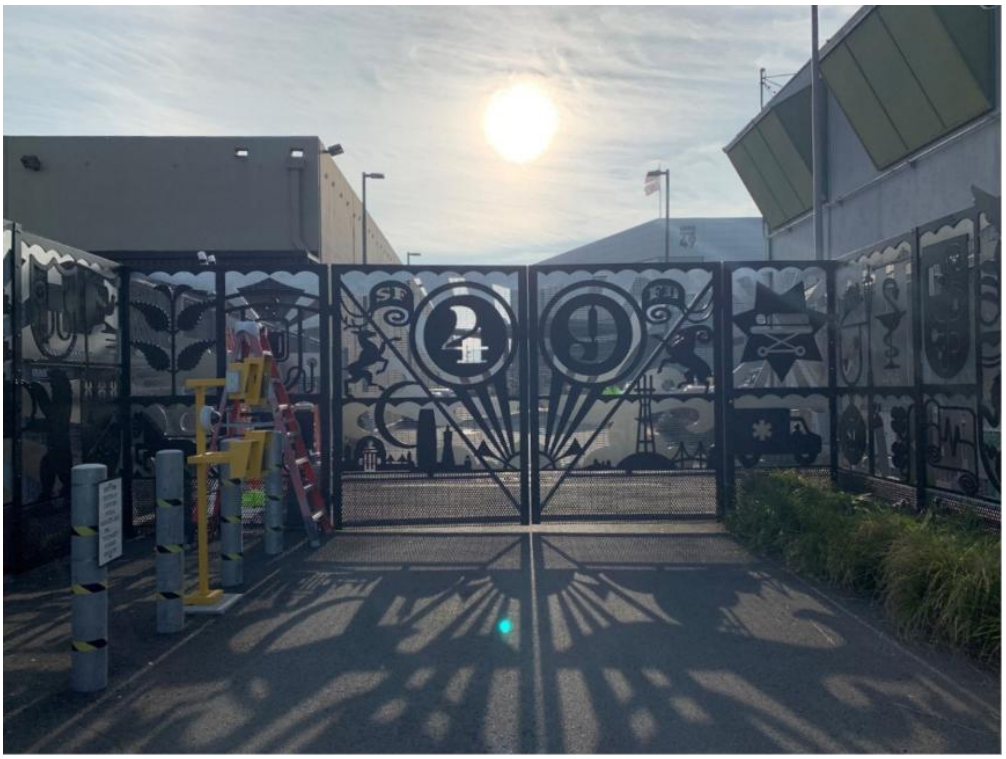
Fire Commission Report

July and August 2026

EMS Division

September 9, 2026

Deputy Chief Garreth Miller



Operations

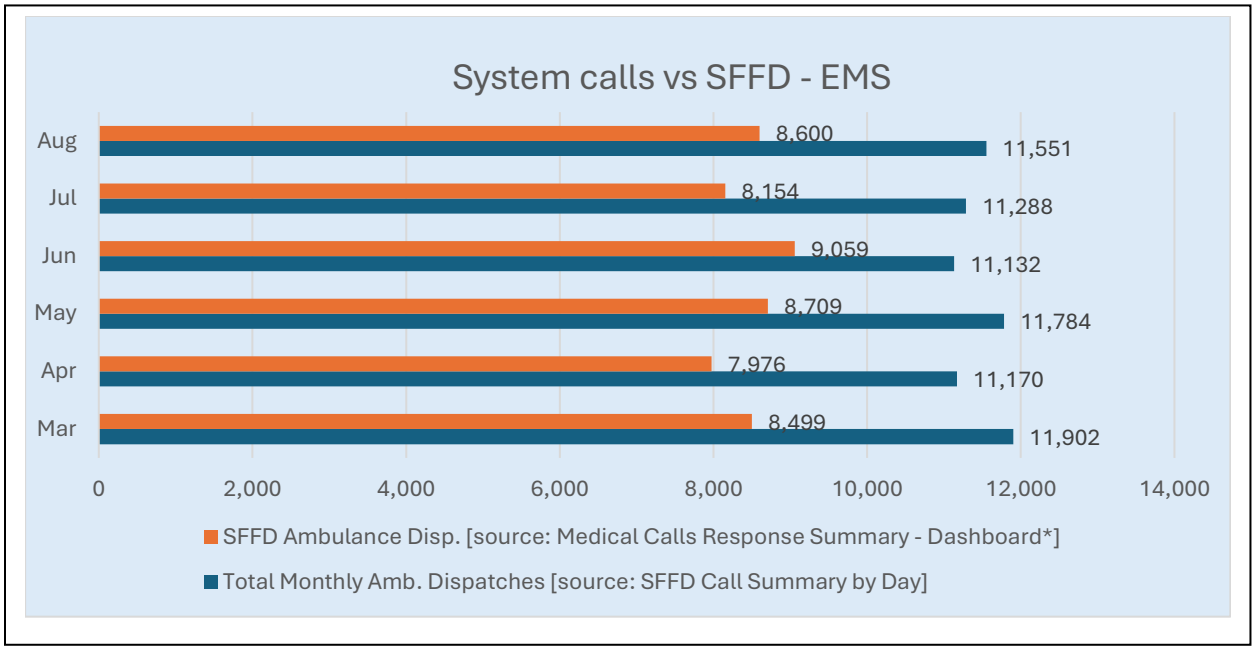
Monthly Call Volume

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

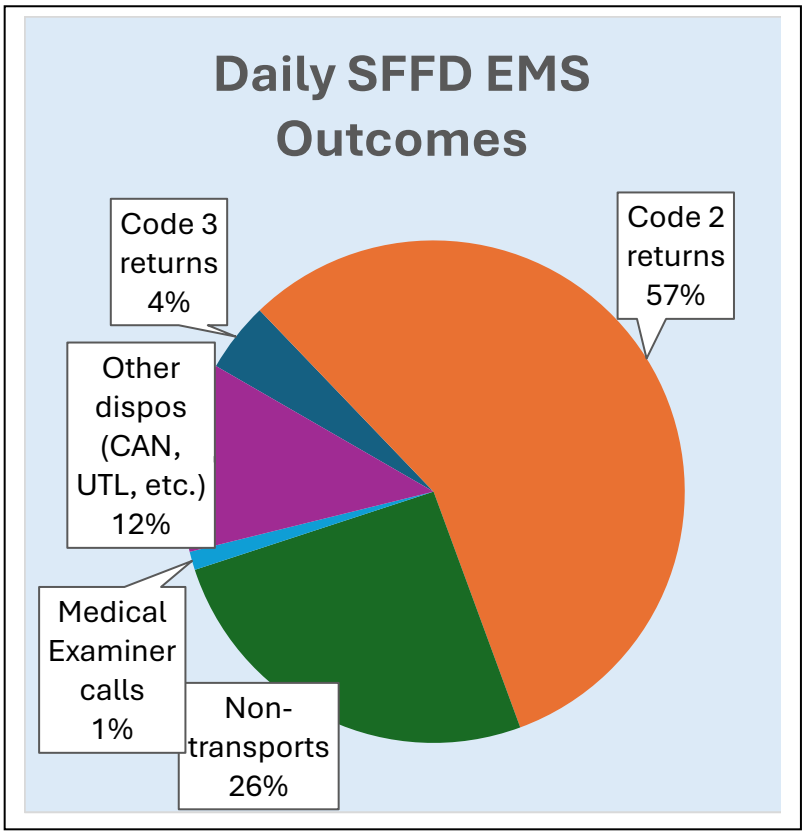
Key Performance Indicators	Mar	Apr	May	Jun	July	Aug
Total Monthly Amb. Dispatches	11,902	11,170	11,784	11,132	11,288	11,551
SFFD Ambulance Dispatches	8,499	7,976	8,709	9,059	8,154	8,600
RC Total Calls	988	809	915	903	860	909

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 72% in July and 74% in August. This does not include SFFD Community Paramedic only responses.



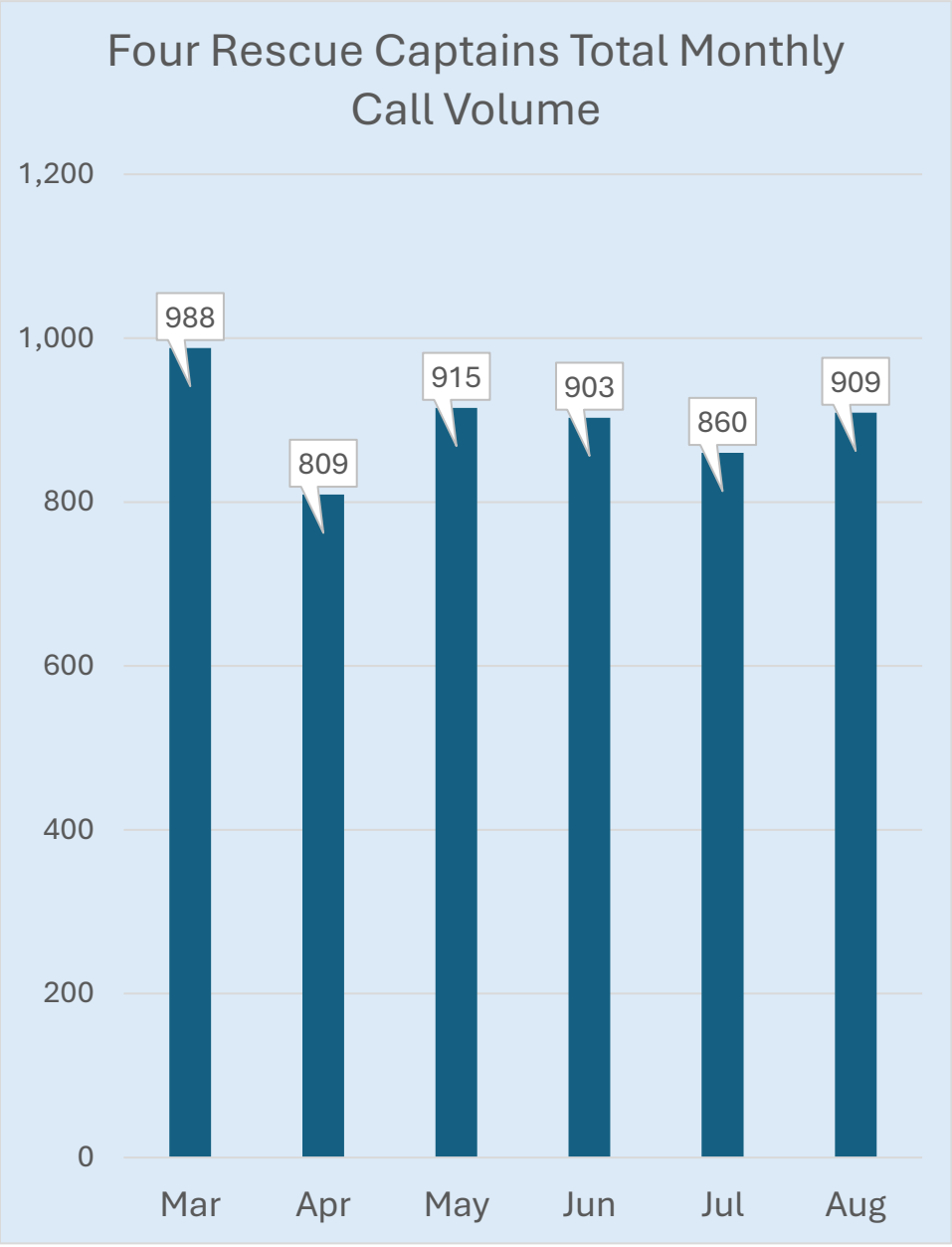
EMS Call Outcomes



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 siren transports to the hospital (urgent) and "Code 2 returns" are non-emergent transports. Non-transports include the categories of "Patient Declines Transport" (PDT) or "Against Medical Advice" (AMA). In both cases, the patient must have decision-making capacity. AMA's constitute calls whereby EMS responders and/or the Base Hospital medical doctor feel the patient's condition warrants transport to the hospital, but the patient still refuses transport. "Medical Examiner calls" include anytime we pronounce a person dead at the scene. This category includes calls in which interventions were performed by SFFD first responders (i.e. CPR) or obvious deaths that occurred prior to the arrival of SFFD. Last are the remainder, "Other dispos," which include those where SFFD EMS units are canceled by an earlier unit, no patients found (unable to locate [UTL]), SFFD incoming units cancelled by SFPD, or multiple patient transfers.

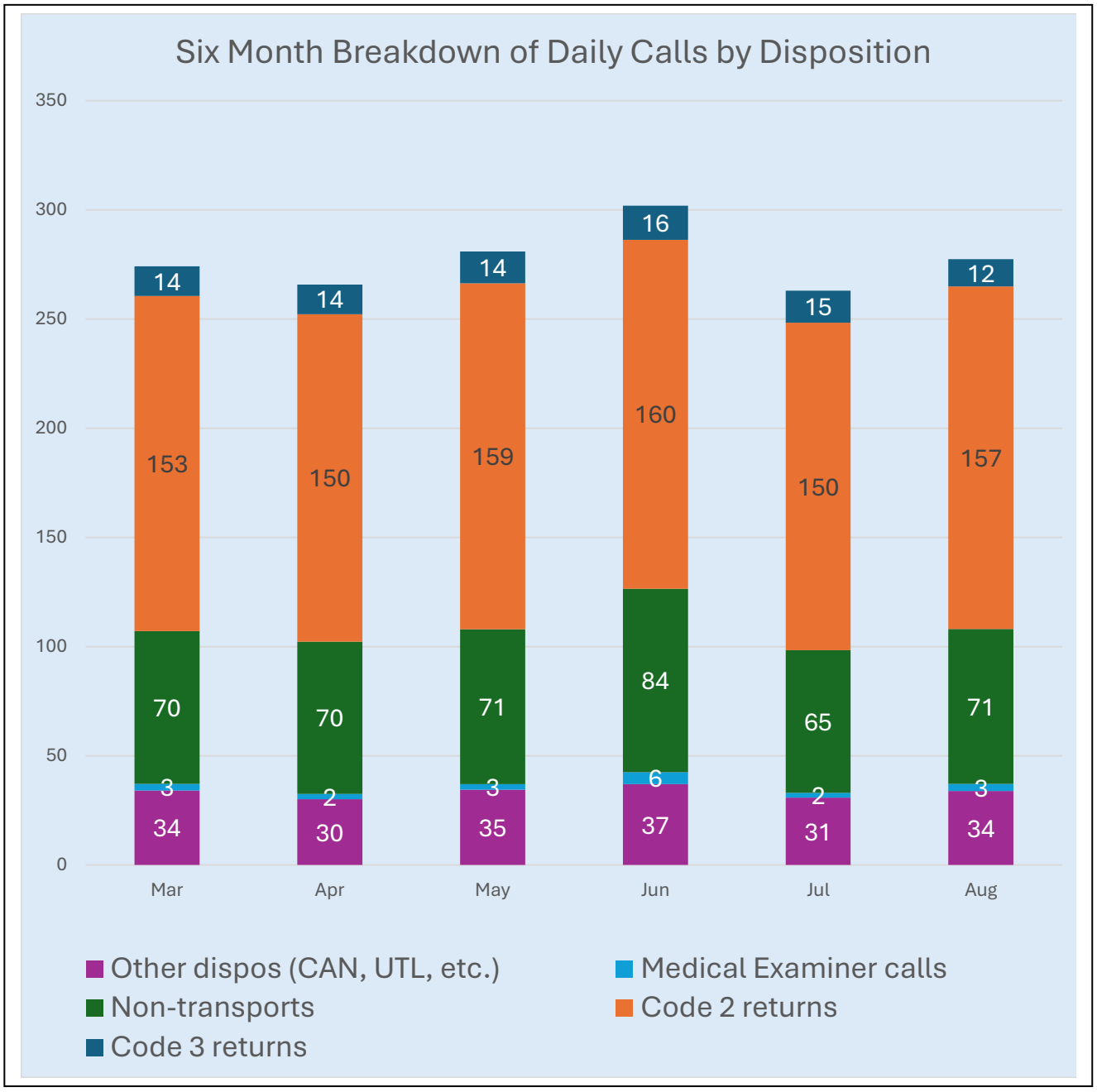
Rescue Captains – EMS Supervisors

This chart shows the total calls for all four of SFFD's Field Rescue Captain (RC) units. RC1, RC2, RC3, and RC4 ran an average of approximately seven calls per day over the past two months, with RC1 (first due area of downtown) running many more on average for each watch. SFFD RCs run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.

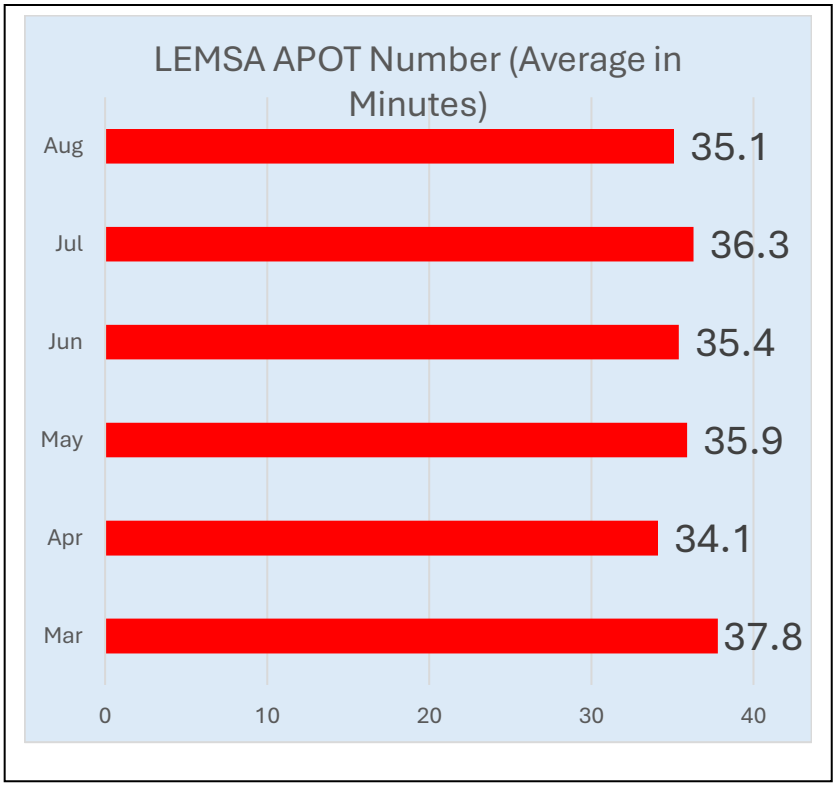


End Analysis for Call Outcomes

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-transports like AMAs and PDTs, Medical Examiner calls for field pronouncements of death, and remaining assorted dispositions. ***Below are the average daily call outcomes in each category, which total 260 to 290 calls per day.***

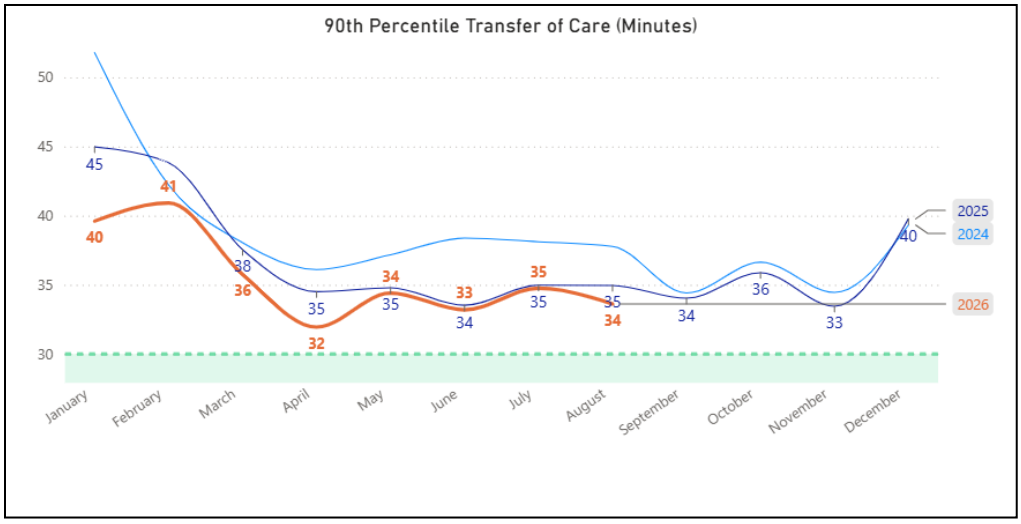


Ambulance Patient Offload Times at Emergency Rooms



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

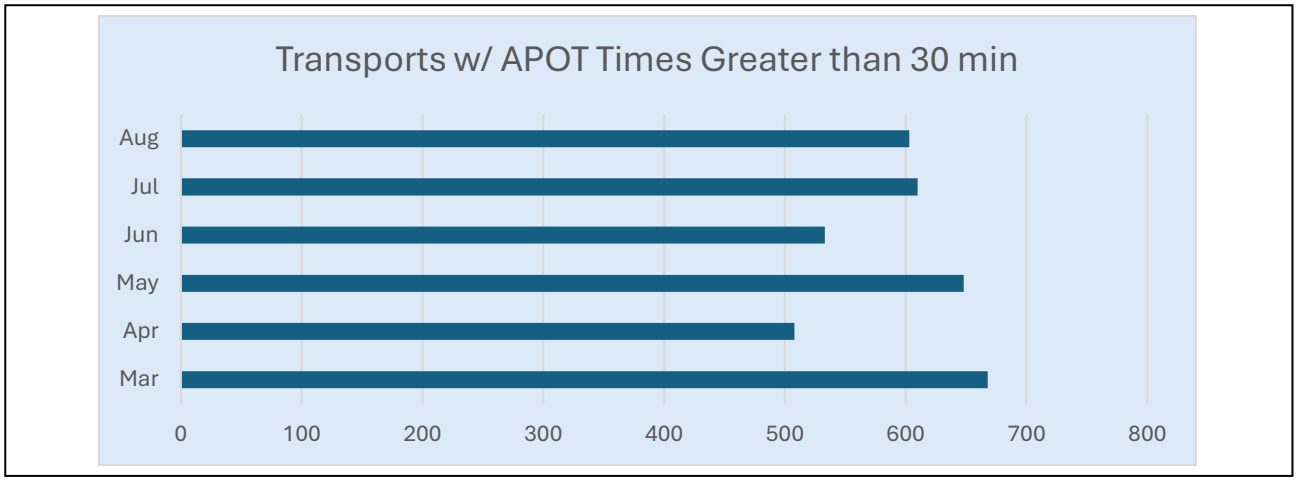
Over the past several months, we have implemented a system to use "time of signature" when patient care is transferred from SFFD to the receiving hospital, signified by the signing of the electronic patient care record by an RN or MD. This signature time is the benchmark AB40 requires. The data from 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.



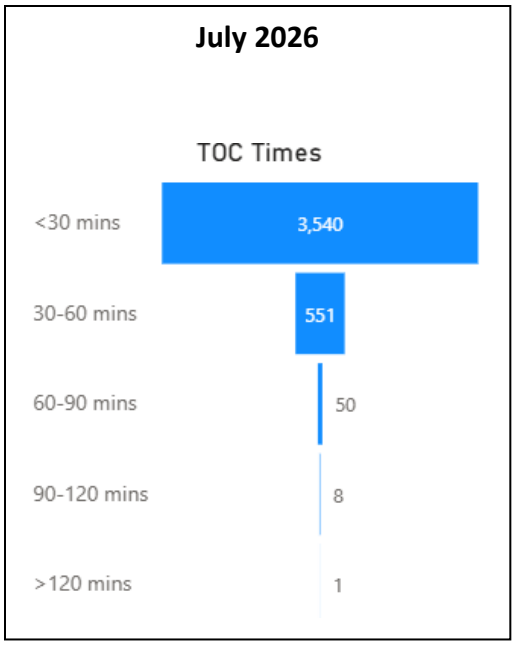
The next chart shows a year-over-year comparison for SFFD APOT for code 2 transports using the timestamp of the signature obtained at the hospital. This chart also shows the 90th percentile, rather than the average. As we started with the APOT Summit planning and the March 24, 2026 summit, we had a two-year low in 90th percentile APOT at hospitals for April 2026. APOT times have since held steady at higher than the 30-minute target

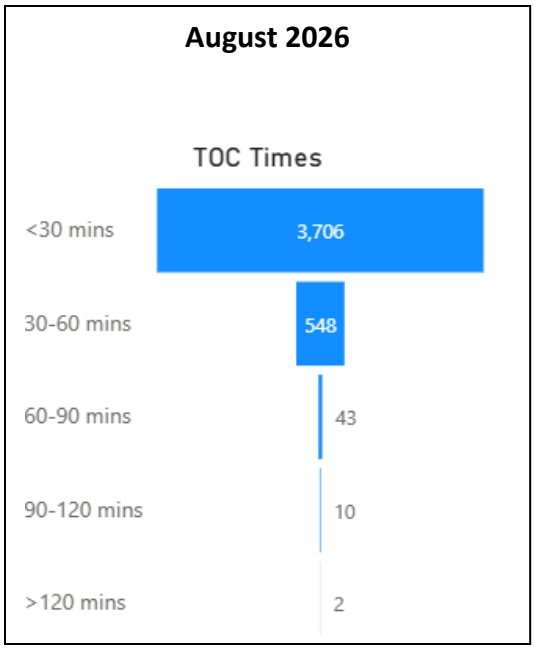
but continue to trend lower than in previous years. Other solutions that we discussed at the summit are being implemented over the coming months and we anticipate these times to further decrease. We are encouraged by this overall trend and hope to save our patients hours of time waiting in emergency rooms, as well as increase the time available for deployment of our EMS transport crews.

This next graphic shows the number of transports 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 for patient transfer of care (TOC). 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 minutes, 60-90 minutes, 90-120 minutes, and over 120 minutes. The times that we waited more than 30 minutes account for 131 hours and 124 hours in July and August, respectively. These are hours that our ambulance crews remained idle waiting for a bed at hospitals beyond thirty minutes.





Narcan Administration for Opioid Overdoses

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

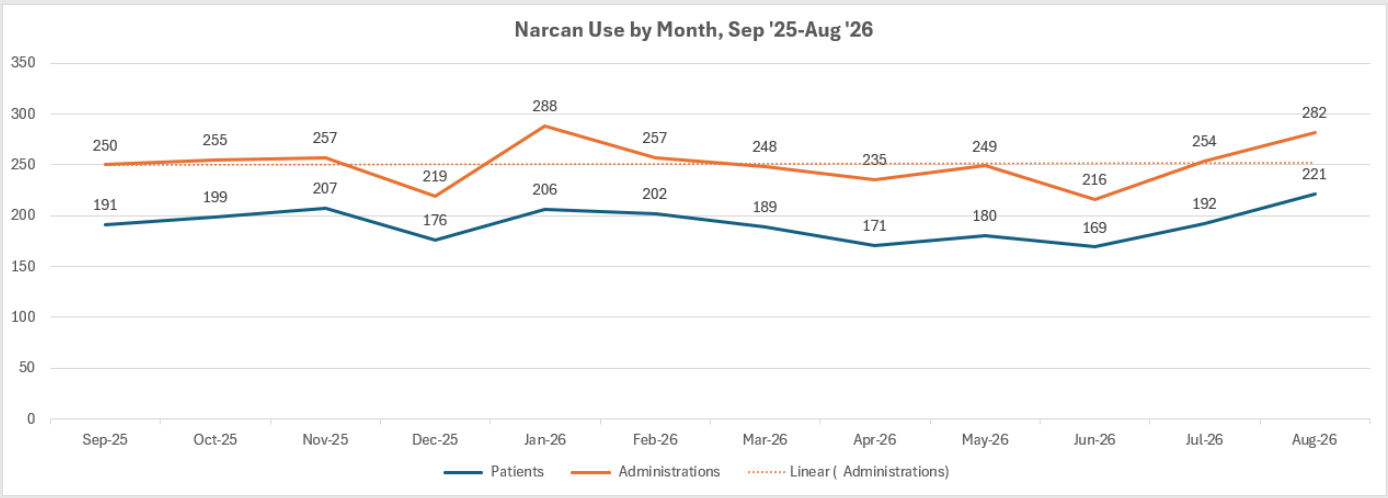
Total Number Of Individuals Treated in With Narcan

July: 192

August: 221

Narcan Use

	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	12 month Average	Aug-26
Patients	191	199	207	176	206	202	189	171	180	169	192	221	**192**	**221**
Administrations	250	255	257	219	288	257	248	235	249	216	254	282	**251**	**282**



Cychlorphine

An emerging synthetic opioid is now appearing in the illicit drug supply, named Cychlorphine. Cychlorphine has approximately ten times the potency of Fentanyl and can appear as powder or in a pill form. The DEA has classified it as a Schedule I substance since July 2026. San Francisco Department of Public Health reported the first detection in a San Francisco death from this new drug in September 2026 from an incident in April 2026. This drug is not detected by routine fentanyl test strips or routine toxicology tests. Additional doses of Narcan may required to be effective. The increase in dosages of Narcan to treat the more potent synthetic opioids are addressed in the upcoming SFEMSA Protocol Updates, increasing the maximum cumulative amount of Narcan that can be given.

Advanced Paramedic Skills for Critical Patients

Here are the data on the advanced skills performed by SFFD paramedics.

Advanced EMS Skills [source: ESO ePCR]	Mar	Apr	May	Jun	Jul	Aug
Intubation: Direct Laryngoscopy	3	4	3	2	11	5
Intubation: Video Laryngoscopy	19	12	14	7	15	11
Continuous Positive Airway Pressure (CPAP)	23	39	28	29	25	21
Pleural Decompression	1	2	1	0	2	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	2	2	2	1	1	4
Transcutaneous Pacing	4	0	1	3	4	3
Intraosseous Infusion Adult	35	27	34	27	45	32
Intraosseous Infusion Pediatric	0	1	0	0	2	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 for 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
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%
July '26	117	47	22	4	23	15	32%
August '26	128	35	22	5	12	7	20%

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 Calls

Incident Number: 26092754

Date; July 01, 2026

Units: E33, T19, M573 and RC4

Details: Crews arrived to find a toddler-aged patient who had fallen from a second story window. The patient was on the ground with family present, noted to have a positive loss of consciousness and abrasions. Crews initiated emergent cervical spine precautions, packaged the patient, and made an early trauma notification to SFGH. The patient was ultimately evaluated and discharged from SFGH at his baseline condition.

Incident Number: 26105996

Date: July 28, 2026

Units: E16, T16, RWC1, RWC2 RC2 E35 FB3 E51 M568. B07 TCA07

Details: On 07/28/2026, a patient jumped from the Golden Gate Bridge and landed in the safety netting beneath the bridge. The patient was located with head trauma resulting from the fall. With coordinated assistance from the Iron Workers and SFFD, the patient was safely hoisted from the netting and secured onto a backboard. The patient was experiencing a mental health crisis and was placed on a 5150 hold. The patient was transported to SFGH as a trauma precaution and was transferred to hospital staff without incident. This call involved many different capabilities within the SFFD to provide and coordinate rapid, efficient, and appropriate patient care.

Incident Number: 26105436

Date: July 27, 2026

Units: E01 M546

Details: A male patient sleeping on the street was struck and run over by a vehicle. The patient was dragged approximately 10 feet and found with multiple injuries throughout his body. SFPD secured the scene, and the patient was carefully extricated, moved onto a gurney, and loaded into the ambulance. The patient met criteria for the Pain Study and was successfully enrolled. Following treatment, the patient’s reported pain decreased from 10 to 3.

Incident Number: 26122745

Date: 08/30/2026

Units: RB35, E35, M568, FB3, M574, Parks Police, Standby EMT.

Details: Multi-agency response on Alcatraz. The patient reportedly experienced cardiac arrest. A bystander EMT performed hands-only CPR for approximately four minutes, after which the patient regained consciousness.

M568 retrieved the patient via fireboat three from Alcatraz and was transported to Pier 33. Care was then transferred to Medic 574. The patient was subsequently transported to Van Ness and turned over in stable condition.

While it is unlikely this patient suffered true cardiac arrest, given the only intervention performed was hands-only CPR which does not result in return of spontaneous circulation, this call is noteworthy in the proactive response of bystanders in providing hands-only CPR.

EMS Training

9910 Cohort 10

The 9910 EMT Program is a paid internship that gives new EMTs the opportunity to learn and grow in the EMS field, working on ambulances with our current members. Eight members were recently enrolled in the 9910 EMT Program and have completed their 2-week intensive academy and are now active interns in the field. During the academy, these members go over patient assessment, basic life support procedures, and an overview of advanced life support procedures to better assist paramedics on scene. We would like to give recognition to all the mentors on ambulances, facilitating the growth and experience of these members, as well as the training staff, which include EMS Captain Barnekoff, EMS Lieutenant Brittany Tucker, EMS Lieutenant Nolan Hamblen, and EMT Jaime Pineda.

Ambulance Strike Team Leader (ASTL) Training

The SFFD not only responds to fires with Engines for fire suppression measures; the SFFD can also deploy ambulance strike teams in higher density areas that need to transport patients that lack mobility, such as from nursing homes or hospitals, in cases where the local EMS transport provider is overwhelmed. On August 11 and 12, Kevin Anderson from the California EMS Agency provided ASTL for initial and advanced ASTL practice. Sixteen members of SFFD completed the initial class, and 12 SFFD members completed the advanced class. Ambulance strike team leaders set the expectations and manage ambulance strike team performance in out-of-area deployments. Many of the principles taught in the class can be applied to our own large scale drills, such as Active Attacker and Multiple Casualty Incidents (MCIs).

EMS Advancement Academy (EMT to Paramedic)

The Department has selected five transport ambulance EMTs to begin the EMS Advancement Academy, advancing from EMT to paramedic beginning August 24th, 2026. This includes three weeks of intensive classroom training, written tests, and practical examinations, followed by three weeks of testing on the ambulance with their field training officers (FTOs), who evaluate the candidate's ability to work as a paramedic. Passing all these tests and examinations will lead to advancement to the H3 Level 2 rank of paramedic.

SFEMSA Protocol Updates, In-Service Training

The San Francisco Emergency Medical Services Agency (SFEMSA) updates County EMS protocols with the help of the San Francisco Fire Department and private ambulance providers. These updates happen every six months and are intended to update how EMS personnel treat and transport patients to a more modernized standard. The SFFD's EMS In-Service Training team provides a breakdown of these protocol updates with a four-hour in-person training for all ALS providers in the Department, ensuring our members provide patient care in compliance with these changes. This round of updates includes select medication updates, new guidelines to treat additional medical emergencies (alcohol withdrawals, exacerbated asthma, hypotensive shock), and a new procedure (distal femur I.O.). These updates will come into effect October 1st, 2026. The SFFD's EMS In-Service Training team plans to provide training to approximately 450 paramedics within six weeks. We greatly appreciate the SFEMSA for taking an active role in promoting high-quality EMS care for the citizens of and visitors to San Francisco.

138th Firefighting Academy EMS training

The EMS Training Division brought the 54 recruits of the 138th Academy up to speed on BLS CPR and AED use. A total of 1,215 hours was spent on training the class on critical, life-saving measures they will use throughout their career with the SFFD.

Drills and Instruction for July

Drills and Instruction for the Month	Members Trained	Training Hours
9910 Cohort #10	8	320
Advanced Cardiac Life Support (ACLS) Certification	2	32
Pediatric Advanced Life Support (PALS) Certification	4	48
Vector Solutions	2390	4570
Total	2404	4970

- Division of Training - EMS internal infrastructure Work
    - Driver's License Compliance & Oversight – Onboarding & access

- Instructor credentials – State Fire Marshal Instructor courses, Emergency Vehicle Operator Course Instructor renewal, American Heart Association courses Instructor updates
- Record Keeping

- Noteworthy/Highlights:
  - 9910 Cohort #10 – 8 new City EMT interns started on-boarding Academy

- Additional Work Performed:
  - EMS Return to Duty Training (8 members)

- Vector Solutions Monthly EMS Module: EMS Heat Illness & Emergencies

Drills and Instruction for August

Drills and Instruction for the Month	Members Trained	Training Hours
138th H2 Firefighting Academy – EMS Training	54	1215
9910 Cohort #10	8	320
EMS Advancement Academy #35	5	240
EMS Advancement Academy Prep Course	6	48
ALS In-service Training Fall 2026	135	540
Advanced Cardiac Life Support (ACLS) Instructor	31	93
Advanced Cardiac Life Support (ACLS) renewal	8	64
Pediatric Advanced Life Support (PALS) renewal	1	8
Vector Solutions	2947	5760
Total	3195	8288

- Noteworthy/Highlights:
  - 9910 Cohort #10 – On-boarding Academy completed – 500 hours on the ambulance begun

- Additional Work Performed:
  - EMS Return to Duty Training (4 members)
  - IAFF Special Project – Workgroup with T/BC Murphy for EMS Training needs

- Vector Solutions Monthly EMS Module: EMS Allergic Reaction Management

Community Paramedicine Division Fire Commission Report
July & August 2026
Operational Period 7/1/2026 – 8/31/2026

Dispatches

	July	August
Total Dispatches	1,363	1,327
Daily Average	43.97	42.81
Average Response Time (minutes)	17.09	18.25
PD Special Calls	283	251

Involuntary Psychiatric Holds

	July	August
Grave disability	13	25
Danger to Self	15	8
Danger to Others	4	3
Total*	37	30

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

Disposition Engaged Individuals (SCRT)

	July		August	
Ambulance Transport to Hospital	126	16.30%	106	14.38%
Non-Ambulance Transport	239	30.92%	210	28.49%
Remained in Community	408	52.78%	421	57.12%
Total Diverted from ED	647	83.7%	631	85.6%
Total Engaged	773		737	

Top Alternate Destinations

	July	August
#1	Geary Stabilization Unit	Geary Stabilization Unit
#2	Bayview Navigation Center	Bayview Navigation Center
#3	Soma Rise	Next Door Shelter

Community Paramedic Captains

	July	August
Responses	239	307
Number of Unique High-Utilizers Engaged	39	40
Number of Engagements with High-Utilizers	78	108
Number of Unique Overdose Survivors Engaged	2	6
Number of Engagements with Overdose Survivors	2	7
Case Conferences	14	18
Shows of Support (SoS)	5	3
SCOPE (Sobering Center Opioid Prevention & Education) Referrals	0	0

Division Updates

Starting August 15 the Community Paramedicine changed hours of operation, deployment patterns, and for SCRT, team composition. Hours of operations are 0500-0000 daily for EMS6, CP Captains and SCRT. 2-3 SCRT units start at 0500, 0730 and 1200 accompanied by a CP Captain, who is the direct supervisor for those units and an EMS6 captain. There are no longer civilian personnel on SCRT units. An administrative Shared Services Coordinator has been created to streamline referrals, attend case conferences and update and make accessible, care plans for high utilizers. This allows EMS6 to remain operational in the field and available for special calls and proactive outreach.

ADC Sloan is closely tracking metrics for SCRT with these changes. Units are going into service more rapidly. Unit hours utilized, or time spent on a call have steadily improved over the first 2 weeks. Outcomes remain stable without peers. A more comprehensive report will be presented at a future date.

Division Highlights

A long time EMS6 client began utilizing 911 again early this year. With the change in Street Teams and decreased daily responsibility to them, EMS6 has been able to make progress in decreasing her transports to the hospital, from a high of 22 transports in June to 6 in August. The client has been referred to Care Court and EMS6 remains actively engaged with her care team.