FIRE COMMISSION REGULAR MEETING
MINUTES

Wednesday, October 9, 2019 – 9:00 a.m.
City Hall, 1 Dr. Carlton B. Goodlett Place, Room 416, San Francisco, California, 94102

The Video can be viewed by clicking this link:
https://sanfrancisco.granicus.com/MediaPlayer.php?view_id=180&clip_id=34226

President Nakajo called the meeting to order at 9:02 a.m.

1. ROLL CALL

Commission President	Stephen Nakajo	Present
Commission Vice President	Francee Covington	Present
Commissioner	Michael Hardeman	Present
Commissioner	Ken Cleaveland	Present
Commissioner	Joe Alioto Veronese	Present
Chief of Department	Jeanine R. Nicholson	Present

Victor Wyrsch	Deputy Chief -- Operations
Sandy Tong	EMS
Dan DeCossio	Bureau of Fire Prevention
Khai Ali	Airport Division
Dawn DeWitt	Support Services
Michael Cochrane	Homeland Security
Joel Sato	Training Division
Natasha Parks	Health, Safety, and Wellness
Assistant Chiefs	
Rex Hale	Division 2
Steven Bokura	Division 3
Staff	
Mark Corso	Deputy Director of Finance
Olivia Scanlon	Communications and Outreach

2. PUBLIC COMMENT

There was no public comment.

3. APPROVAL OF THE MINUTES *[Discussion and possible action]*

Discussion and possible action to approve meeting minutes.

- Minutes from Regular Meeting on September 25, 2019.

Commissioner Hardeman Moved to approve the above meeting Minutes. Vice President Covington Seconded. Motion to approve above Minutes was unanimous.

There was no public comment.

4. UPDATE FROM THE DEPARTMENT PHYSICIAN
Dr. Ramon Terrazas to provide an update and overview of the duties and responsibilities in the Physician's Office.

Dr. Terrazas presented the attached PowerPoint: https://sf-fire.org/sites/default/files/COMMISSION/Fire%20Commission%20Support%20Documents%202015/PP%20Presentation%20Fire%20Commission%2010-09-19%20-%20Final%20%28003%29.ppt.

He went on to describe his presentation as follows: "Good morning. Thank you very much for the opportunity to provide this update to you. It's with great pleasure that, and with humility that I stand before you here today. So, for today's presentation, I will review with you the operations of the Officer of the Department Physician. Even though I'm the one standing before you, please understand that there is a -- I do work with a wonderful and very dedicated staff that includes our nurse practitioner, Stephanie Phelps, and Ms. Barbara Marino, who provides administrative support. She's been a fixture in the Department and a very dedicated civil employee, Civil Service employee. So, before I begin my presentation, I think it would be important to review with you the mission statement. And also, to, in essence, review the role that the Officer of the Department Physician plays in the San Francisco Fire Department. And then lastly, I'll provide an opportunity for questions and answers. I will keep my presentation brief in deference to the Chief and command staff so that they can discuss important matters with you. Any mission statement begins with a vision. And our vision is very simple. It's to support the mission of the San Francisco Fire Department. And our mission in the Office of the Department Physician is plain and simple, to protect the health and safety of the members of the Department. One of the functions of the office is to guide, direct, and advise members of the Department concerning their health, their fitness, and to advise the Chief on individual members' suitability for performing the essential functions of the job. In order to accomplish this, we evaluate all candidates for the San Francisco Fire Department in an effort to identify any medical condition that could affect their ability to perform the essential functions of their job and engage in emergency operations. And then we will also inform the Chief of the Department whether any individual candidate or a current member is medically certified to perform the essential functions of the job. We perform all of the medical examinations for all the entry-level positions in the Fire Department. And we also perform all of the promotional and probationary examinations. The examination is quite extensive for candidates. Not only does it involve a head to toes physical hands-on examination, we also will perform forensic testing in the office, and then we will also obtain laboratory examinations that include blood tests, EKG, spirometry, pulmonary function tests, audiometry, hearing tests. And all of these are geared towards identifying preexisting conditions that may impact an individual's ability to perform the job. We also will perform the commercial drivers examine for the handful of employees in the Department who require that for their job. And for current members, we will per -- we will evaluate the results of their hearing tests. And in an effort to make sure that the Department is in compliance with OSHA's hearing protection standard. In addition, we certify members for use of respirators as part of the OSHA respiratory protection program. And under Cal OSHA's aerosol transmissible disease standard, for which the Fire Department is a covered entity, we also reviewed the results of the annual tuberculosis testing that we performed for members. And since the standard also encumbers the employer to

provide vaccines for aerosol transmissible diseases, we also provide all the vaccines that are covered under this standard. And the aforementioned programs in isolation may not appear to be significant, but they are a major component of the Department's health and safety program. One thing that I'd like to mention is that annual testing for tuberculosis is about to undergo a radical change in the United States as it pertains to healthcare workers. And since first responders are considered to be covered under the rubric of healthcare workers, annual TB testing is actually going to go by the wayside. Other entities have already implemented the recommendations from the CDC. And the only barrier that prevents hospitals in California from making that change, and for that matter, covered entities, is a change in policy at the level of Cal OSHA. But that's coming down the road. We also perform all of the return to duty evaluations for members of the Department. And a return to duty evaluation is performed whenever a member has been in a period of temporary or partial total disability. The purpose of the return to work evaluation is to facilitate a transition to regular duty. And then at the request of the Department, we will also perform fitness for duty evaluations depending on circumstances. The Office of the Department Physician assists the Department in managing its workers' compensation program. The Office of the Department Physician serves as a liaison between the Department and the city and county of San Francisco's Division of Workers' Compensation. In that -- in that role, we provide advocacy for the member. We also assist in case management. We facilitate the -- we facilitate the scheduling of appointments. We facilitate the arrangement and scheduling of needed tests. And then we also serve as a vehicle for transfer of information that the Division of Workers' Compensation needs in order to adjudicate on a claim or to manage the claim. So, for future opportunities, we're always looking to reevaluate our operational activities.
And to that end, I'd like to mention that we are near embarking on a new paradigm for TB and hearing testing in the Department. We recognized a while back that the manner and the logistics of how TB and hearing testing occurred in the Department was logistically cumbersome. And so, we put in place a plan for embarking on a mobile platform for bringing the TB test and the hearing test to the stations. Granted, we won't be able to bring it to every single station, but at least we'll be able to bring the testing to individual battalions. And then once we implement the mobile platform, we could also look at leveraging the program for bringing other services on a battalion basis to the members. Any questions?"

The following answers and question occurred:

VICE PRESIDENT COVINGTON: Thank you, Mr. President. Thank you for being here, Dr. Terrazas. I just had one question, and that is related to the performance of DMV and DOT commercial driver exams. Could you tell us more about your involvement in those?

DR. TERRAZAS: Yeah. So, the office will perform those examinations for members who need them. It's only a handful of members who need them.

VICE PRESIDENT COVINGTON: Are those physical exams? Eye exams? What kind of exams?

DR. TERRAZAS: It's a full physical exam mandated by the Department of Transportation for any commercial driver or anyone who fits the definition of a commercial driver and their various identifiers and requirements for the examination.

VICE PRESIDENT COVINGTON: All right. So which members of the Department would have to -- I mean, what are the -- the titles of the members of the Department that would have to come to you for this exam?

DR. TERRAZAS: They're mostly based out of the Bureau of Equipment. And so, if you are going to drive a vehicle that has more than 12 passengers, you have to be certified by the Department of Transportation as a commercial driver before you can drive that vehicle.

VICE PRESIDENT COVINGTON: I see. All right. How long have you been head of the Office of the Department of the Physician?

DR. TERRAZAS: Eleven years, ma'am.

VICE PRESIDENT COVINGTON: Eleven years. During your tenure, have you seen any particular trends that you would like to share with us in terms of the health of the Department?

DR. TERRAZAS: So, one major major change reflects the age breakdown of the Department. When I entered the Department, we were top-heavy, so to speak. Quite a number of members in the Department who were chronologically gifted. As younger members have come into the Department with increased hiring in the last decade, the age profile of the Department has changed. And consequently, just whenever there's a change in the age profile within an organization, you're going to have a difference in injury rates. You're going to have a difference in sickness rates. And for that matter, career-ending injuries. You know, the good news is that we have fewer career-ending injuries.

VICE PRESIDENT COVINGTON: And we also have many more women in the Department now than previously. Have you noticed any particular challenge that women in the Department face?

DR. TERRAZAS: Not in terms of their ability to perform their job because there's no question that there's no difference there. There never was and there shouldn't be. But you -- one has to recognize that the pressures that women face are going to be different than the pressures that men face just because of where our society is today. And that may exert some psychological stress of one degree or another. Not saying that they're more prone. Not saying that they have more of one or the other, but their position in our society places excess pressure on them in that regard. And in that regard, they may face a higher level of stress. Not that that --

VICE PRESIDENT COVINGTON: But those -- but those are psychological challenges as opposed to physical challenges. Are there any physical challenges that you have noted?

DR. TERRAZAS: No. None.

VICE PRESIDENT COVINGTON: No?

DR. TERRAZAS: None.

VICE PRESIDENT COVINGTON: Nothing that would be gender-specific?

DR. TERRAZAS: Correct.

VICE PRESIDENT COVINGTON: Okay. What about the incidence of cancer in the Department?

DR. TERRAZAS: So, cancer has always been an issue. And more and more because of changes at the Division of Workers' Compensation, cancer is more readily recognized as being work-related. Fewer claims are being denied for cancer. There is an increasing body of evidence that clearly points to the fact that firefighting as a job is a carcinogen, and there's no dispute there. And with continued exposure to fire suppression to -- with continued exposure to the hazards, the toxins, the chemicals, the -- cancerous soup that exists at any fire, there's always going to be exposure, and our members will always be at risk.

VICE PRESIDENT COVINGTON: From a medical standpoint, where would your profession, not you individually, perhaps, but where would your profession rank firefighters in terms of most challenging, physically challenging careers?

DR. TERRAZAS: No dispute there.

VICE PRESIDENT COVINGTON: But what --

DR. TERRAZAS: High.
VICE PRESIDENT COVINGTON: High? Number one? Number two? Number three? Four? Five?

DR. TERRAZAS: As far as occupations, it probably is on par with law enforcement. Not as high as the military, because, obviously, the military is the most. But it's up there.

VICE PRESIDENT COVINGTON: Okay.

DR. TERRAZAS: And then if you take into consideration that firefighters don't have access to certain safety equipment that maybe other industries are able to use, you have to factor in the fact that -- you have to factor in the qualifier that firefighting is far more hazardous.

VICE PRESIDENT COVINGTON: Okay. Thank you.

DR. TERRAZAS: You're welcome.

PRESIDENT NAKAJO: Thank you very much, Vice President Covington. Commissioner Alioto Veronese?

COMMISSIONER VERONESE: Good morning, Doctor. How do you see your job as far as, or the job of the person in this position as far as the eyes of the members are concerned? And let me know if you don't understand my question because --

DR. TERRAZAS: Could you clarify, please?

COMMISSIONER VERONESE: Sure. I'm trying to understand when a member comes into your office, is he coming in to get a checkup, or is he concerned about his job?

DR. TERRAZAS: Well, the most common context in which we're going to see a member is in the context of return to duty. And, you know, 90, 95 -- 90 to 95 percent of the time, it's going to be an uncomplicated process. The member wants to come back to duty. There's no reason why they can't come back to duty. And so, we facilitate that.

COMMISSIONER VERONESE: So, the percentage of your time is spent on return to duty? And what percentage would you call that? Is it 90 percent of your job is return to duty calls?

DR. TERRAZAS: I would say more like 75, 80 percent.

COMMISSIONER VERONESE: Okay.

DR. TERRAZAS: Just because of the fact that the end probationary candidate exams occur episodically throughout the year.

COMMISSIONER VERONESE: How much of your job is preventative care?

DR. TERRAZAS: Since we're not involved in the actual care of individual members, technically speaking, it's -- it's minimal. However, every time we see a member for an examination, for a return to duty, we talk about prevention.

COMMISSIONER VERONESE: So why is preventative care minimal as part of, using your own words, as part of the job of your office? If what I'm hearing is correct, which is initially, you said that the health and safety of your members is the primary mission of your office, why is preventative care not a bigger percentage of what you do?

DR. TERRAZAS: Maybe I misunderstood the question.

COMMISSIONER VERONESE: Well, you said that -- that it's a small -- preventative care is a small percentage of what you do. That's what I understood that you said.

DR. TERRAZAS: Your idea of preventative medicine may be different than mine. In preventive care, the rubric that I'm coming from is one where we engage the patient on a regular basis for continued follow up. And un -- logistically, in the way that the office runs, we don't have that opportunity for follow up care. We have an opportunity when the member comes to the office to devote a portion of the time that we allocate for the member to prevention.

COMMISSIONER VERONESE: I guess that's my question is that why isn't it a primary -- if the mission of your office is to -- is -- if the core mission of your office is the health and safety of the member, why isn't preventative care a larger portion of that?

DR. TERRAZAS: The structure in which we operate doesn't allow for that. And certainly, on a case by case basis, if an individual member wants to come back for a follow-up, that opportunity always exists. So, for example, if in the course of an examination we discover that

the member's cholesterol level is elevated, we'll ask first and foremost that they address it with they are primary care physician and that they have a discussion with their primary care position to address that issue. And we invite them from time to time to follow up with us to make sure that their cholesterol levels are improving. But we don't mandate that they do that. There's nothing within our structure that allows for that. But again, on a voluntary basis, it does happen from time to time.

COMMISSIONER VERONESE: You said -- you said that twice now. You said that there's nothing in the structure of your office that provides that. What do you mean by that and why isn't there a structure if the primary mission of your office is to support of health and safety of our members?

DR. TERRAZAS: So, I've been --

COMMISSIONER VERONESE: I'm trying to understand.

DR. TERRAZAS: Right.

COMMISSIONER VERONESE: If there is a deficiency that we need to fill there, a structural deficiency that we need to fill there, as a Commission, we need to know about that. Right? So what is the problem there? Why is it that members are only coming to you primarily, for return to work stuff? Because what that says to me is that I'm going to go to the doctor's office to decide whether or not I'm going to be future -- my -- the future is strong here at the Fire Department. That concerns me because I don't think that, in my opinion, that your office should be that. It should be exactly what your mission says is it's to promote the health and safety of our members. So, if members are coming to you saying -- if they're walking into your office thinking, am I going to have a job when I walk out of here, that concerns me. I would prefer that people are coming into your office saying, you know, how do I improve myself? What is it that we can do as a physician's office to improve the health of this department? What strategies are we implementing to improve the health of each of the members of this department? So, is there -- what is that structural deficiency that you're talking about?

DR. TERRAZAS: Well, it speaks to the fact that an individual member has a relationship with their primary care physician. They've entrusted their primary care physician for guidance on those matters. So, when they have a concern, they will go to their primary care position and they'll get the advice that they seek. They may give us feedback. They may loop back with us to say, "Hey, I went to my doctor. They said this was going on. How do I ensure that this doesn't impact my ability to do the job? And, you know, we'll take a look, and 99 times out of a hundred, the primary -- the primary care physician is doing the right thing.

COMMISSIONER VERONESE: Right. Okay. So, the structural deficiency you're talking about is more of a -- is more of a protocol set where people are -- we don't see members of the Department, really, for their physical health and welfare. They go to their doctor for that. But if there's a problem that's going to affect their ability to do their job, then your office is that -- that department that determines whether or not they can do the job, as opposed to doing with the primary care physician's doing, which is actually making sure that there are preventative measures in there to make sure that that member is not contracting post-traumatic stress he

syndrome, cancer for that matter, or any of the things that we know are incidental of this, incidental and hazardous things that occur in this job. Am I reading that correctly?

DR. TERRAZAS: Yeah. I would say yes. The - member is entrusting their primary care physician for guidance on many of those issues. And, again, from time to time, they may come back to us and say, "Hey, I went to see my doctor. They found I had this. How do I make sure that this doesn't impact my ability to do the job?" And in that case, we will provide consultation. We may engage in a conversation, a dialogue with their primary care physician. And, you know, most of the time, the doctor is doing the right thing.

COMMISSIONER VERONESE: So do you think having that mentality as a member, looking at the office of the physician, your office, your -- you and the people that work for you, having the mentality of, okay, this is somebody that could potentially -- this is a meeting that could potentially take my paycheck away from me, do you think that is a -- a productive mentality to have, and do you think that it encourages members to come into your office and be open and honest about their health issues?

DR. TERRAZAS: I took time to answer that question because that's probably best -- a question best addressed to the members. We don't see every single member on a regular basis. There are members who we'll see for a promotional exam, and then they don't -- there's no reason for them to come into the office for years because they've not had an injury that required treatment. They've not had an illness that introduced prolonged disability. They've been healthy. And so, without a mandatory periodic examination, there's no reason for them to come in, so they're going to -- most of their medical encounters are going to occur with their primary care physician. And so, they will always turn to their primary care physician for guidance.

COMMISSIONER VERONESE: But then if you have a member that, for example, has torn something in his leg, right? He is more likely to go to his doctor and talk to his doctor about that and get that fixed through his doctor than to come to you for care; correct?

DR. TERRAZAS: No. That's very true. Yes.

COMMISSIONER VERONESE: Right. So, under that circumstance, you won't know whether or not any -- that particular member is having that problem that may affect his job?

DR. TERRAZAS: Not at that moment. The only time that we will find out is if the member has been cleared by their doctor to come back to work. That's when we'll know about it. If it occurred on the job, yeah. We'll know about it, and we'll always be ready for them to come back and request a return to duty. But if it happened, you know, while they were on vacation in Yosemite, we may not know about it.

COMMISSIONER VERONESE: Well, you know, there have been studies, and I'm just gonna -- I used a broken leg or a torn something in your leg as a metaphor for perhaps other stuff that we know is happening in the Fire Department such as they say that close to, what? 30 percent have some level of PTSD, or the incidence of cancer is on the rise as well. How will you know unless it rises to the level where it's physically impacting their job performance where they've filed something claiming that it is as a result of their job performance that they have this particular ailment?

DR. TERRAZAS: We won't unless there is a mandatory periodic examination.

COMMISSIONER VERONESE: What -- are there any prevention strategies that your office has implemented for any of -- any particular ailment relating to the health and safety of -- of the Department?

DR. TERRAZAS: Well, we have an ongoing respiratory protection program. We have the ongoing hearing protection program. Those are the big ones. But as beyond that, no, there's no other prevention type program in place.

COMMISSIONER VERONESE: What does the respiratory program aim to detect?

DR. TERRAZAS: It -- it -- first of all, it asks the question, is the individual member -- do they have the ability to wear a respirator? Do they have a medical condition that could impact their ability to wear a respirator?

COMMISSIONER VERONESE: How many of those do you get a year where people are actually impacted? Is that common?

DR. TERRAZAS: No, because the overall health of the Department is pretty good.

COMMISSIONER VERONESE: So how many respiratory issues have you diagnosed in the last year?

DR. TERRAZAS: Well, in the last month, not that we diagnosed but new respiratory diagnoses came to light just in the last month.

COMMISSIONER VERONESE: Okay. So, we were talking about a prevention program related to some sort of respiratory disease. How many in the last year have you diagnosed?

DR. TERRAZAS: Oh, through the respiratory protection program?

COMMISSIONER VERONESE: Right.

DR. TERRAZAS: No. None have been diagnosed.

COMMISSIONER VERONESE: Okay. And then what was the other program? The hearing programs?

DR. TERRAZAS: Hearing.

COMMISSIONER VERONESE: Okay. How many of those have you diagnosed, hearing problems in the last year?

DR. TERRAZAS: So hearing loss will be identified on the hearing exam I would say roughly about 15, 20 percent of the time. The good news is that most of the time, the hearing loss isn't severe enough to impact the member's ability to perform the job.

COMMISSIONER VERONESE: Okay.

DR. TERRAZAS: There will be new hearing loss, and then it gets -- and then we track it to make sure that it doesn't cross the threshold where it may impact their ability to perform their job.

COMMISSIONER VERONESE: So -- okay. So we're -- we seem to be finding some sort of results from the hearing prevention program and we're tracking those results to make sure that the health of the -- that particular member who was having hearing problems is -- is being treated, or if they can't be treated, at least tracked so that we can -- we can see how the health of that member is doing. That's great to hear. But it -- in your entire presentation, what I didn't hear is, not until Commissioner Covington brought it up, is the word cancer, or for that matter, post-traumatic stress syndrome, or for that matter, whatever else is ailing this department, and we know that stuff is going on. And my question is that if it's one of your primary goals to implement primary and secondary prevention strategies for the Department, why aren't we doing that in regard to cancer and in regard to PTSD? Why are we relying on the Cancer Prevention Foundation for that stuff?

DR. TERRAZAS: So, your question, in my opinion, goes to the issue of policy.

COMMISSIONER VERONESE: Okay.

DR. TERRAZAS: And so on the policy issue, even though we have on paper a mandatory examination, it's been on hold for several years now. It's been on hold for several years because of the fact that even though it was mandatory, participatory -- participation rates were low, low enough that it was actually costing the Department money in order to keep the program going. And so it was suspended several years ago. And that was one of the few programs that would have allowed identification of problems early enough, early enough that they could be addressed in a timely manner that would not impact the member's ability to do the job.

COMMISSIONER VERONESE: Okay. So, what I heard from you is that the Office of the Physician is not implementing prevention strategies for cancer because that would require somebody to participate in a mandatory way, and that is not -- and when that's done, members aren't doing it? Is that right?

DR. TERRAZAS: Yes. But also keep in mind that if we don't have any other policy that mandates that something be done, we can't do anything. We need a policy. Without the policy, there's no mandate for doing anything.

COMMISSIONER VERONESE: Okay. Well, who -- where does that policy come from? Does that come from the Commission? Does that come from the Chief? Does that come from your office?

DR. TERRAZAS: I would say that most likely, it's a collaborative effort.

COMMISSIONER VERONESE: So, Doctor, here is -- here is my -- my issue is that your office, the -- one of the primary goals of your office, in fact, if you -- if you look at the job description, the number, the very first duty in there is to develop and implement primary and secondary prevention strategies for the Department's Occupational Health and Safety program. Now, from what I'm hearing is we're tracking hearing and we're tracking lung capacity or whatever technicality that is. But we're not tracking PTSD. We're not tracking cancer. And we're not tracking the unknown of what's out there to the extent that that can be done. Right? I'm also hearing from you that one of the primary reasons that a member comes to you is to decide whether or not that member is going to have a job when he comes out of your office because you're determining whether or not he's got some sort of physical or -- or mental impairment that is going to prevent him from doing the job, and I think that's very important. But given that that is the primary reason why a member is coming into your office, I can totally understand why a member would not participate in the mandatory program. Do you understand that?

DR. TERRAZAS: Yes.

COMMISSIONER VERONESE: So you agree that those two things are connected?

DR. TERRAZAS: Following your line of reasoning, yes.

COMMISSIONER VERONESE: Okay. So how do we make changes? How do we make changes in this department? And maybe we can save that for a presentation, a future presentation. So how do we make changes where we can get the members to actually come to or see your department as a place where they can get health and safety? Right? Because now they're looking at -- they're currently looking at your department as a place where they could potentially lose their job. And that's -- I mean, I would never go see a doctor. It's hard enough to get somebody to go see a doctor if they look at doctors as somebody that can take their job away. Now, I know that's an important part that you have to be, you know, you have to be impartial in what you see and you have to report to the Department because ultimately, you know, we're all here to make sure that the public is being protected, right and that these members can do their job. But how do we change that perception from a member looks at your department and says, "I want to spend as much time in there as possible because I want to live forever. I want to live past 10 years past retirement." And I know that this job has an incidence of cancer. It has an incidence of PTSD. And it has -- and possibly other stuff. Right? And all the other stuff that comes with PTSD, alcoholism and -- and addictions and -- and -- and divorces and all that stuff. Right? How do we get your department to be that department where somebody says, "I want to go there at least once a quarter," where each member is, "I want to go there once a quarter because I want to be really good at my job. I want to do it better. I want to be there for my family past 5 or 10 years past retirement. I want to live forever and I want to actually be able to enjoy that retirement." And I think that's the biggest challenge of your office. And I think it is inherent in -- it's one of the challenges that is inherent by that other factor that we talked about that it's also your job to make sure that they can do the job. But I think it's the biggest challenge and it's something that -- that needs to be a focus of your office because -- because ultimately, we're here to serve the members, and the members can't serve the public unless their health and safety is our biggest concern. Now we have a new battalion chief that I see out there that I'm super, super excited about that is -- that is going to be -- it's going to be her day to day job to think about these things, but to the Chief and

to you, Doctor, I think this is your biggest challenge, and it's something that we need to see some turnaround in over the next year because people are now talking about PTSD. They're now talking about cancer. We've seen this -- these cancer tests that Local 798 is doing. I think it was the urine analysis test. Right, Chief? I mean, we had people show up for that thing like we've never seen before. And so we should look at that and say why did people rush to go take a urine analysis test? Why are people rushing to do that? And we need to adopt those types of policies to make sure that they see your office that way. Do you agree?

DR. TERRAZAS: Yeah, but there's a little bit of history there too because with regard to the urine test, when the Department first implemented that, and most of the operational logistical -- and the infrastructure was provided by the Department, it was viewed as a Department test. And those few -- there -- participatory rates were very low. So, when all the logistics, all the infrastructure was transferred to the foundation, then participatory rates began to slowly creep up over a year to where they are now. So, the farther the Department was away from that test, the more it was viewed as a positive.

COMMISSIONER VERONESE: So what does that tell you, Doctor?

DR. TERRAZAS: That there are two factors. There's culture within the Department and the need for education.

COMMISSIONER VERONESE: Well, we can provide all the education we want. And that's -- and that's starting to come. Right? And hopefully, we can start seeing some of that. I'm assuming some of that is happening from your office too. Right? Because nothing prevents you from educating the members of the Department on -- on, you know, best practices to -- to avoid cancer to the extent possible. Or for that matter, PTSD. Right? That education could be coming from your office. And I don't know whether or not it is, but it could be and should be. But to me what that says, and everybody in here probably has their own opinion about why Local 798's urine analysis test is so successful, and the Department's isn't. But I can tell you what my opinion is, and my opinion is that people don't want to give your office their urine because they're afraid of losing their job. So how do we mold your program to be as successful as Local 798's program so that we have people rushing into your office to give urine, to give blood, to make sure that their health and safety is being sought after? So, we have to look at what 798 is doing and look forward because I think time is changing. I want to believe that members of this Department are starting to wake up to these things. And so, the fact that they're rushing to 798's program and afraid of our program for whatever reason is I think is a lesson to us that we need to learn from and try and change the unit to make it more inviting to test. Maybe making things more anonymous. Maybe passing a policy that says that you know, whatever results that we find here aren't going to impact your job unless your personal doctor says it does. And, you know, something like that is not going to scare people away from wanting to give them their results and analysis because we have no idea. I mean, maybe I'll ask you this question. Do you have an idea of the health and wellness of the members of this department, what the incidence of cancer are in this department? Let's start with cancer alone. Do we know what percentage of our members have cancer in this department?

DR. TERRAZAS: Off the top of my head I couldn't give you the exact figure.

COMMISSIONER VERONESE: But is somebody tracking that in your -- would you know if a member has cancer unless it affects their ability to do their job?

DR. TERRAZAS: Well, we would know if they file a claim for it.

COMMISSIONER VERONESE: Right.

DR. TERRAZAS: If they don't file a claim, we may not know about it.

COMMISSIONER VERONESE: We wouldn't know. Okay. And we obviously don't know which members have PTSD because unless they file a claim for it, and thank God for the governor and Senator stern for passing 458 last -- last week that now PTSD -- I'm sure you heard about this. PTSD is now a workers' comp illness. So, we'll know once those workers' comp things start coming in, but is there no way of tracking that right now so we really don't know what the health and safety of this department is today, and I think that's something we really need to work on. Thanks, Doctor, for your time. I appreciate it, and I would hope that if there are any challenges in your department that this commission can help with, whether it's staffing or otherwise, that you would bring those to us.

DR. TERRAZAS: Thank you.

PRESIDENT NAKAJO: Thank you very much, Commissioner Veronese. Commissioners, any other questions or comments with the doctor? Thank you very much, Dr. Terrazas. I just have a few things. In terms of your jurisdiction among the membership, how many of our membership are you responsible for in terms of our department?

DR. TERRAZAS: I would say, everyone.

PRESIDENT NAKAJO: Okay. Is that the 1,500 civilians and uniforms?

DR. TERRAZAS: Correct.

PRESIDENT NAKAJO: Okay. Would it be more than 1,500? I don't know what the present numbers are. Is that a pretty good figure?

DR. TERRAZAS: I believe we're at 1,800.

CHIEF OF DEPARTMENT NICHOLSON: Yeah. We're close to 1,800.

PRESIDENT NAKAJO: Thank you, Chief Nicholson. 1,800 total civilians and uniform. All right. In terms of the process and protocol, when a member is on duty, and if the member is injured, that member's injury is notified to the physician's office?

DR. TERRAZAS: Yes.

PRESIDENT NAKAJO: Depending upon the circumstance of that member on duty, whether it's an incident or whatever, does that member report to you because of that incident or do they go to their primary?

DR. TERRAZAS: If it happened on duty, if -- if it's -- if the member reports it as an -- as an on-duty injury, we will know about it. Some of the time, the member will call us following general orders to report their injury. Sometimes we have to reach out to the member to verify that indeed they were injured and then facilitate care for them.

PRESIDENT NAKAJO: Okay. So when a member is injured on duty, it is their duty to report to you at the physician's office, and they do that on their own initiative?

DR. TERRAZAS: Correct.

PRESIDENT NAKAJO: It doesn't go through the chain of command in terms of that injury?

DR. TERRAZAS: It depends. The notice to the office of the department may come from the individual member. It may come from their officer, or we may have to reach out to the individual member.

PRESIDENT NAKAJO: Okay. I'm just talking about scenarios. Generally, if that member, he or she, is injured on duty, they report to you, but do they report the incident to you, but do they report physically to you?

DR. TERRAZAS: They don't have to.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: Because if they, for example, went to the emergency room for treatment of their injury, and from the emergency room they were discharged to home, there's no reason for them to come back to the Department, maybe, so they won't physically present to the Office of the Department Physician. They'll call in via phone. And the other reason why they may call into the Office of the Department Physician is because the emergency room didn't give them instructions on what to do next, where to go for follow up care if follow up care was necessary.

PRESIDENT NAKAJO: Okay. I'm trying to follow this. It's supposed to be somewhat simple, I think, but I'm trying to follow this, that the member, he or she, if they're injured on duty, the utmost first requirement or obligation or need is to deal with that injury. So I'm assuming, again, I'm assuming they go to emergency or they go to their physician, and they don't necessarily report to you. What gets reported to you is the incident report, but you don't see them physically for their injury. Is that pretty accurate?

DR. TERRAZAS: Correct.

PRESIDENT NAKAJO: And if they go to emergency and they're discharged at home, if they don't call you in, you don't have any idea as to what happened with that injury; correct?

DR. TERRAZAS: Except for the fact that we will review all of the injury reports every morning to see who was injured. We give them a little bit of time to call in. And if they don't call in before that, well, before the end of that day that we receive notice, we will reach out to the member and speak to the member individually about the injury.

PRESIDENT NAKAJO: Okay. When you say you follow up, meaning you or your nurse practitioner follows up?

DR. TERRAZAS: Correct.

PRESIDENT NAKAJO: All right. And that incident of that injury is on the incident report by the commanding officer or the captain or the battalion chief? That recorded incident is recorded; correct?

DR. TERRAZAS: It's recorded in our information man -- in the Department's information management system.

PRESIDENT NAKAJO: So if that incident occurs out in the field and is recorded, that goes into a computer, and that automatically goes into your system as well?

DR. TERRAZAS: Yes. We have access to that information.

PRESIDENT NAKAJO: All right. So if that member is injured, went to emergency or is discharged at home or had some follow up with their physician, I'm assuming their primary physician, if they're being seen, gives them instructions in terms of how to care for it, et cetera, depending upon that injury. Does that mean automatically that that member is able to return to work or what is the protocol between that incident of that injury and that incident of being off for some temporary work-related modified duty or total disability? What're the steps in that?

DR. TERRAZAS: So, if they're discharged from the emergency room, they may or may not receive instructions from the ER physician as far as what to do about work. Or maybe they were but in the, you know, volumes of information that's being thrown at the poor member as they're leaving the emergency room, that may not be something that they remember, or for that matter, it may not even be documented in any of the forms that they, you know, the multitude of forms that they get upon discharge from the emergency room. So they might be trying to get back to work not knowing that they need follow up in one of the city and county's medical provider network clinics or providers for follow up for that injury, and they may have to go to one of these providers in order to get a return to duty note, whether it's return to regular duty or return to modified duty.

PRESIDENT NAKAJO: All right. As I'm trying to get clarity, I seem to be getting more confused, but I'll try to struggle through this as well.

DR. TERRAZAS: May I ask what question are you trying to get at?

PRESIDENT NAKAJO: I'm trying to figure out and get clarity on process and procedure. I know there are ranges of injuries. I'm looking at all the ways on the degree of injury. If it's severe, I assume that member is going to emergency, being followed up somewhere or another. What I'm trying to figure out is who issues the notification that this member may not be qualified to return to work? I'm trying to figure out that process. And I'm also trying to figure that if the injury on duty might be a light injury or such, say the member goes to the

emergency, gets discharged, goes home, and that member assumes that I'm okay, so I'll go back to work. I mean, I'm trying to figure out if those scenarios apply as well.

DR. TERRAZAS: So, the most common scenario, and actually, logistically the most simple one is an injury that's reported during work hours during normal business hours, the member is directed to go to one of the medical provider network clinics within the city and county of San Francisco. They go to the clinic.
They're evaluated for their injury. The doctor in the clinic issues a work status report that clearly identifies the member's work status. They either go back to regular duty, they're placed on modified duty, or they're placed completely off duty.

PRESIDENT NAKAJO: Okay. Hold on for a second. Who is making that recommendation?

DR. TERRAZAS: The physician in the medical provider network clinic.

PRESIDENT NAKAJO: Okay. Is that at the emergency unit or is that some other level?

DR. TERRAZAS: It's a clinic.

PRESIDENT NAKAJO: All right. And that doctor is making the recommendation whether return to work or get follow up treatment?

DR. TERRAZAS: Correct. And they're certified, so to speak, by the city and county of San Francisco's Division of Workers' Compensation to render medical treatment to that injured employee.

PRESIDENT NAKAJO: Okay. That injury report, if they have a scenario of they cannot return to work, what does that member do next? Do they report that to their commander and stay home or -- tell me.

DR. TERRAZAS: There are different avenues that can be taken at that inflection point. The member may call our office to let us know that they were just seen in the clinic and the doctor put them off work. If they haven't notified their officer that they were placed off work, then we will notify the assignment's office to let them know that the member has been placed off work and they'll be put in an off-duty status.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: If the notice goes to the officer, the officer may then notify the battalion chief. The battalion chief may call into the assignment's office to report that the member is off work.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: Or it may go to the -- it may go to the division chief.

PRESIDENT NAKAJO: Okay. I got it. I got the point of that they're now known that they are -- cannot return to work until they get certain clearances. Right? To the question of when do

the members come see you at your office, and to your point of you -- a bulk of your work is done in this modified duty, report to duty scenario, again, I'm trying to understand the differentiation between temporary total to modify because what it says to me is that the members come to see you because they have to come to see you, because if they don't get a clearance, they cannot return to work. Is that accurate?

DR. TERRAZAS: That's accurate.

PRESIDENT NAKAJO: All right. So, the members generally in the Department don't come to see you unless they fall into these kinds of categoricals, or if they get a shot or some kind of education. But you ain't their primary, but they come to see you work-related?

DR. TERRAZAS: That's correct.

PRESIDENT NAKAJO: And is -- what is it in the charter, your job description, that you, the physician, are the one that has the authority to assign them to go back to work or extended modification?

DR. TERRAZAS: Yes. Our general orders speak to that.

PRESIDENT NAKAJO: In your 11 years as a doctor in our department, how many have you recommended for total removal from medical? Is that HIPAA or something you can't answer or are we going into a gray area? If you -- if you -- if we are, you don't have to answer this. I'm just curious.

DR. TERRAZAS: Well, the -- so it -- I don't believe it's a HIPAA violation but it's been a handful.

PRESIDENT NAKAJO: Okay. And that handful, they have appeal process as well?

DR. TERRAZAS: That is correct.

PRESIDENT NAKAJO: And what is the appeal process?

DR. TERRAZAS: So if it's for a work-related injury, the appeal process goes through the state's Workers' Compensation system, and an independent physician will adjudicate on whether there is permanent disability on impairment or not. And that physician is separate from the city and county of San Francisco.

PRESIDENT NAKAJO: All right. So the severity in terms of approval of going back to work has to do basis on this return to duty clearance. Is that correct?

DR. TERRAZAS: I'm sorry. Can you repeat it?

PRESIDENT NAKAJO: Again, I understand that the members have to go to you to get clearance in terms of returning to work.

DR. TERRAZAS: Yes.

PRESIDENT NAKAJO: But you're the primary person to make that decision in terms of clearance to work?

DR. TERRAZAS: Within the Department, yes.

PRESIDENT NAKAJO: Okay. So, in terms of the inference of being terminated or being let go within the Department, it falls only within that parameter of whether you and your office make a recommendation if this member can medically be approved to move on? If the member cannot be medically approved to -- to be moved on, you make that recommendation. Is that correct?

DR. TERRAZAS: Correct. For work-related injury, always under the guidance of the Division of Workers' Compensation.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: So, if the Division of Workers' Compensation accepts the findings of the independent physician, we have the obligation to follow the guidance that is handed to us by the Division of Workers' Compensation. For non-work-related injury, it's a totally different path.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: And that is a process that's handled through the Division of Human Resources.

PRESIDENT NAKAJO: All right.

DR. TERRAZAS: And the appeals process in that avenue, again, goes through the Department of the Division of Human Resources and is separate from the Department.

PRESIDENT NAKAJO: Okay. Last question or comment. Last question. It says on one of your bullet points, "Return to work, fitness for duty." Last point, bullet point, "Perform fitness for duty examinations either at the member's request or the request of the Department." Indeed, Doctor, you get requests from the individual members for --

COMMISSIONER HARDEMAN: You --

PRESIDENT NAKAJO: -- fitness exams?

COMMISSIONER HARDEMAN: You have -- you too?

DR. TERRAZAS: Well, for example, if they have undergone treatment with their personal physician for non-industrial illness or injury and their doctor has advised them that maybe they shouldn't perform firefighting or some other task or job, they may come to us. And they say, "Hey, my doctor is saying this. What do we need to do in order to definitively rule it in or out?"

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: And so then we'll engage the member and say, okay, well, talk to your doctor about doing this test. Talk to your doctor about doing this functional test.

PRESIDENT NAKAJO: Okay.

DR. TERRAZAS: And let's find out where you sit in this continuum.

PRESIDENT NAKAJO: All right. So, when the member comes to you on those kinds of scenarios, it's for you -- for them to get some support from you and your doctor's office so that they can have some case justification to return to work? Is that what I'm hearing?

DR. TERRAZAS: Yeah. So, if their doctor says, "I don't think it's a good idea for you to go back," we can then work with the doctor to say, "Hey look, we understand your concerns. However, you may not know that there's this functional test that you could use as guidance for deciding whether it's appropriate for this member to come back or not." and there's been, you know, a handful of situations where thanks to that functional test we were able to keep the member at work.

PRESIDENT NAKAJO: All right. You answered my comment in terms of how many incidents, and you said a handful. That's fine. Thank you. At the request of the Department. So the Department officers make requests to you to see a member? Does that occur as well?

DR. TERRAZAS: Yes. It will go through the chain of command, and then the administration will call us to evaluate the member, and the member will be -- will come to our office.

PRESIDENT NAKAJO: All right. Thank you very much, Doctor. Chief Nicholson?

CHIEF OF DEPARTMENT NICHOLSON: Thank you, Mr. President. Did you want to speak as well?

COMMISSIONER HARDEMAN: Oh, no, no. Go ahead.

CHIEF OF DEPARTMENT NICHOLSON: Okay.

COMMISSIONER HARDEMAN: Go. And while we're --

CHIEF OF DEPARTMENT NICHOLSON: So just a quick clarification. The urinalysis testing is supported by the San Francisco Firefighters Cancer Prevention Foundation. That's who does it. 798 is a donator and supporter of them, but it's done by Cancer Prevention Foundation. And I have been told that there is an individual in the room who would like to make public comment. Misunderstood that you asked for it beforehand. So if you can open it up after, that's up to you.

PRESIDENT NAKAJO: All right.

CHIEF OF DEPARTMENT NICHOLSON: That's all. Thanks.

PRESIDENT NAKAJO: All right. Thank you, Chief Nicholson. Commissioner Hardeman, you had something you wanted to verbalize?

COMMISSIONER HARDEMAN: Yeah. We're getting our -- let's just figure it out here. Let's open there. It's working. Okay. Thank you, President Nakajo. I don't know if you have the answer to this question, Doctor. Can you clarify the financial or other distinctions that go, including return to work, et cetera, when a person is on workers' comp or state disability, how is that person financially affected and how is that person's return to work affected if they're hurt off the job versus on the job?

DR. TERRAZAS: So two different scenarios. If they're -- if they have injury or illness that prevents them from working, and it -- and that injury or illness is not work-related, then they have to use their accumulated time balances to restitute their pay. So, it will be sick pay, or if they have time coming, time coming, vacation, the Department has leave policies in place that facilitate the use of the member's accumulated time balances, but they actually have to petition the Department. They have to give the Department notice that they need to use this, they need to use their accumulated time balances.

COMMISSIONER HARDEMAN: And as -- as related to their seniority and their pension, do you -- do you know what those differences would be?

DR. TERRAZAS: I'm not sure I understand the question.

COMMISSIONER HARDEMAN: Well, if they're on an off the job injury, say they fall down the stairs at their home, they break a leg or something, what effects does it have on their pension? Do the pension benefits continue when you're on an off the job injury?

DR. TERRAZAS: That's an HR question and issue.

CHIEF OF DEPARTMENT NICHOLSON: So as long as the member is being paid. So if they're able to use sick pay or vacation or if they're on temporary modified duty, as long as they're being paid, they're covered. So it's when you are not being paid. I'm not sure what the time period is that those benefits can become at risk.

COMMISSIONER HARDEMAN: So as far as their seniority, what they're --

CHIEF OF DEPARTMENT NICHOLSON: That stays. Yeah.

COMMISSIONER HARDEMAN: That stays the same?

CHIEF OF DEPARTMENT NICHOLSON: Yeah.

COMMISSIONER HARDEMAN: So they don't get deducted for being injured off the job now?

CHIEF OF DEPARTMENT NICHOLSON: No, but if they are, you know, off on leave without pay for a year, then that will affect their pension. They won't be paid -- that year won't count towards their pension.

COMMISSIONER HARDEMAN: Okay.

CHIEF OF DEPARTMENT NICHOLSON: Make sense?

COMMISSIONER HARDEMAN: Okay. That was it. I didn't think you had all the answers, but I had to go through you to get the answer. Okay. Thank you.

PRESIDENT NAKAJO: Thank you very much, Commissioner Hardeman. Commissioner Cleaveland?

COMMISSIONER CLEAVELAND: Is my mic on? Okay. Doctor, I just have one question. In our meeting that we had the other day, I asked you what is your biggest challenge in the job as our Department physician? And you answered that it was dealing with the fire culture that's engrained against being healthy and fit, and that, you know, you felt the union was not supportive. Can you elaborate a little bit more on what you believe are your biggest challenges as our Department doctor?

DR. TERRAZAS: One truth is that health, a person's health is very personal. I understand that. So if someone is not in good health, meaning they have some illness or some injury, they're not going to talk about it much. And they're not going to talk about it much because it is personal. They don't feel the need that they need to talk about this with anyone else. They may talk to their doctor about it, their personal physician, and that's always welcomed, but they may not talk to anybody at work about it. Okay?

COMMISSIONER CLEAVELAND: Including you.

DR. TERRAZAS: Including me. Yes. Including anyone in our -- in my office. But I think that the fact that individuals hold their health information close to heart, you know, you could say that about anyone in the US workforce. But it's a little bit more acute in the Fire Department. And that's not a criticism. That's just a -- a statement of fact. And so trying to work within that belief system can be very, very challenging. It can impact the -- this -- it can impact the exchange of information of necessary information when our office is tasked with deciding whether it's safe for this individual to come back to work or not. So they may not provide full disclosure. Thankfully, that doesn't happen commonly. It's an uncommon occurrence. But it's one of the challenges introduced by the fact that people hold their health information close to heart. And I'm not being critical. It's not necessarily a bad thing.

Public Comment:

Captain Dan Casey: “I appreciate your indulgence, President Nakajo, Board members, Chief Nicholson. My name is Dan Casey. I am an EMS captain currently assigned to Station 49, but I'm actually here in my role as a director from the Executive Board of Local 798. And we understand that there have been updates and reviews of the physician's office. I will try and keep my comments brief, but I do want to address a couple of things that came up. This has

been our first formal opportunity to address our members' overall dissatisfaction and lack of confidence in Dr. Terrazas' performance as Department physician. And this is not something recent. This is something that's developed over the years. But as I said, this is our first formal opportunity. The two main categories this falls under, the interactions fall under people who have had uncomfortable and sometimes inappropriate interactions with the doctor, and unnecessary obstacles and delays in the return to duty process. I personally have worked with three members who have engaged the same attorney in order to facilitate their return to duty when they have gone through our physician's office, been told they need certain tests. They get the tests. Then they're told they need additional tests, or they need to see an additional specialist. The doctor does not take these specialist's opinions. And then further moves out the return to duty process and causing great stress to our members. And these are people who want to come back to work. There are people who actually have been deemed by outside specialists as being able to perform the job, but they are facing what we believe are unnecessary and unreasonable expectations from our physician's office. We -- to address Commissioner Alioto Veronese's question regarding preventative care, we have in the past have had a -- a health check program that was a collaborative effort between management and labor. And the par -- frankly, the participation dwindled because of the lack of confidence in the physician's office and members not willing to share their health information with the physician's office. We understand that the Department physician has a difficult job and must make some hard decisions in terms of whether or not a member is fit for duty. And that can mean someone's livelihood. But at the same time, if the members do not have confidence that they're going be dealt with fairly and in an expeditious manner, that destroys the ability of the Department physician to adequately serve the membership. Thank you."

5. CHIEF OF DEPARTMENT'S REPORT *[Discussion]*

REPORT FROM CHIEF OF DEPARTMENT, JEANINE NICHOLSON

Report on current issues, activities and events within the Department since the Fire Commission meeting on April 24, 2019, including budget, academies, special events, communications and outreach to other government agencies and the public.

Chief Nicholson reported on activities since her last report.

Events and meetings, she attended:

- 9/12: She spoke at the Mission High School's first Fire and EMS program.
- 9/13: Department of Emergency Management policy group tabletop exercise, which included a lot of department heads.
- 9/21: Mayor's Battle of the Bay kick-off, which included picking up bags of trash at Heron's Head Bay.
- 9/25: attended the California Fire Chiefs Conference in Ontario, California where the main topics that were discussed were EMS, firefighter health, behavioral health, cancer and the wildland-urban interface fires in the state of California.
- 9/26: Meeting regarding the San Francisco Fire Youth Academy funding along with Vice President Covington.
- 9/28-29: Northern California First Alarm Girls Fire Camp at the Treasure Island facility, where over 50 girls, high school age participated in all sorts of Fire Department related activities from CPR to wearing Scotts and going into the burn rooms.
- 10/4: Attended the 15th EMT graduation along with President Nakajo and Commissioner Cleaveland.

- 10/7: Attended the Black Firefighters Youth Academy. She also welcomed the 55 recruits to the 125th H-2 academy.

Chief Nicholson introduced Battalion Chief Natasha Parks, who is overseeing the Health, Wellness, and Safety Division and who has been inundated since she started a couple of weeks ago. Chief Parks introduced herself as Natasha Parks, Battalion Chief of the new Health, Safety, and Wellness Division and that she would be working with Chief Velo and the rest of the Department in getting the members healthy and talking about cancer, behavioral health, and health check. She added that she has been with the Department for 22 years.

The following questions and answers took place after Chief Nicholson's report:

VICE PRESIDENT COVINGTON: Yes. Thank you. Battalion Chief, can you return to the podium, please? Yeah. Can you give us a little more of your background?

CHIEF PARKS: More of my background? Again, I've been with the Department for 22 years. I was also with the Sheriff's Department for a few years. I've been a captain at Station 32 for over eight years, a lieutenant at Station 33, and a firefighter at Station 13 for eight years. Again, I went to UC Irvine. I have a degree in biology and psychology. And I just want to help the members of this Department.

CHIEF OF DEPARTMENT NICHOLSON: She also worked on the cancer prevention stuff with the biomonitoring.

VICE PRESIDENT COVINGTON: Very good. Thank you,

COMMISSIONER VERONESE: I had the pleasure of meeting you at the mayor's signing the other day.

CHIEF PARKS: Yes.

COMMISSIONER VERONESE: I have, as I mentioned to you, I have high hopes for your position.

CHIEF PARKS: Yes.

COMMISSIONER VERONESE: That psychology degree is going to come in handy because as you saw from Dr. Terrazas' testimony, I think one of the biggest challenges this department is going to have is convincing the members to actually come to the Department for their health and safety and wellness.

CHIEF PARKS: Right.

COMMISSIONER VERONESE: And so, I look forward to everything that you're going to be doing, and I don't know if it's too early to ask you. If it is, just let me know, but if -- do -- have you -- and if so, we'd love to have you back so that once you've gotten your feet wet, you can give us a sense of what your goals are in this position, and I understand if it's too early for that. But do you have a sense of what your goals are in this position?

CHIEF PARKS: Yeah. One is to get the health check to the members. We've set up a meeting with 798 to discuss topics about getting members more willing to do the health check. I'm also a member of supervising the Stress Unit and the Peer Support team. We've got a Peer Support class coming up next week. And then the Stress Unit, we want to get more data collected so that maybe we can strengthen the -- support the Stress Unit with more members. And we've been partnering with the Cancer Prevention Foundation just to get information out about how best, like you said, best practices on preventing cancer.

COMMISSIONER VERONESE: Great. Fantastic. I would recommend -- well, we can talk offline about this, but Cal Fires also just got a bunch of money from the governor.

CHIEF PARKS: Okay.

COMMISSIONER VERONESE: And I think it's six-million dollars towards mental health, which is a big deal.

CHIEF PARKS: Yes.

COMMISSIONER VERONESE: And so I know that they're working on best practices for a structure of a Peer Support unit.

CHIEF PARKS: Okay.

COMMISSIONER VERONESE: And then, Chief, I know that we're coming on the one-year anniversary of the resolution that this Commission passed in regard to the Peer Support, so I imagine that you'll have something to do with that as well, and we look forward to seeing that.

REPORT FROM OPERATIONS, DEPUTY CHIEF VICTOR WYRSCH
Report on overall field operations, including greater alarm fires, Emergency Medical Services, Bureau of Fire Prevention & Investigation, and Airport Division.

Chief Wyrsch's report covered the month of September and is attached: https://sf-fire.org/sites/default/files/COMMISSION/Fire%20Commission%20Support%20Documents%202015/ops%20report-1.pdf

He stated they had one greater alarm fire in September, and it was a second alarm at 29 Thornton across Latona. There were no injuries and the cause has been deemed undetermined at this time. He mentioned that they had 17 first alarm fires during the reporting period including the one at 88 Delano where two civilians lost their lives despite valiant efforts to rescue them. He stated that there were four wildland fires, two-bay rescues, three surf rescues, four cliff rescues, three BART train rescues where they rescued a total of 20 civilians in the above rescues. He went through his report and touched on NERT graduations, high-frequency callers, the Division of Fire Prevention and Investigation, the Airport Division and Homeland Security, all of which are detailed in his submitted report. He gave an update on the Drone Program by stating they have received confirmation on October 4, 2019, from the City Attorney's office, COIT, and OCA, that the SFFD can move forward with the purchase of the drone. He had Deputy Director Mark Corso provide the following: "as the Chief mentioned, after quite a few meetings and back and forth, we finally have received approval after collaboration with the city attorney's office, Office of Contract Administration and the COIT, to move forward with our joint program. We have all of our federal Homeland Security approvals, and we have approvals with the adoption of the policy previously by the Commission to go ahead and move forward. So, we are working with our vendor, a few vendors on quotes and specs, and we hope to have everything over to city purchasing by the end of the week to move forward on the procurement.

The following discussions took place following Chief Wyrsch's report:

VICE PRESIDENT COVINGTON: Thank you. Thank you for your report, Chief Wyrsch. The one greater alarm that took place in the Bay View earlier, one of my friends happens to

live in one of those three houses. And she said that everyone with the Department was just stellar, just absolutely wonderful and very, very calming, informative, warm. You know, just everything. She made me even more proud of the Department because I couldn't have been there, you know, of course, to help her in any significant way. But she is very, very grateful for the members of the Department and the way they handled the situation and their concern for each person who was impacted by that fire. So, I wanted to pass that on.

CHIEF WYRSCH: Thank you. Appreciate that.

VICE PRESIDENT COVINGTON: Welcome. And, let's see. on page 13, the two examples you gave of how EMS-6 has helped get people's lives back on track, those are wonderful stories. I think somehow, we have to get the word out about what a wonderful program this is so that our fellow citizens know that there is an effort afoot, and it is getting results. People are being helped in a significant way. There are a couple of people that I see. I live in Hayes Valley. There are a couple of people I see frequently. And I think it's like any -- anything that seriously -- that has seriously gone awry in a person's life, it takes quite a while to get back on track. And it takes the whole community to help people to get back on track. So this is one of the ways that that happens, and I'm happy to see that you have highlighted this in your report. And I appreciate the numbering of the pages. It's very helpful for me. The grant for 2019, is Mr. Corso going to talk more about that or no? That's on page 40 -- I think it's 44. Let's see which one.

CHIEF WYRSCH: The grants under Homeland Security?

VICE PRESIDENT COVINGTON: Page 40. Uh-huh. Yes.

CHIEF WYRSCH: Yeah. We're -- currently, we're working on them now. I think we just got an e-mail that -- do you want to come up? That they're extending it because of the power shutdown.

CHIEF COCHRANE: Good morning, Mr. President, Commissioners, Chief Nicholson. Assistant Deputy Chief Mike Cochrane, Homeland Security. So those are UASI grants. And they're CBRNE related. We have a meeting today. They're supposed to be submitted, but by the 11th, but got extended by the public safety power shut off. So, we're going to meet on those today and put in for equipment that the Fire Department will need.

VICE PRESIDENT COVINGTON: Okay. Great. Thank you. And I wonder, was the photograph that accompanies the text, was that photograph taken by a member of the Department, the fireboat in full bloom and everything? Still on page 40.

CHIEF WYRSCH: Probably our PIO. Baxter.

VICE PRESIDENT COVINGTON: It's a fantastic photo. I think we need to make as much use of that as possible.

CHIEF WYRSCH: Yeah. The nice, nice display behind the mayor when she did a press conference the other day. It's dramatic.

COMMISSIONER VERONESE: Getting to the Narcan administration from 2000 -- July 18 to September 19, thank you, thank you for this. I think this is great information and it shows that from July of 2018 to September, we have more than doubled in Narcan administration. And it appears to be some sort of spike in April. No. Strike that. It goes in May from 117 to 191. That's a huge spike. I don't know what's going on -- what's going on out there in the streets but clearly, something happened at the end of May that would cause that to spike. And I'm not sure if the Department of Health has this information. Maybe they do, maybe they don't, but if they don't, we should probably give it to them because it paints a picture of what's going on in the streets. And it would be great to know what the strategy is because these numbers are just going up. It's gone up to 214 from then. Do these -- is this something that we have seen that once the strain -- this -- is it fentanyl or opioid strain stops that there's just going to be a dramatic decrease, or does this continue to go up as we've seen it do over the last year?

CHIEF WYRSCH: Unfortunately, it's been fentanyl that we've seen the increase on. Lately, we've had some overdoses and we've had some exposures to fentanyl. It's that spiked. So, because it's so cheap and it's getting over here apparently by mail, but we're looking into it. And I believe that's the culprit.

COMMISSIONER VERONESE: So it may be appropriate to maybe to develop some -- I'm sure there's some strategy being developed around this but it would be great to know since this is a very big issue, obviously, in San Francisco, and it's affecting our membership and our budget, so it would be great to know what the strategy is, whether it comes from our department or the Department of Health as to how we're going to bring these numbers down in the same way that we're working on the strategies with EMS-6 to bring those numbers down.

CHIEF WYRSCH: Correct.

COMMISSIONER VERONESE: On the next page, if you could explain this, this chart to me that appears as if somebody bled all over it because it's all red, what is this next chart? It's on page seven.

CHIEF WYRSCH: That's -- it's our ambulance levels by day, and it's a little difficult to explain. Sandra Tong may have to come up here, ADC Tong, to help with it. But basically, it's lower than three percent at level two or low, or below for that day. So, on the left-hand column is the day of the month. And then as you see, it's the minutes across the top and the percentage that goes from level zero to less than -- more than seven on either direction.

COMMISSIONER VERONESE: So, I'm assuming this is last month, September?

CHIEF WYRSCH: Correct.

COMMISSIONER VERONESE: Okay. Maybe Chief Tong could do this for us. Maybe they could walk through one of these rows to give us a sense of what this means. Perhaps the last day of the month, just by way of example? And if you could explain what those numbers mean so that the Commission can understand them? Maybe the Commission does understand them. I don't understand what this means.

CHIEF TONG: Hi. Good morning, President Nakajo, Commissioners, Chief Nicholson. Sandy Tong, Assistant Deputy Chief of EMS. So, if we're looking at the last row, left-hand corner, or the left -- last column, last -- the second to last row, 30 is the 30th of September. And then what we're doing here is just identifying the number of minutes where we were at level zero in 99-minute, level one, 57 minutes. So essentially, that means the available ambulances in the system at any particular point in time during the 24-hour period.

COMMISSIONER VERONESE: So what is the column that has a less than seven, is that cumulative of the columns where it's 012?

CHIEF TONG: No. No. It would just be in that moment of time, the number of minutes where we had seven or less. It would probably be four -- three, four, five, six.

COMMISSIONER VERONESE: So, 490, that's minutes, that's eight hours. Are you saying that on September 30th, we were at level zero?

CHIEF TONG: No. We had less than seven. Six, five, four, three, two, one.

COMMISSIONER VERONESE: Less than seven what?

CHIEF TONG: Ambulances available.

CHIEF WYRSCH: Seven or less.

COMMISSIONER VERONESE: We had seven or less ambulances available for 490 minutes?

CHIEF TONG: Right.

COMMISSIONER VERONESE: I get it. Okay. That's a -- that's a lot less alarming than the direction I was going. So, for 99 minutes on September 30th, we had zero ambulances available?

CHIEF TONG: Correct.

COMMISSIONER VERONESE: That's an hour and a half.

CHIEF TONG: Yes.

COMMISSIONER VERONESE: And that is -- so for an hour and a half on September 30th, is that an hour and a half throughout the day?

CHIEF TONG: For a 24-hour period.

COMMISSIONER VERONESE: For the 24-hour period? So that could be five minutes at 2:00 o'clock, 20 minutes at 4:00 o'clock. Those are those numbers added up?

CHIEF TONG: Exactly.

COMMISSIONER VERONESE: For the entire 24-hour period?

CHIEF TONG: Yes.

COMMISSIONER VERONESE: Okay. So, it's not like at one moment in time there was 99 minutes where we had zero ambulances available?

CHIEF TONG: Correct.

COMMISSIONER VERONESE: Okay. That's helpful. And then explain to me what the percentages on the far right how does that work out?

CHIEF TONG: That would just be the percentages based on the number of minutes per day. The percentage of time in the course of a 24-hour period when we're at level 0 or 1 or 2.

COMMISSIONER VERONESE: Okay. So, on September 30th, 6.9 percent of that 24-hour period, we were -- we had no ambulances available?

CHIEF TONG: Correct.

CHIEF OF DEPARTMENT NICHOLSON: So, this is one of the stats that we're collecting. We're looking into a lot of different data pieces, and I'd like to chat with you offline about all of them and sort of show you the full picture.

COMMISSIONER VERONESE: Okay.

CHIEF OF DEPARTMENT NICHOLSON: Yeah. We can absolutely do that.

COMMISSIONER VERONESE: Yeah. I understand that this chart is probably as a result of something that I asked for and a lot of the times when you start collecting information, it's not entirely accurate because you're pulling in from different places and you have to work on those statistics. So, sure, Chief let's get together and talk about this. Because I know this staffing is an important issue. And I'd like to learn more about it and make sure that we really get these numbers down accurately so that we can use these numbers to report to people that need to know so that we can then begin a strategy to get these numbers down to so that there's no red on this piece of paper, assuming that they're fully accurate. Okay. Great. Thanks, Chief. We'll revisit this. Chief, in regard to the drones, I wasn't going to let you get away with that. When it is acknowledged that you took all the glory away from being able to announce that this is actually done, you know? Chief, I acknowledge that you know, week after week, he gets up here and takes the brunt of this, and then you get up and say it's done.
We know a lot of the work where it happened but thank you for that. The next question is when? So, what are the next things that we're working on to make sure that there are no additional barriers to actually getting these things deployed?

CHIEF COCHRANE: Good morning, Mike Cochrane, Homeland Security again. I don't want to give an exact date like I said in the beginning because that scares me, but we are moving forward. The OCA process, I'd have to ask Mark Corso to talk about that if he can because he helped with the city attorney and COIT meetings. And so I'm not sure if it's 30 or 60 days to

get it purchased. The next step is the certificate of authorization that's tied to the drone. Then our pilots, and we should be good to go.

COMMISSIONER VERONESE: So are there things that we could be doing in the meantime like training pilots or taking courses so that once we have those, there's not like a ramp-up another six months to make sure?

CHIEF COCHRANE: Yes. Yes, sir. So, I'm glad in the beginning I didn't take it because it's been so long, I probably would have forgotten. So that process should be starting. And internally, we're going to figure out the pilot thing. That's a 24-hour online course. So that could happen fairly quickly. And so that's where we're at right now. The main thing was to try to get the drone and get through all these hurdles. I knew it was going to be scrutinized so I wanted to make sure that we did as much as we could to make it correct.

COMMISSIONER VERONESE: Is the funding there?

CHIEF COCHRANE: The funding -- so there's a grant for the drone. I believe the funding is there. Yes, sir. I'm not sure down to the penny but we do have funds for the drone. I'd have to ask Mark Corso on the exact numbers.

COMMISSIONER VERONESE: How many drones are we deploying? Because as we saw out at the live ops thing, I think a bird took out the drone that was working on that one.

CHIEF COCHRANE: That was correct, sir. That was an aggressive seagull. I've never seen that before but the -- so we are getting one that the original request that it has lights and infrared. And so through my research, and once again, I'd like to thank Menlo Park Fire and their drone program, this would be the ultimate fire service drone at this point in time. So that's what we put in for and are currently trying to get.

COMMISSIONER VERONESE: Just one of them?

CHIEF COCHRANE: Just one for now.

COMMISSIONER VERONESE: Okay. Yeah. I'm sure that bird learned that lesson the hard way. Okay. So, one drone you think between 30 and 60 days, and that's the competitive bidding process you're talking about assuming that that's -- it's not --

CHIEF COCHRANE: I'd like to speak out of turn on that. Mark, how does that OCA work exactly? I'm not sure.

DEPUTY DIRECTOR CORSO: Good morning again. Mark Corso. Yes. It's through the procurement process. It needs to go out to bid, but we did speak with the director of purchasing last week and told them this was a priority project for us, so we're in constant communication with them on that.

COMMISSIONER VERONESE: While you're up there, Mr. Corso, the grant that we're approving in another item here, that is for equipment as well. Could that be used to purchase additional drones if we needed to or is that specific to something else?

DEPUTY DIRECTOR CORSO: It's specific to the project and the scope that we requested. One is marine, and one is for rescue tools and equipment.

COMMISSIONER VERONESE: Okay. Great. So, I guess we'll have it deployed in the next 60 days by the end of the year. It will be like a New Year's gift. Maybe a Christmas gift. Okay, great. Thank you, Chief Cochrane. I wasn't going to let Chief Wyrsch take all the glory on that one. Acknowledging your hard work.

CHIEF WYRSCH: Totally understood.

COMMISSIONER VERONESE: In regard to EMS-6, it looks like those numbers are steady at about 39 percent with the exception that it's down to 33 -- assuming it jumps back up, but down to 33 percent. We're hoping that tracks -- that continue to track lower. I think it was 33 in October. And so that's about a 10 percent drop which is -- more than 10 percent drop, which is great. Can you explain to me what pages 14 and 15 are? It looks like a spreadsheet of some kind.

CHIEF WYRSCH: Those are the XM pages. So it's my understanding that these are the -- these are the pages when we might be getting to level zero, but it may be only less than a minute and we had -- went -- when the page goes out to, we're at level zero, then another ambulance will go back in service, will hurry up and go back in service. So, it could be there are more XM pages than actual level zero times because that means there are no calls on the board. We're not missing any calls, but there is a level zero. Is that the best way to describe it?

CHIEF OF DEPARTMENT NICHOLSON: We can talk about all this stuff and I'll, yeah, square you away.

COMMISSIONER VERONESE: Oh, okay. I didn't understand what you said because it's above my pay grade, but I understand that's part of the level zero conversation. We'll talk about that. And then that's it. Good luck with Fleet Week. I know this is a busy week for you guys. Chief Cochrane, you especially, I believe. All right. And the EMS Division, so good luck to you all and prayers that everything turns out at successful as it has in the past.

COMMISSIONER HARDEMAN: Yes. Thank you, President Nakajo. So I got all my questions asked by Commissioner Alioto Veronese. The one that sticks out again, the 105 percent increase from last year of Narcan. And I was out on a cruise since the last meeting and talked to other people in other states, and the same problem, so we're not alone there. Interesting. Governor Newsom, to his credit, signed this new legislation for basically dealing with mental health. And it's interesting how all of us like to blame a governor that was in office 45 years ago for eliminating mental health budget and -- well, it's 45 years later and we've been sitting on our hands for a long time. So it's nice to see something happening and not blaming somebody for that did something 45 years ago. We have to clean up our act. I did notice -- I was in New York City -- the street people. Wow. Compared to the last time I was there which was like five years ago, it was night and day. They were everywhere. Not so much as panhandling as just sleeping on the side of the streets. Very, very discouraging. So they have the same problem as we have. In your report about the fire and two alarm, the only two alarm

of the month, which is always good to hear, and very remarkable. In 37 minutes, the fire was put out from the time I guess you arrived. And then with three buildings, under a million dollars of damage. But 59 minutes, it was under control. So that's pretty -- it seems to me like pretty fast. I think that was quite good to have. Obviously, it was quite a fire to do that kind of damage. And Chief Juratovac was the chief handling it. So, it seems like she did a good job. She's not in the room but I thought I'd give her a little kudos anyway. And let's see. The drones. Yeah. The questions -- I think the state of the art was only like 1,700, was it like four years ago that we saw it was pretty -- had a demonstration that I got to be involved with. So is there a number? I didn't hear a number on what the latest technology is. Has that gone up quite a bit?

CHIEF WYRSCH: The price has gone up since we started this.

COMMISSIONER HARDEMAN: Well, it's probably a lot better, I'm sure.

CHIEF WYRSCH: Yeah. They make improvements drastically.

COMMISSIONER HARDEMAN: A lot safer, a lot more reliable, a lot --

CHIEF WYRSCH: Correct.

COMMISSIONER HARDEMAN: -- better in fighting the wind and everything. I'm sure the camera --

CHIEF WYRSCH: Correct.

COMMISSIONER HARDEMAN: Good. Boy, I'm all ready to vote for a grant to get a couple more. So anytime that comes up, I will be voting in favor. I think that's one of the most important things. That was it. Good report as usual. Thank you, Chief Wyrsch.

CHIEF WYRSCH: Thank you. Thank you, Commissioner.

COMMISSIONER CLEAVELAND: Thank you, Mr. President. And thank you, Chief Wyrsch, for your report. A couple of quick questions. Do you track the type of overdoses that people are having on the street? I mean, we have this huge uptick in Narcan distribution. What percentage are fentanyl-based and what percentage are heroin based and, I don't know overdoses? Do you track the reason for the overdose or the cause, I should say?

CHIEF OF DEPARTMENT NICHOLSON: So, if I may interject? When we give someone Narcan and it reverses the overdose, we know it's an opioid. Okay? We don't necessarily know if it's fentanyl or heroin or what it is. So, we don't run a test to figure that out, typically. So that may be done at the hospital. But what we can say sort of anecdotally I think is, especially since the use of Narcan by our members has gone up, and I know the Department of Public Health has also put a lot of Narcan on the street into the hands of folks who are addicts. And with the increase in opioid overdoses and deaths, there's more and more fentanyl out there. So, I just don't know -- I don't know how much it is percentage-wise, but yeah, it's an issue. And it's much stronger. And it's much stronger than heroin and we had a big issue last night, actually. A call with over five people at the jail. So, yeah.

COMMISSIONER CLEAVELAND: That's really sad. You said it was over the mail people are receiving fentanyl by mail?

CHIEF WYRSCH: Correct. It's easily sent through the mail. And they're able to track a package. But while they're tracking a package and they have to get search warrants, there are probably 10 other packages that are passing through there it's just coming in small doses. And it's very cheap, is my understanding. We're trying to get a lot of information out to the Department through training bulletins and also our target solutions on fentanyl.

COMMISSIONER CLEAVELAND: Is fentanyl a tablet?

CHIEF WYRSCH: It can be a powder, a tablet, it can go airborne.

CHIEF OF DEPARTMENT NICHOLSON: It can be a liquid. It can be anything, so that's also what makes is dangerous is if it's a powder and somebody gets it on them, that can be absorbed. If it's a liquid, the same thing. Inhale it. So, it's really a dangerous thing. So we actually had five inmates, prisoners, at County Jail yesterday at 850 Bryant. And then several of the deputies also began showing symptoms. So, we had our hazmat team in there clearing it all out. So, yeah. It's a big deal.

COMMISSIONER CLEAVELAND: Almost like biological warfare on the --

CHIEF OF DEPARTMENT NICHOLSON: Yeah. It's a big deal. And you know, I think it -- it hit the east coast and other places before it hit us.

COMMISSIONER CLEAVELAND: You mentioned -- just correct me if I'm wrong -- that 58 people last month accounted for 1,046 calls to the 9-1-1. We responded with paramedics 1,046 times to 58 people. Am I right? Am I reading that right?

CHIEF WYRSCH: I'm sorry. Which page are you on? I'm -- are you looking at -- at the end? Activity summary report? Yes.

COMMISSIONER CLEAVELAND: So we still have very few people out there making a heck of a lot of calls to our Department on a regular repetitive basis.

CHIEF WYRSCH: Yes. Absolutely.

COMMISSIONER CLEAVELAND: Unbelievable. It just blows my mind every time I read that. I want to congratulate you on the drone policy being finally approved and our ability to buy some. How many drones do you believe we need in our Department to save our citizens' lives potentially along the cliffs and from fires and everything else?

CHIEF WYRSCH: Well, I'm interested to see the range, how quickly they can be deployed, how well we can be trained in them. They're an expensive piece of equipment.

COMMISSIONER CLEAVELAND: Right.

CHIEF WYRSCH: I know all along, our -- we're covered by water, cliffs. And we'll see how they work at fires. I'm interested to see how they work and how the program takes off. How many total? I'd have to wait to see how the first one is.

COMMISSIONER CLEAVELAND: At least a half a dozen maybe? I don't know.

CHIEF WYRSCH: Yeah. Yeah.

COMMISSIONER CLEAVELAND: Okay. And the last question, grant writer. Where is our grant writer?

DEPUTY DIRECTOR CORSO: Good morning again. We had an internal deadline of 9//30 for our last round of applications where we did some additional outreach to grant and nonprofit related or specific job boards. I just received the last batch of applicants from our HR division. There were, I believe, 18 or 19 qualified applicants in that batch. And that goes along with candidates who had previously applied. So, we're currently reviewing those and hope to set up interviews over the next few weeks after selecting a number of candidates for interview.

COMMISSIONER CLEAVELAND: Is there any possibility the Commission or some of the commissioners can be involved in the review of these candidates?

DEPUTY DIRECTOR CORSO: We are in discussions for that. I think that's definitely a possibility.

There was no Public Comment.

6. RESOLUTION 2019-03 ***[Discussion and possible action]***

Discussion and possible action regarding proposed Resolution 2019-03, recommending that the Board of Supervisors authorize the San Francisco Fire Department to accept and expend Fiscal Year 2019 Port Security Grant Program funding in the amount of $341,625 from the Federal Emergency Management Agency for the purchase of marine equipment.

Commissioner Covington Moved to approve Resolution 2019-03. Commissioner Cleaveland Seconded. Motion to approve above Resolution was unanimous.

There was no Public Comment.

7. RESOLUTION 2019-04 ***[Discussion and possible action]***

Discussion and possible action regarding proposed Resolution 2019-04, recommending that the Board of Supervisors authorize the San Francisco Fire Department to accept and expend Fiscal Year 2018 Assistance to Firefighters Grant Program funding in the amount of $612,129.09 from the Federal Emergency Management Agency for the purchase of rescue tools and equipment for the Department.

Commissioner Covington Moved to approve Resolution 2019-04. Commissioner Cleaveland Seconded. Motion to approve above Resolution was unanimous.

There was no Public Comment.

8. RESOLUTION 2019-05 ***[Discussion and possible action]***
Discussion and possible action regarding proposed Resolution 2019-05, recommending that the Board of Supervisors authorize the San Francisco Fire Department to accept and expend a $1,000,000 allocation from the California Office of Emergency Services for the purchase of one hose tender as part of the State's Fiscal Year 2019-20 Budget Act.

Commissioner Covington Moved to approve Resolution 2019-05. Commissioner Cleaveland Seconded. Motion to approve above Resolution was unanimous.

There was no Public Comment.

9. RESOLUTION 2019-06 ***[Discussion and possible action]***
Discussion and possible action regarding proposed Resolution 2019-06, recommending that the Board of Supervisors authorize the San Francisco Fire Department to donate a retired ambulance to the City College of San Francisco EMS Academy.

Commissioner Covington Moved to approve Resolution 2019-06. Commissioner Hardeman Seconded. Motion to approve above Resolution was unanimous.

There was no Public Comment.

10. COMMISSION REPORT ***[Discussion]***
Report on Commission activities since last meeting on September 25, 2019.

Commissioner Hardeman mentioned his recent trip to New York City where he visited the World Trade Center and said it was quite moving.

President Nakajo announced the upcoming retirement ceremony set for 11/18/19.

There was no Public Comment.

11. AGENDA FOR NEXT AND FUTURE FIRE COMMISSION MEETINGS ***[Discussion]***
Discussion regarding agenda for the next and future regular meetings.

There was no Public Comment.

12. PUBLIC COMMENT ON ITEM 13
Public comment on all matters pertaining to Item 13 (b) below, including public comment on whether to hold Items 13 (b) in closed session.

There was no Public Comment.

13. POSSIBLE CLOSED SESSION REGARDING PERSONNEL MATTERS
a. VOTE ON WHETHER TO CONDUCT ITEMS 13(b) IN CLOSED SESSION
b. DEPARTMENT PYCHICIAN PERFORMANCE EVALUATION ***[Discussion and possible action]***

Commissioner Cleaveland made a motion to conduct item 13(b) in Closed Session. Commissioner Hardeman seconded, and the motion was unanimously approved. (5-0; Nakajo, Hardeman, Cleaveland, Covington, Veronese)

The Commission went into closed session at 11:24 a.m. and cleared the room.

14. REPORT ON ANY ACTION TAKEN IN CLOSED SESSION *[Discussion and possible action]*
Closed session did not finish deliberation, and will continue at the next Commission meeting.

The Commission reconvened in Open Session at 12:18 p.m. President Nakajo reported that the Commission will continue discussions at the October 23, 2019 commission meeting.

15. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION

16. ADJOURNMENT President Nakajo adjourned the meeting at 12:19 p.m.