the average daily outcomes to the right for the past month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns are non-emergent transports. Non-transports are when a person with capacity decides not to go to the hospital. We call them “Patient Declines Transport” or “Against Medical Advice.” AMA is where we really think the patient 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.



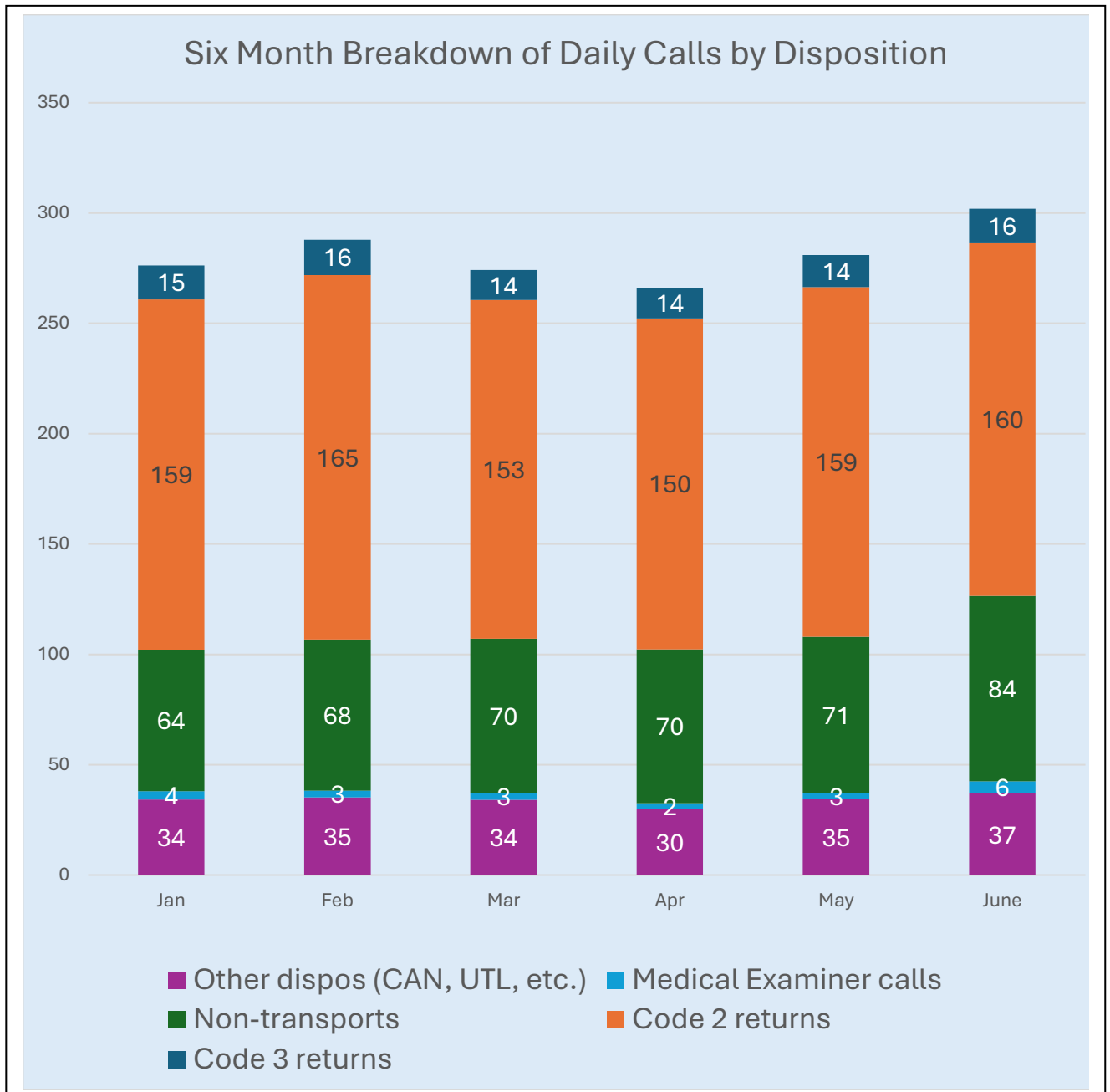
Rescue Captains – EMS Supervisors

This chart shows the total calls for all Field Rescue Captain (RC) units. Our four RCs ran about seven calls per day over the past two months, with our downtown RC1 running many more on average for 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.



End Analysis for Call Outcomes

These data are necessarily presented as monthly reports, but the difference in length of the months can alter the interpretation. We are continuing to present the calls per day to make it easier to compare months. 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-transporters 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, which total 260 to 290 calls per day.***

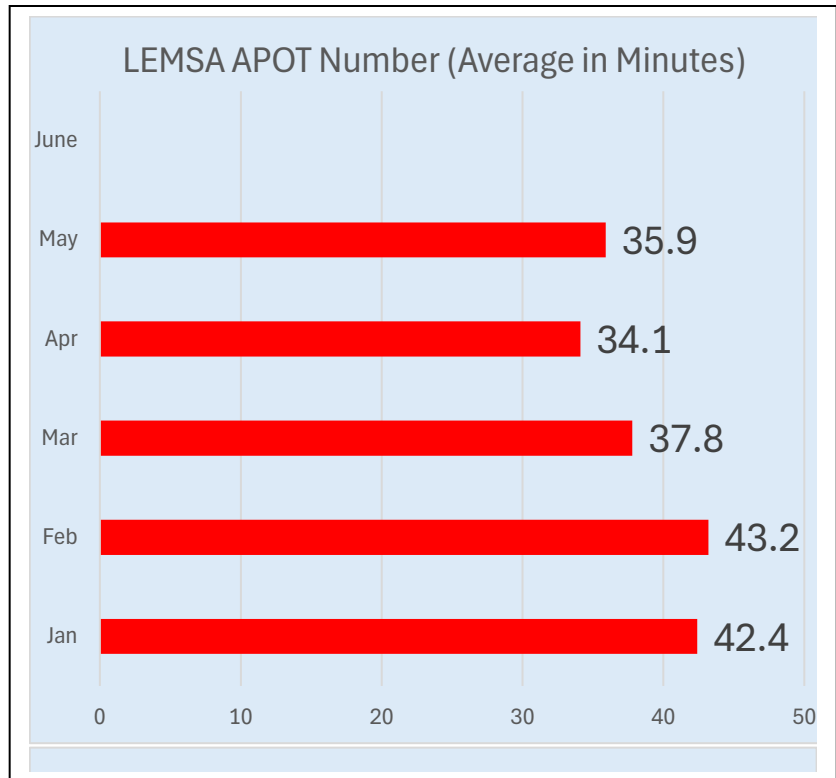


Ambulance Patient Offload Times at Emergency Rooms

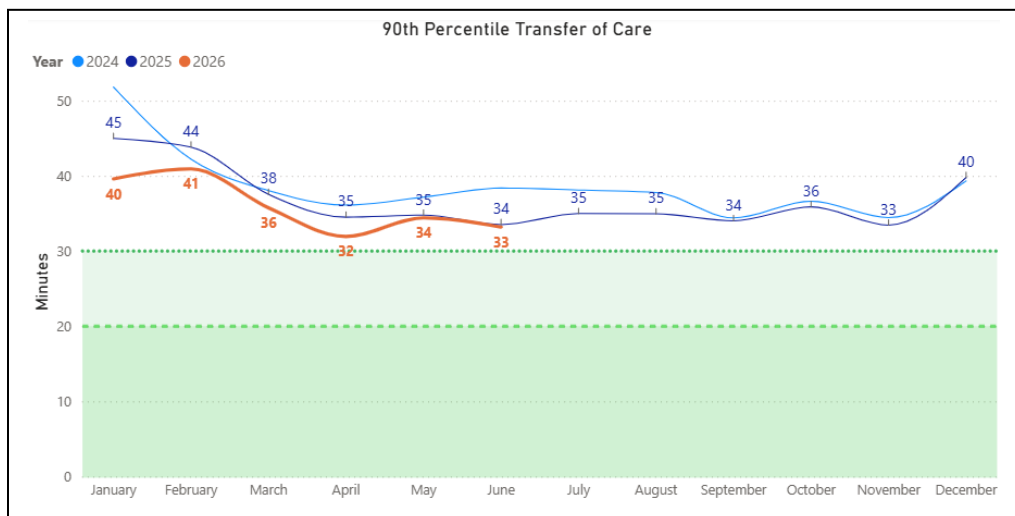
The LEMSA average APOT for the month of May increased slightly, but the trend is still favorable over six months. We still remain well above the 30-minute benchmark. We do not have LEMSA’s data for June as of this writing.

Over the past several months, we have implemented a system to use “time of signature” when a hospital takes over care of our patient. This signature time is the benchmark AB40 requires. The data from our reports below show the more

accurate time for APOT of signature time of the hospital. We feel using the time of signature by hospital staff will provide better data for transfer of care time and will be more agreeable for the analysis.



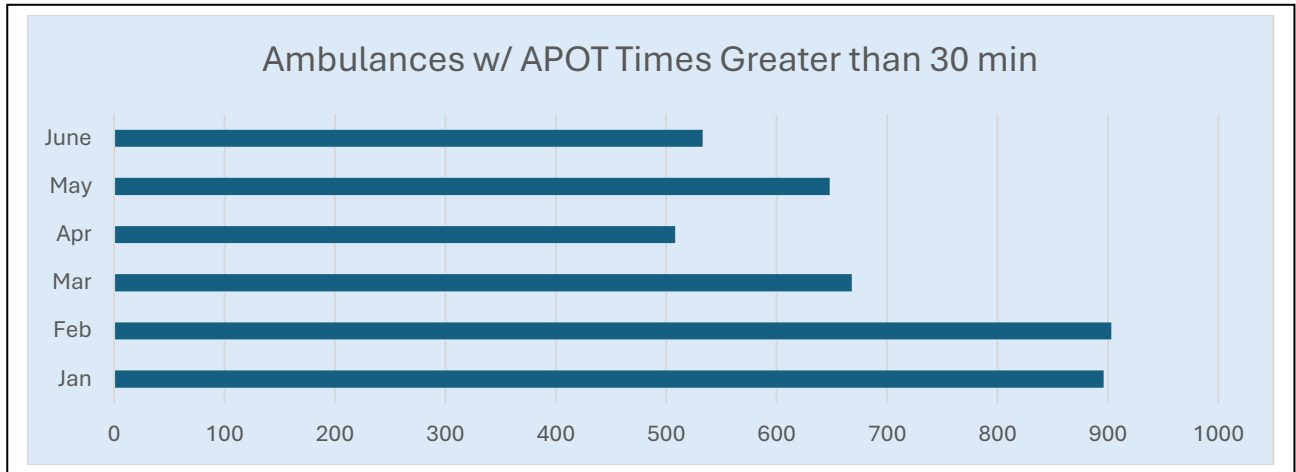
The next chart shows a year-over-year comparison for SFFD APOT for code 2 transports using the timestamp of the signature obtained at the hospital. This chart also



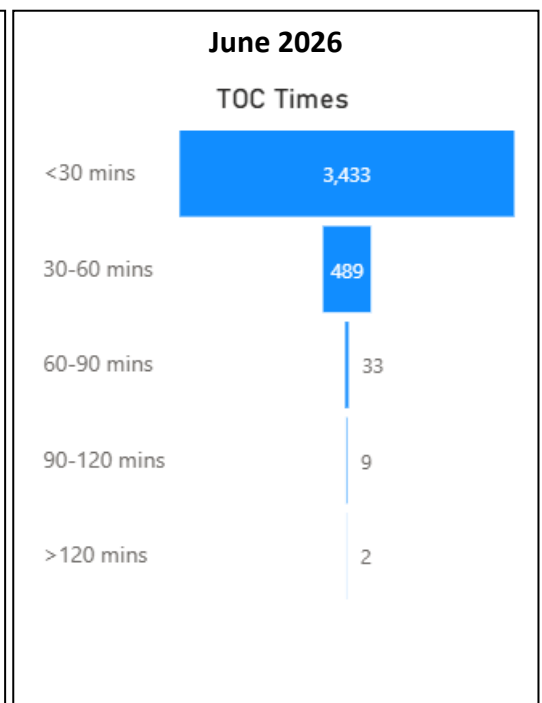
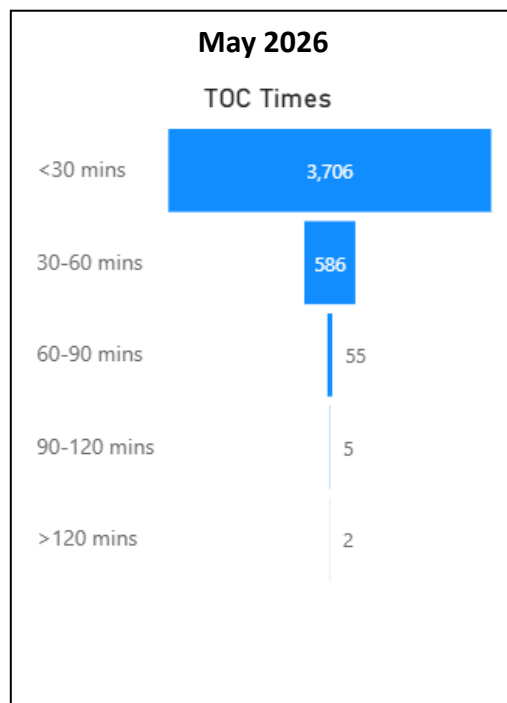
shows the 90th percentile, rather than the average. As we started with the APOT Summit planning and the March 24 summit, we’ve had a new two-year low in 90th percentile APOT at hospitals for April. While the last two months have not continued this trend, we hope to be able to learn from some of these recent gains. Other solutions that we discussed at the summit are

being implemented over the coming months. We are very encouraged by this trend and hope to save our patients hours of time waiting in emergency rooms.

This next graphic shows the number of unique times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff. Again, this demonstrates a substantial drop in instances.



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 we waited more than 30 minutes account for 133 hours and 109 hours in May and June, respectively. These are hours that our crews spent idle at hospitals beyond thirty minutes.



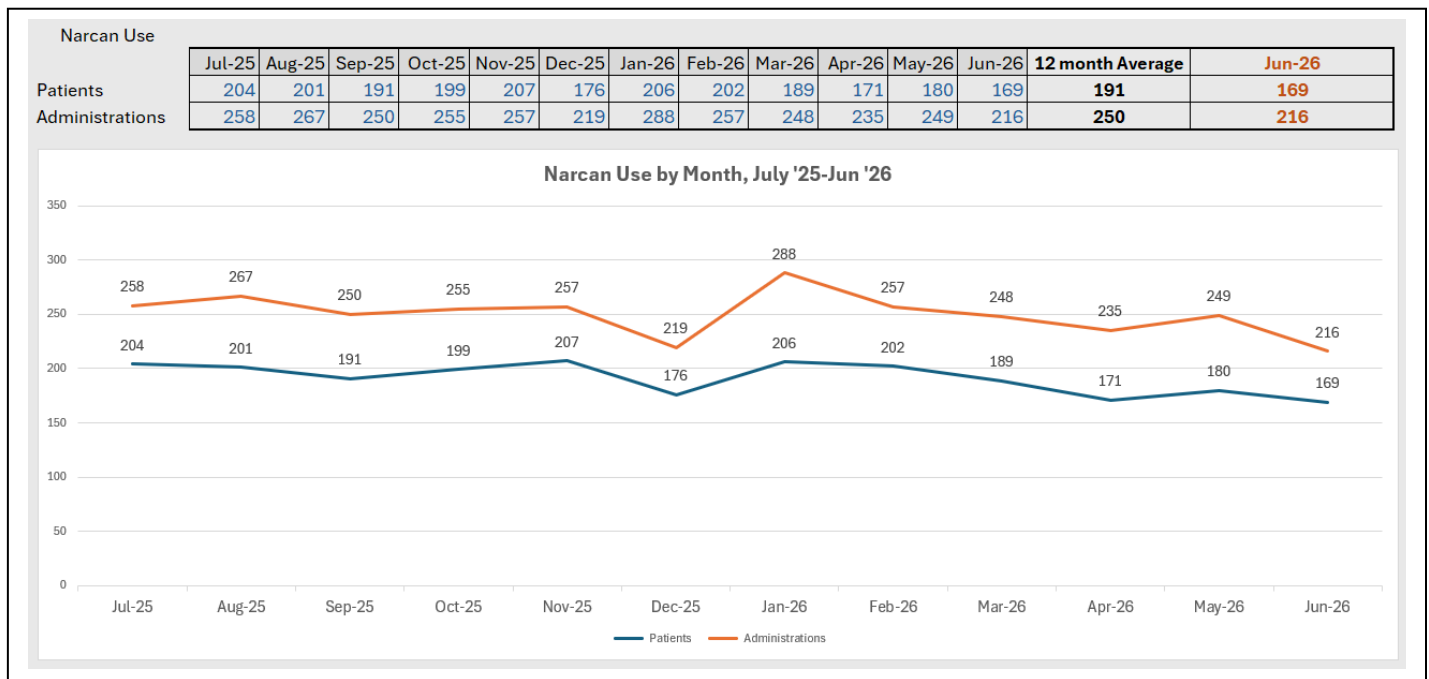
Narcan Administration for Opioid Overdoses

We use naloxone (Narcan) for opioid overdoses in the City. Below are number of patients we treated with Narcan. We are also presenting the rolling 12-month results to show trending Narcan use and patients treated.

Total Number Of Individuals Treated
in With Narcan

May: 180

June: 169



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]	Jan	Feb	Mar	Apr	May	Jun
Intubation: Direct Laryngoscopy	10	12	3	4	3	2
Intubation: Video Laryngoscopy	16	18	19	12	14	7
Continuous Positive Airway Pressure (CPAP)	41	35	23	39	28	29
Pleural Decompression	0	0	1	2	1	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	4	2	2	2	2	1
Transcutaneous Pacing	3	2	4	0	1	3
Intraosseous Infusion Adult	36	38	35	27	34	27
Intraosseous Infusion Pediatric	0	0	0	1	0	0

Table 2 - Advanced Life Support EMS skills

We've explained each of these advanced interventions but are always open to answering any questions you have regarding their use or applicability on calls. We continue to review this information in our CQI office and use it to determine what training to provide our members.

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 specific cases are at bottom and are indicated with the Utstein 1 and 2 designations.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
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%
March '26	139	33	24	6	16	10	30%
April '26	94	24	14	3	10	9	38%
May '26	139	33	24	6	16	10	30%
June '26	116	27	25	6	10	8	29%

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	0	0	0	N/A
Utstein 2	3	3	2	67%
Yearly Total (1&2)	18	17	10	55%

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

EMS Awards

On May 18, the EMSA awarded the following SFFD members for outstanding performance:

- EMS System Field Provider: Paramedic Shaun Mills and EMT Paul Sugiyama
- Raymond Lim Excellence in EMS: Simon Pang (Ret.)
- Mary Magocsy Excellence in EMS and Disaster Leadership: EMS Captain Jeff Covitz
- Community Paramedicine and Triage to Alternate Destination Provider of the Year: Paramedic Nick Koo



EMS Week

From May 17–23, we celebrated EMS Week, a time to recognize and appreciate our dedicated EMTs and Paramedics. Our field crews work incredibly hard, delivering high-quality care to the community and providing 24/7 coverage across a busy and diverse 911 system. Thanks to the support of our Station Captains, EMS Chiefs, Command Staff, BFA, AFA, SF Fire credit union, UFSW, and DEM, our members were able to enjoy daily provided meals and take a well-deserved thank you to feel appreciated and cared for.

EMT and Paramedic Graduation

On June 25th, 2026, the San Francisco Fire Department welcomed the 29th H3L1 EMT class and the 15th H3L2 Paramedic class. A total of 15 members from both classes were sworn in by Chief of Department Dean Crispen and began their journey at the San Francisco Fire Department. All members went through rigorous training with our Division of Training staff, before completing intensive field evaluations. We look forward to their incredible contribution to this diverse department.



EMS and CP Bids

On June 24, the EMS and Community Paramedic Divisions held a bid, where members can choose their shifts based on seniority. A total of 344 members had participated in the bid, filling shifts that provide 24/7 coverage for San Francisco's EMS needs.

Coordinating the logistics of these bids are complicated and time consuming but with the help of Chief Gordon, Assignments Office, MIS, and the Scheduling Committee, the bidding process concluded smoothly. All Station 49 and Community Paramedicine members will begin their new assignments on August 15th, 2026.

Retirements

On June 30, Chief Craig Gordon completed his career with the San Francisco Fire Department his career with the SFFD began as an EMT working on the ambulance on January 2011. During this time, he was promoted to Paramedic and then EMS Captain, during which he had multiple duties. He was eventually promoted to Administrative Section Chief of EMS, where he provided invaluable logistical support and insight into the ever-growing EMS Division at Station 49. He assisted with determining how to best provide EMS care to the residence of San Francisco, made sure all ambulances and apparatus had the proper amounts of EMS equipment to provide the best care possible.

Antenor Molloy, with roots deep within San Francisco, grew up with many brothers and sisters, product of McAteer High School, had retired from the San Francisco Fire Department on June 26, 2026. Chief Molloy completed his accomplished career within the Fire Department, beginning in May 1995. He had worked up the ranks from an H2 Firefighter, working on Engine 36, one of the busiest engine companies in the SFFD, becoming Hazmat Specialist and Paramedic. He went on to become a Rescue Captain, becoming involved on notable calls, including the Asiana Airlines Flight 214 Disaster. He later became Section Chief of EMS Operations and eventually Assistant Deputy Chief of EMS. During this time, he had improved the well-being of the EMS Division, began the APOT (Ambulance Patient Offload Times) Summit, a collaboration between EMS and Emergency Departments to reduce wait times for ambulance to turn over patient care, thus having more ambulances available in the system for better EMS coverage.

Notable Calls

Incident 1: FD26086217

Units: E14, E34, SR34, E51, T14, B07, RS1, RC2, E16, T16, RB1, RWC1, RWC2, M591, M509, PIO1.

Details: Units were dispatched for a surf rescue of a 28 year-old mother and her 7-year-old daughter who had been swept into the ocean at Baker Beach during high tide. Surf rescue personnel quickly located both individuals and brought them safely back to shore. Each patient reported minor pain complaints. Both were assessed, found to be stable, and were transported emergently to the Emergency Department by ambulance crews. The mother and daughter remained alert, oriented, and speaking appropriately during transport. The coordinated actions of surf rescue personnel and EMS providers played a critical role in achieving this positive outcome.

Incident 2: 26082144

Units: E38, T16, B04, M590, PIO1

Details: Units were dispatched to a reported long fall at a construction site. Upon arrival, crews located a 19 year-old male who had fallen from the third story, landing on the level below the second story. Due to the location and hazards of the construction environment, all units coordinated to utilize the aerial ladder to safely access and extricate the patient. The patient was secured with full spinal immobilization on a backboard prior to being removed from the structure. Once extricated, crews initiated emergent transport with lights and sirens to SFGH, providing trauma notification enroute.

Incident 3: FD26082973

Units: E34, M573, RC2

Details: Crews were dispatched to a report of chest pain involving an approximately 79 year-old male. Upon arrival, responders found the patient in pulsing ventricular tachycardia requiring immediate intervention. Engine and medic crews rapidly initiated care, performing cardioversion, which successfully stabilized the patient. The patient was then transported emergently to definitive care with early hospital notification. The rapid assessment, coordinated actions, and timely intervention by the crews were critical in achieving a positive patient outcome.

Community Paramedicine Division Fire Commission Report
May & June 2026
Operational Period 4/1/2026 – 6/29/2026

Dispatches

	May	June
Total Dispatches	1,581	1,409
Daily Average	52.70	48.58
Average Response Time (minutes)	16.67	18.38

Involuntary Psychiatric Holds

	May	June
Grave disability	27	11
Danger to Self	8	11
Danger to Others	5	4
Total*	31	21

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

Disposition Engaged Individuals (SCRT)

	May	May	June	June
Ambulance Transport to Hospital	124	13.61%	107	12.53%
Non-Ambulance Transport	310	34.03%	272	31.85%
Remained in Community	477	52.36%	475	55.62%
Total Diverted from ED	787	86.39%	747	87.47%
Total	911		854	

Top Alternate Destinations

	May	June
#1	Geary Stabilization Unit	SoMa Rise
#2	Next Door	Next Door
#3	Bayview Navigation Center	Geary Stabilization Unit

Law Enforcement Involvement

	May	May	June	June
PD requested by SCRT	1	0.09%	2	0.19%
SCRT requested by PD	351	30.02%	260	24.01%

Community Paramedic Captains

	May	June
Responses	272	219
Number of Unique High-Utilizers Engaged	45	37
Number of Engagements with High-Utilizers	91	64
Number of Unique Overdose Survivors Engaged	1	2
Number of Engagements with Overdose Survivors	1	3
HSOC (Healthy Streets Operation Center) Resolutions	8	8
Case Conferences	23	25
Shows of Support (SoS)	2	5
SCOPE (Sobering Center Opioid Prevention & Education) Referrals	0	0

Division Updates

Effective July 2nd, the incident commander duties with HSOC will transfer to SFPD.

Beginning August 15th, SCRT will operate from 0500 to 0000 hours daily.

Interagency policy work example: EMS6 referred a high utilizer to the Shared Priority List. The increased access to services and resources secured them a tiny cabin placement, conservatorship, medication, and intensive case management. They are actively participating in treatment and have not utilized 911 in over 3 months.

Division Highlights

An individual with a developmental delay began to utilize 911 multiple times a day over a 3-month period with 152 911 contacts. Nearly 100 of the contacts were at the local fire station. Individuals with a developmental delay (IDD) are challenging to stabilize urgently as the services available require eligibility assessments, evaluations and an intake process with multiple appointments. EMS6 coordinated with individual's caregiver to ensure they attended appointments and worked with DPH and the Golden Gate Regional Center to initiate services. The lengthy process necessitated a temporary diversion plan. EMS6 worked with the firehouse, with the members contacting EMS6 directly and requesting SCRT to avoid an ambulance dispatch. There were multiple weekly meetings to escalate the urgent need for services. After

being connected to care at the beginning of the month there have been no calls for service in the last 3 weeks.

EMS Week

During EMS Week this year, the Department and the California Emergency Medical Services Authority recognized EMS6 for 10 years of continuous service in community paramedicine. The field of community paramedicine started as a pilot project that moved forward with data provided by SFFD and continued with legislative advocacy from the California Professional Firefighters and 798. Community paramedicine was formalized with the passage of AB1544 in 2020. Retired Chief Pang and Chief Sloan were the first captains to serve on EMS6 in 2016.



Cohort 8

Cohort 8 graduated on June 18th with 5 SFFD members and personnel from UC Davis, Rio Vista and San Rafael Fire successfully completing the didactic and clinical requirements to become a community paramedic. Cohort 7 alumni San Jose and Modesto Fire Departments have now started their own community paramedicine programs.



Alternative Response Collective Conference (ARCC)

In early June Section Chief Nazzareta was invited to attend the ARCC in Chicago. ARCC, as part of Georgetown Law, will be publishing a paper “No Longer Alternative” later this year, which compares SFFD’s Community Paramedicine Division with other crisis response models across the United States.

