



Fire Commission Report – October 2025

EMS Division

November 12, 2025

Assistant Deputy Chief Tony Molloy



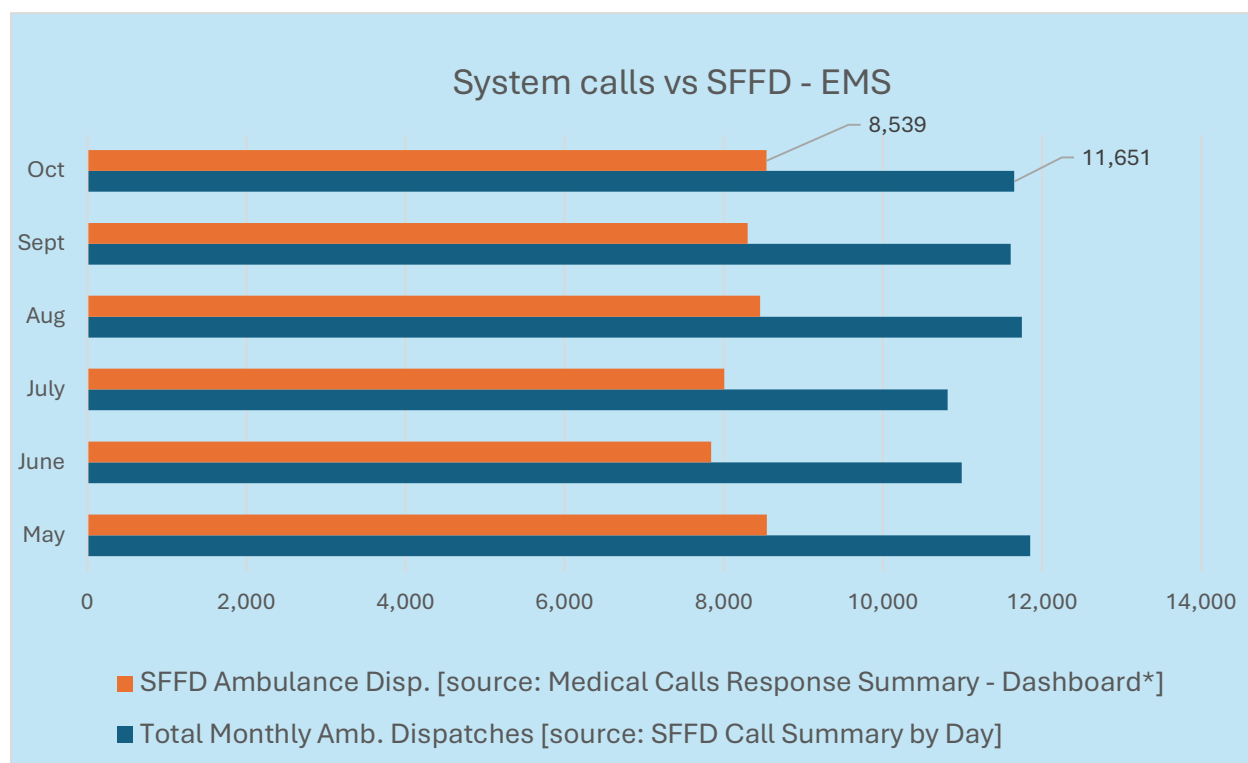
Operations

Monthly Call Volume

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

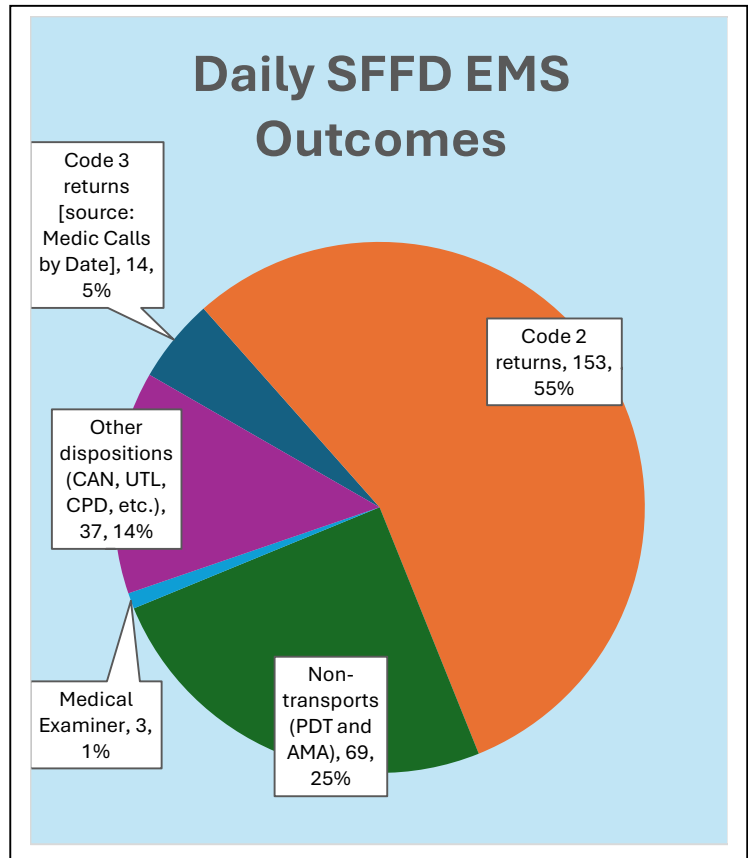
	May	June	July	Aug	Sept	Oct
Total Monthly Amb. Dispatches	11,853	10,989	10,813	11,747	11,608	11,651
SFFD Ambulance Dispatches	8,540	7,840	8,007	8,456	8,298	8,539
RC total calls	1,114	916	951	966	995	998

System volume continues to hover around 11 to 12 thousand calls a month. Our EMS call volume for the Department is approximately 73% of the total calls this past month. This does not include our Community Paramedic only responses.

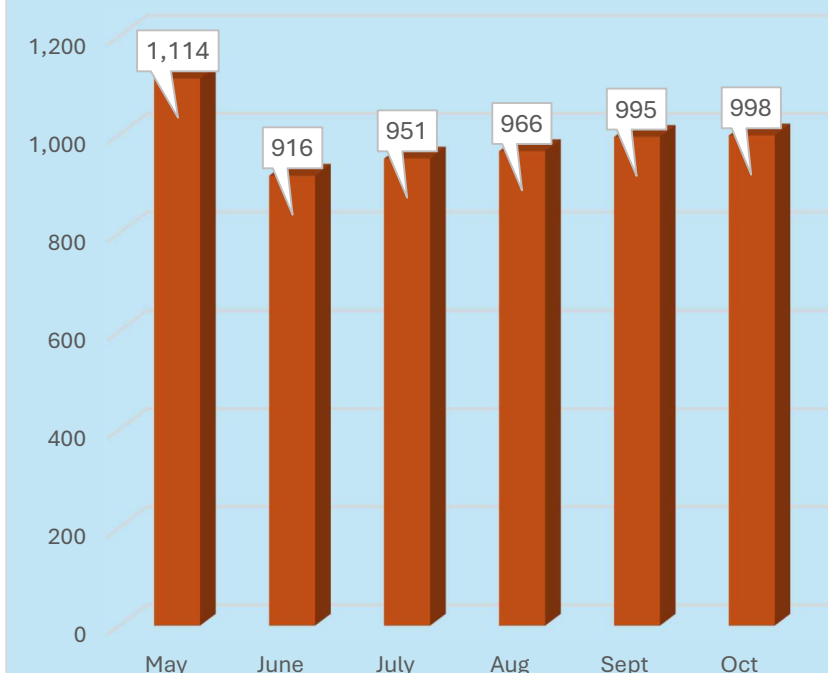


EMS Call Outcomes

Referring to those 8,539 SFFD EMS calls, here are the average daily outcomes to the right for this month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns are non-emergent transports. Non-transporters are when a person with capacity decides not to go to the hospital. We call them “Patient Declines Transport” or “Against Medical Advice.” AMA is where we really think you should go, but the patient still declines. Medical Examiner outcomes are anytime we pronounce a person dead at the scene. This could be from someone who we do CPR on or those who are deceased and cannot be resuscitated when we arrive. Last are the remainder, which include those where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.



Four Rescue Captains Total Monthly Call Volume

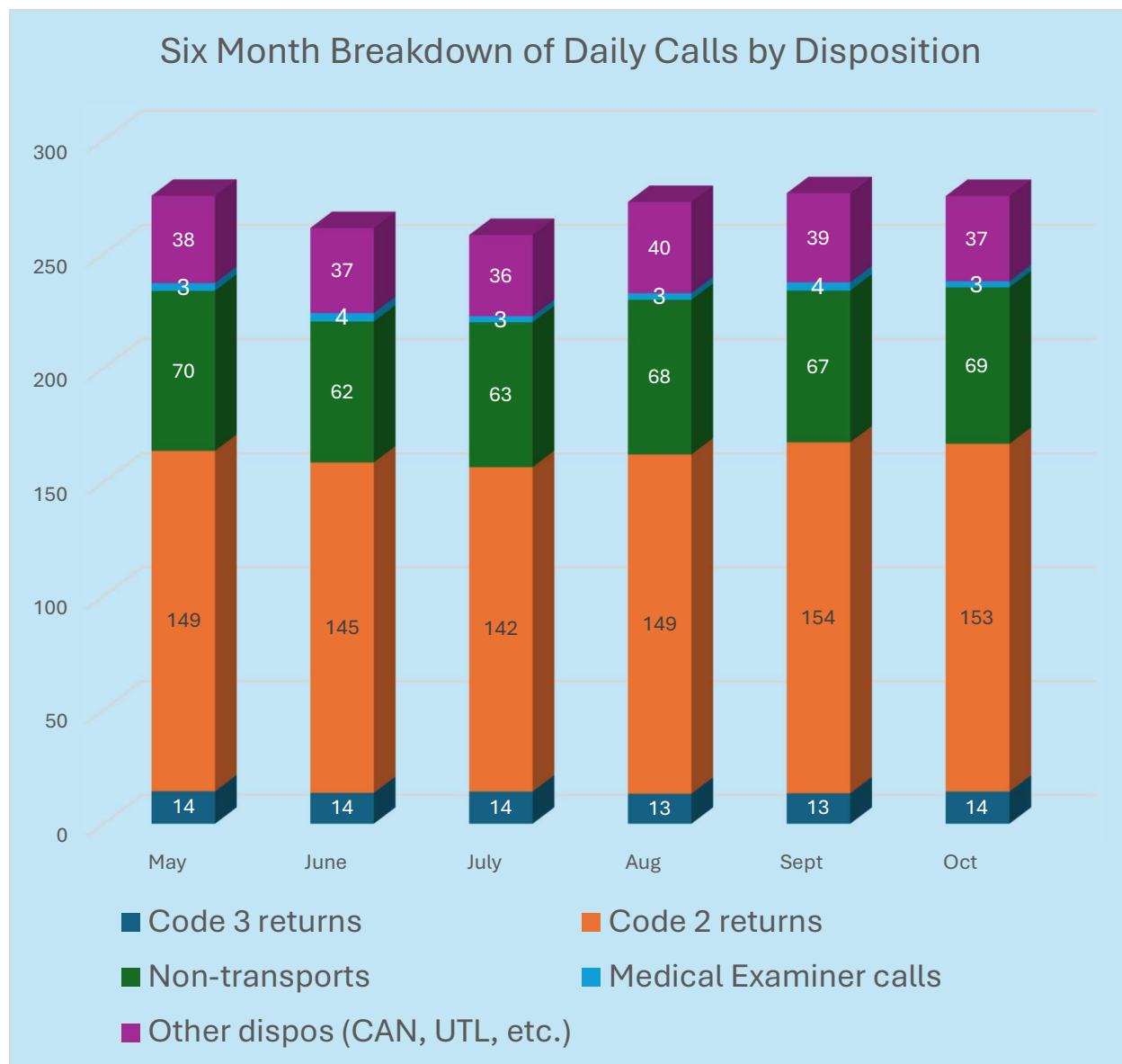


San Francisco Fire Department EMS Rescue Captains

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

Trend Analysis for Call Outcomes

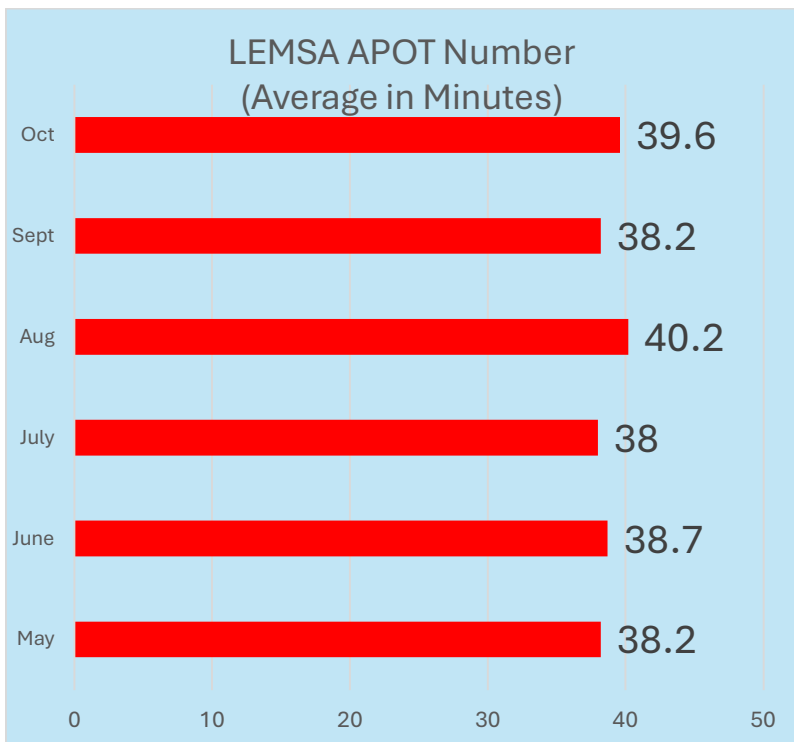
These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transports like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. We ran 376 calls per day in October and below is the daily disposition.



Ambulance Patient Offload Times

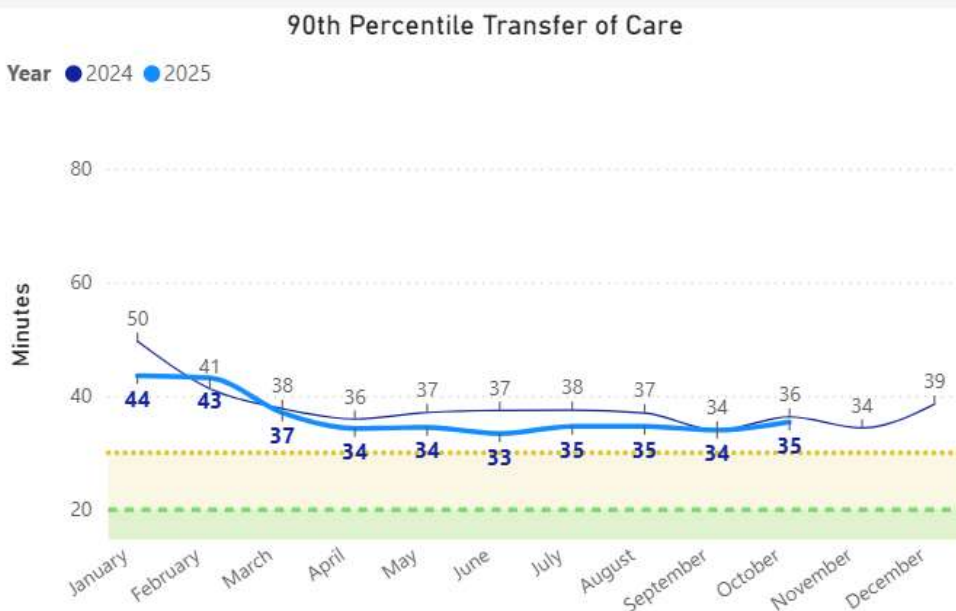
As you know, the State benchmark from AB40 for transfer of care is 30 minutes. LEMSA's average for all transports rose this past month to nearly 40 minutes.

The LEMSA numbers in this chart show the average APOT based on when crews manually entered their transfer of care. We have been transitioning to the time of signature when a hospital takes over care of our patient. This is the benchmark AB40 requires us to use. Our technological fix was completed last week and we are working with our ePCR provider to resolve a few remaining bugs before we roll it out.

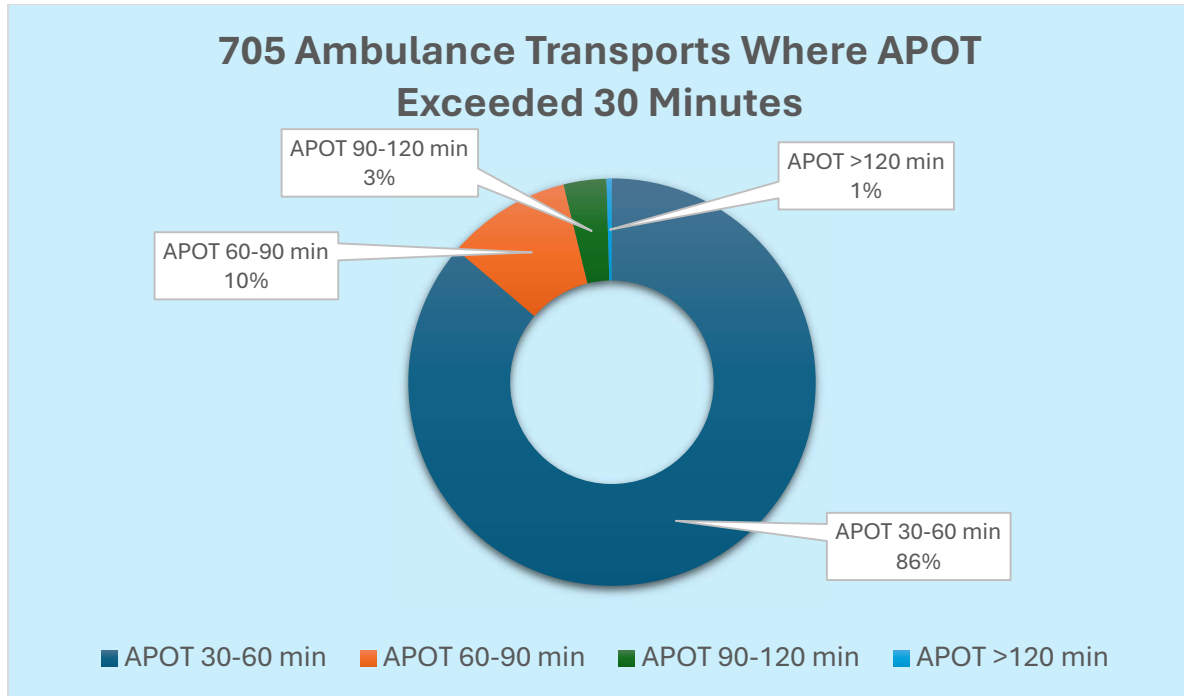


Ambulance Patient Offload Time (APOT) is an industry standard that measures the time from arrival at hospital to transfer of patient care. Transfer of care includes the physical moving of a patient to a hospital bed or chair, and a turnover report given to a nurse or doctor.

The next chart shows a year over year comparison for APOT times using the timestamp of the signature obtained at the hospital. This chart also shows the 90th percentile, rather than the average.



This next graphic shows the number of times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 705 times that ambulances waited to turn over a patient represents time beyond the state standard of 30 minutes and accounted for over 174 hours that our crews spent idle at hospitals *beyond thirty minutes*. This represents an increase of approximately 23% from last month.



Narcan Administration for Opioid Overdoses

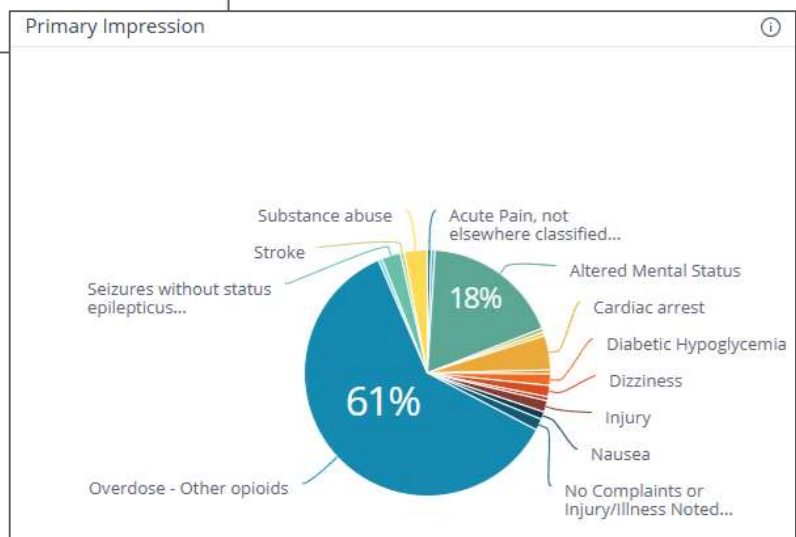
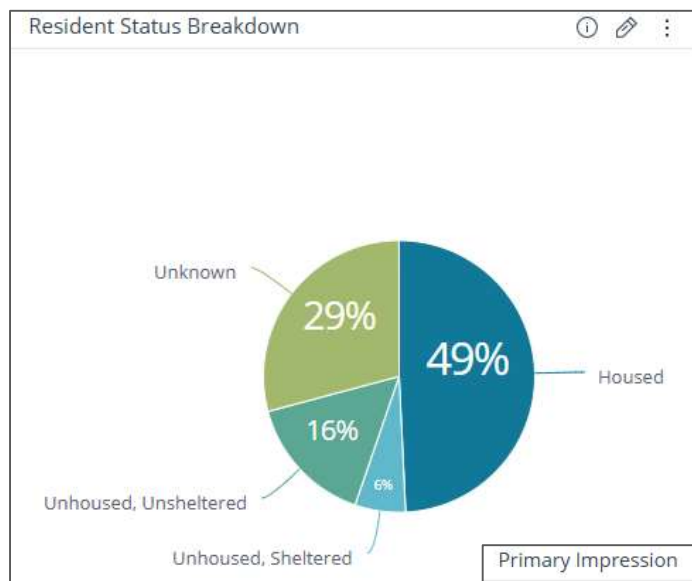
As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.

This month, we treated 199 patients with Narcan. Most were treated by our crews, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Of those patients, approximately 22% were unhoused, 29% were unknown status, and 49% were housed. This is a slight increase of housed versus unhoused individuals.

Total Administrations of Narcan

255

Total patients treated with Narcan 199



Advanced Paramedic Skills for Critical Patients

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

Advanced EMS Skills [source: ESO ePCR]	May	June	July	Aug	Sept	Oct
Intubation: Direct Laryngoscopy	9	4	6	4	5	10
Intubation: Video Laryngoscopy	19	14	16	14	15	13
Continuous Positive Airway Pressure (CPAP)	28	23	6	22	17	34
Pleural Decompression	0	0	2	1	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	4	2	0	1	2	1
Transcutaneous Pacing	3	3	1	3	1	6
Intraosseous Infusion Adult	33	28	33	34	31	31
Intraosseous Infusion Pediatric	0	0	0	0	1	1

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

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Cardiac Arrest Data

Our cardiac arrest survival rate is again correlated with the presentation of the patient in arrest. There is a correlation between ROSC at ED and whether the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Our results for those cases are at bottom.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
November '24	132	40	24	9	7	13	33%
December '24	116	32	20	3	10	4	13%
January '25	147	43	26	6	7	11	26%
February '25	144	26	17	2	14	12	46%
March '25	152	36	20	1	8	13	36%
April '25	128	24	9	3	4	10	42%
May '25	123	24	20	5	13	9	38%
June '25	136	21	14	3	7	4	19%
July '25	113	29	19	6	11	8	28%
August '25	118	37	25	6	12	14	38%
September '25	138	33	21	2	6	9	27%
October '25	113	48	25	5	16	12	25%

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

Utstein 1	1	Transported	1	ROSC at ED	0	0.0%
Utstein 2	2	Transported	2	ROSC at ED	1	50%

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

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

Notable Events

Annual PAPR Training

To be an all-hazards Department, we must be ready for the largest threats, but also the smallest. Airborne infectious diseases are some of those small threats and to allow us to operate in their presence, our crews train annually on the Powered Air Purifying Respirator. Because it is a high risk, but low frequency event, we renew this training annually so members can practice hands on and know how to assemble this gear quickly and effectively.



EMS / CP Town Halls with Command Staff

Chief of Department Crispen and Deputy Chief of Administration Brannan joined EMS ADC Tony Molloy and CP ADC April Sloan for two town halls on October 27 to discuss a range of subjects for EMS and CP. The events were well attended with dozens at Local 798 building on Newhall and several dozen more joining virtually.

Notable Calls

Call Type: Motor Vehicle Accident – Rollover

Date: 10/01/2025

Engine 37, Truck 4, Rescue 2, RC 3, Medic 565 and Medic 577

At approximately 22:00 hours, multiple 911 calls reported a motor vehicle accident involving a rollover. The vehicle went off the freeway, landing approximately 40 feet below on city streets. Suppression crews found the vehicle resting on its roof and immediately initiated rapid extrication and scene management.

M577 assessed a 50-year-old patient presenting with active head bleeding and visible abdominal bruising. Crews promptly initiated bleeding control and warming measures, recognizing the patient as a critical trauma.

M563 treated and transported a 51-year-old patient who was found confused at the scene. Due to the patient's altered mental status and the significant mechanism of injury, the individual was transported as a trauma activation to San Francisco General Hospital.

An early trauma alert was transmitted to the General to aid in a rapid handoff when we arrived.

Incident 2

Call Type: Altered Level of Consciousness – Mental Health Crisis

Date: 10/20/2025

Medic 573, CP 5, SCRT 5

M573 responded to a call involving a 35-year-old female experiencing an acute mental health crisis at a private residence. Crews discovered the patient had barricaded herself inside a bathroom. There was a strong odor of bleach emanating from behind the door, indicating a possible chemical hazard.

Due to the complexity of the situation, M573 requested additional resources, including SCRT, CP5, and SFPD. Crews spent extended time on scene, working collaboratively with the patient's family to establish rapport and safely de-escalate the situation.

After a coordinated effort, the patient was safely removed from the hazardous environment. Sedation was administered to ensure safe transport for both patient and providers. The patient was transported to a facility for continued care under a 5150 psychiatric hold.

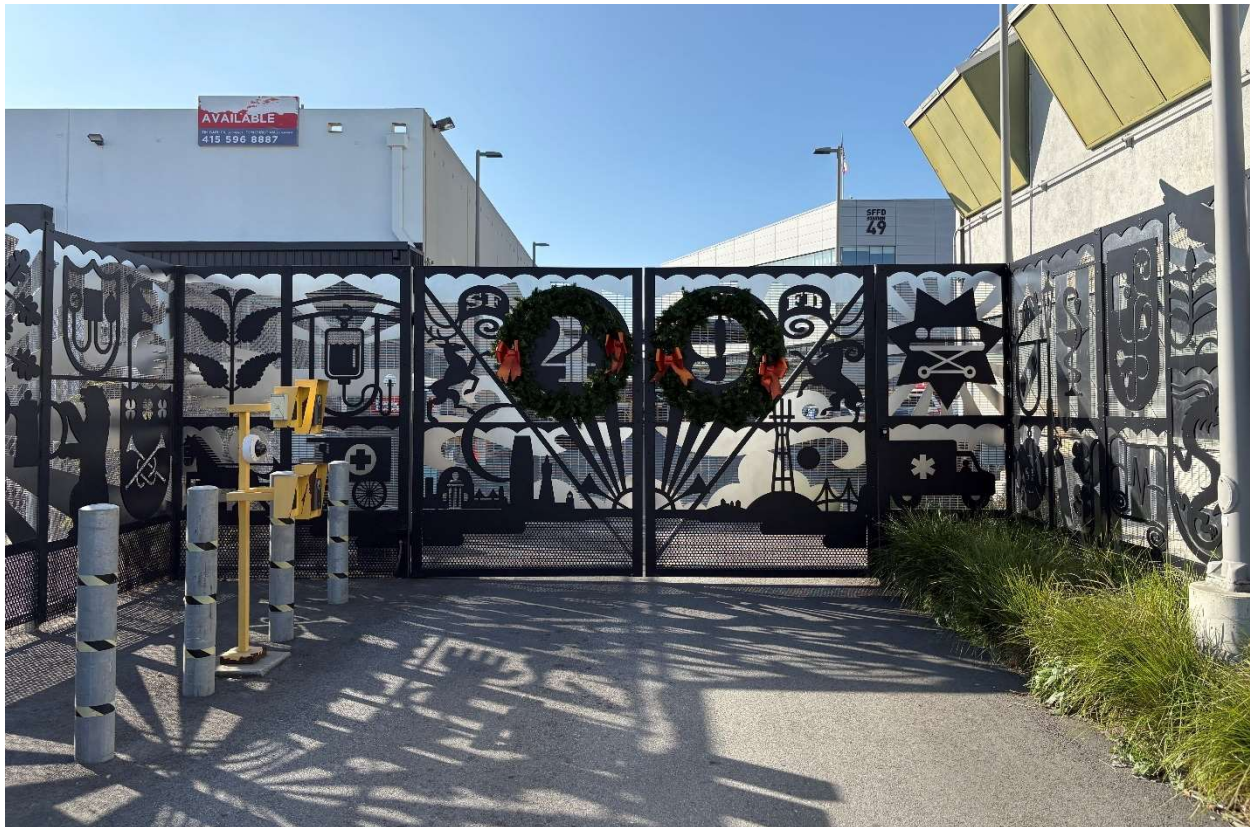


Fire Commission Report – November 2025

EMS Division

December 10, 2025

Assistant Deputy Chief Tony Molloy



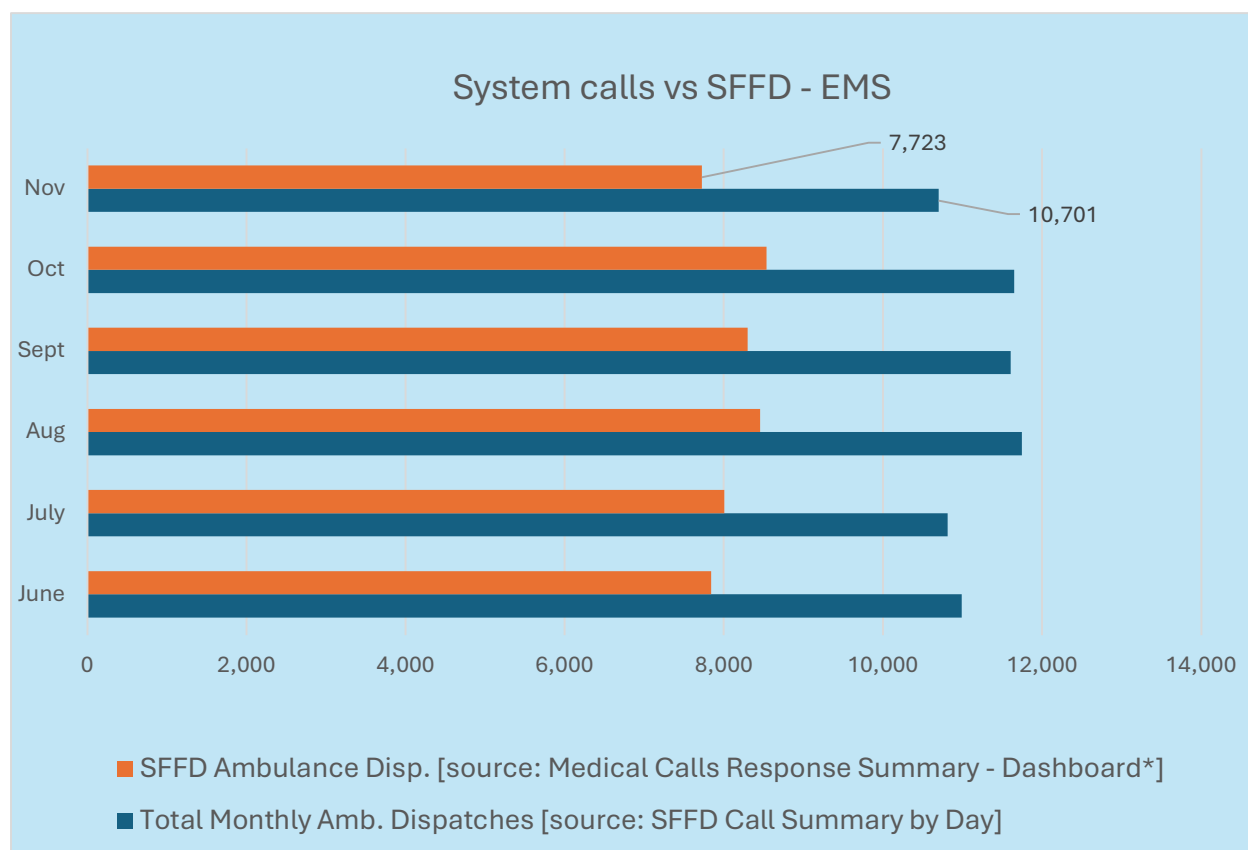
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Monthly Call Volume

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

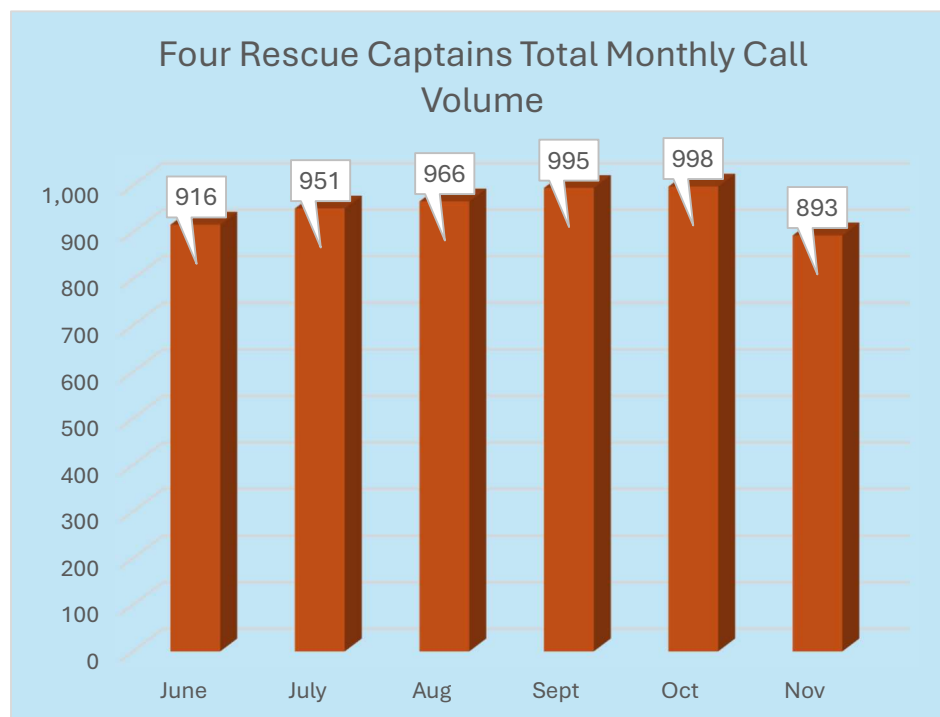
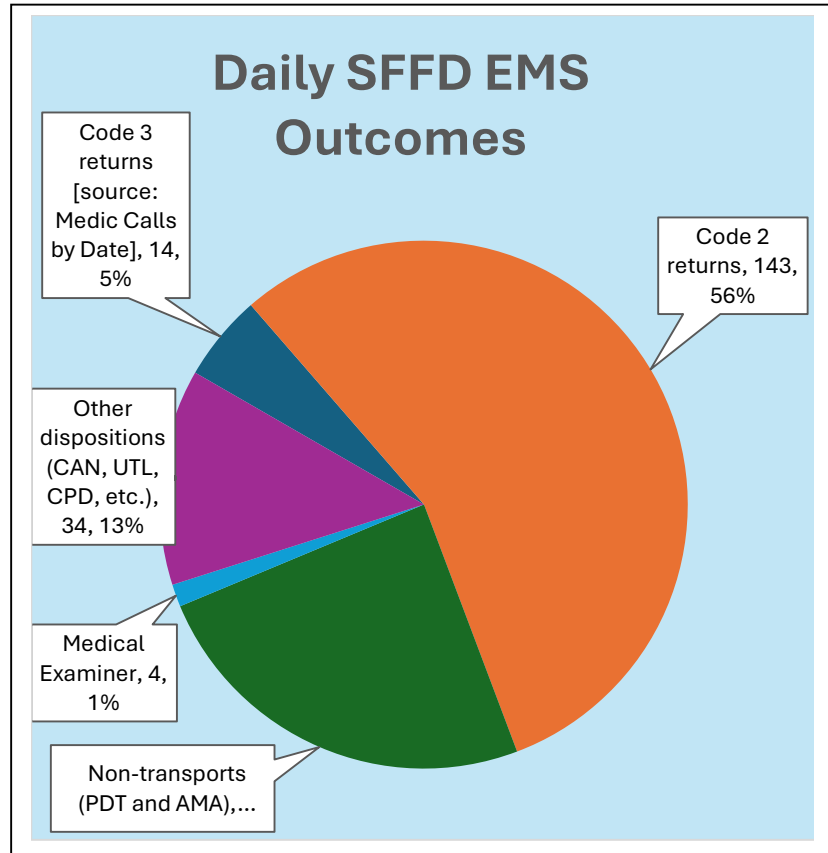
	June	July	Aug	Sept	Oct	Nov
Total Monthly Amb. Dispatches	10,989	10,813	11,747	11,608	11,651	10,701
SFFD Ambulance Dispatches	7,840	8,007	8,456	8,298	8,539	7,723
RC Total Calls	916	951	966	995	998	893

System call volume dropped off its standard levels this past month. Our EMS call volume is approximately 72% of the total system EMS calls this past month. This does not include our Community Paramedic only responses.



EMS Call Outcomes

Referring to those 7,723 SFFD EMS calls, here are the average daily outcomes to the right for this month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns are non-emergent transports. Non-transports are when a person with capacity decides not to go the hospital. We call them “Patient Declines Transport” or “Against Medical Advice.” AMA is where we really think you should go, but the patient still declines. Medical Examiner outcomes are anytime we pronounce a person dead at the scene. This could be from someone who we do CPR on or those who are deceased and cannot be resuscitated when we arrive. Last are the remainder, which include those where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.

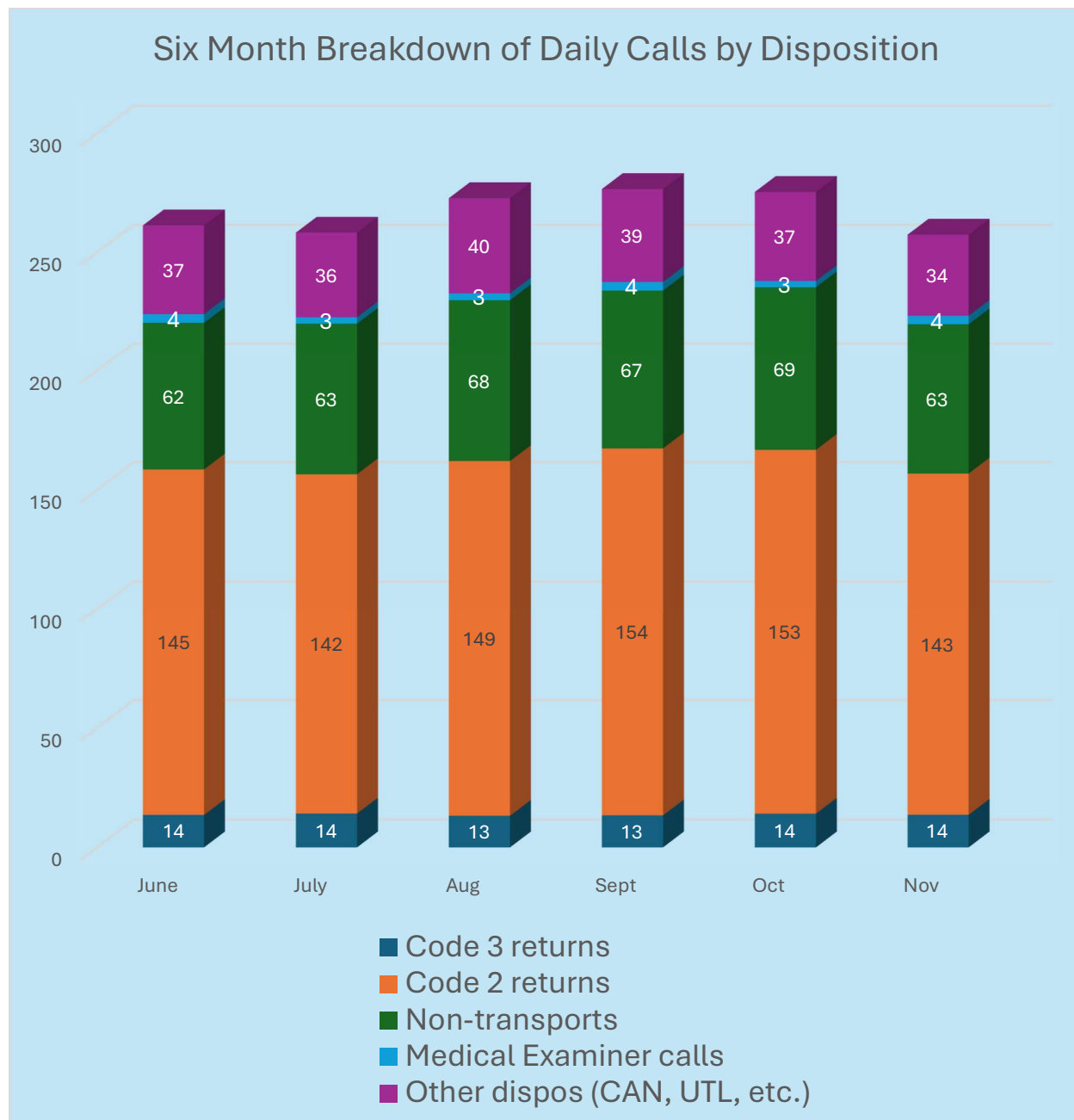


San Francisco Fire Department EMS RCs

This chart shows the total calls for all four field Rescue Captain (RC) units. Our four RCs ran about eight calls per day, with our downtown RC1 running many more on average each watch. Our RCs run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.

Trend Analysis for Call Outcomes

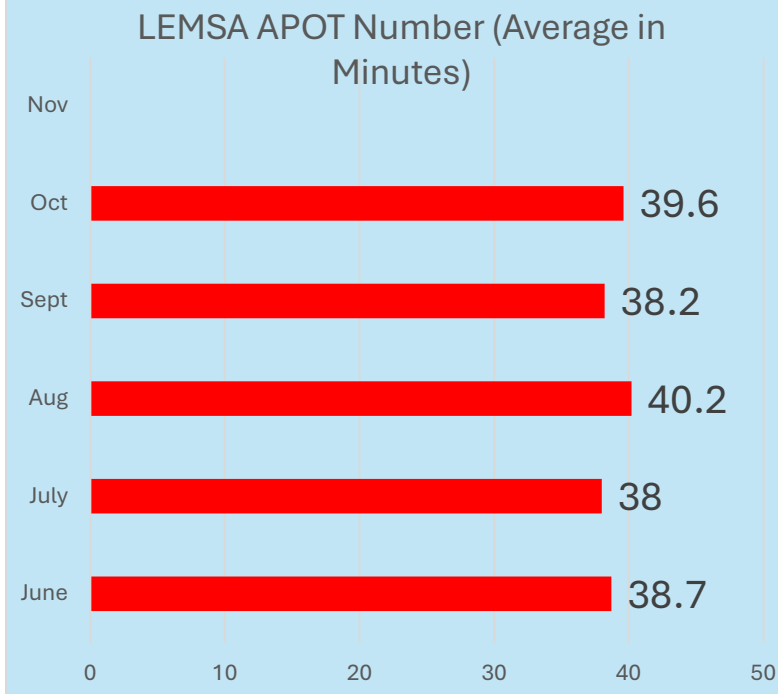
These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transports like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. We ran 345 calls per day in November and below are the daily call outcomes.



Ambulance Patient Offload Times at Emergency Rooms

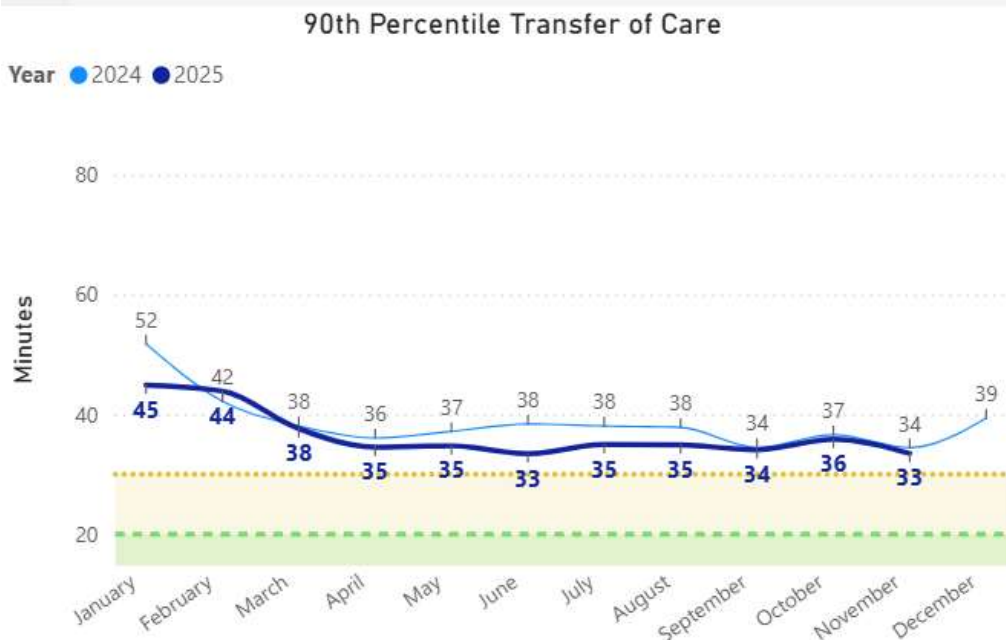
The LEMSA average APOT for the month of November has not been published as of the time of the writing, but there is every reason to believe that the average will be in the 38- to 40-minute range.

The LEMSA numbers in this chart show the average APOT based on when crews manually entered their transfer of care. We have been transitioning to the time of signature when a hospital takes over care of our patient. This is the benchmark AB40 requires us to use. Our technological fix was completed last week and we are working with our ePCR provider to resolve a few remaining bugs before we roll it out.

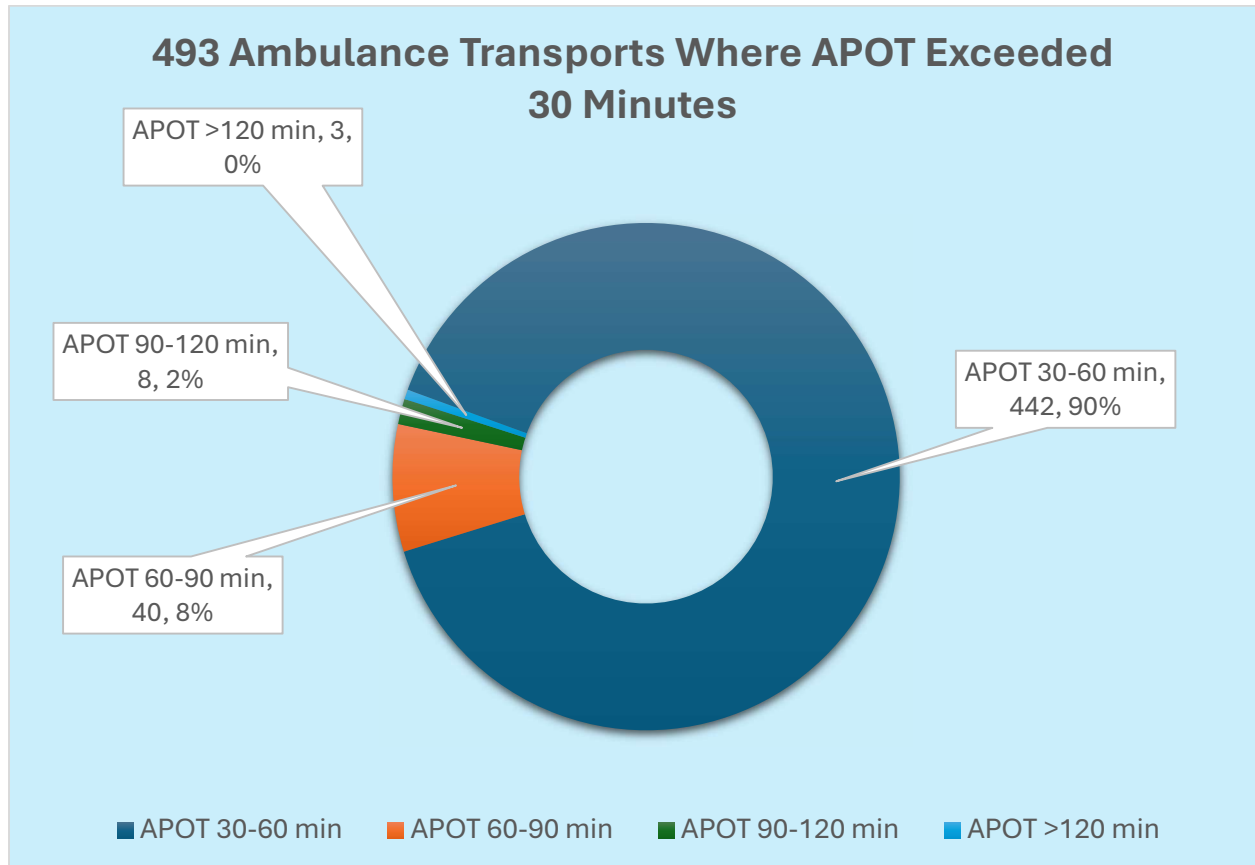


Ambulance Patient Offload Time (APOT) is an industry standard that measures the time from arrival at hospital to transfer of patient care. Transfer of care includes the physical moving of a patient to a hospital bed or chair, and a turnover report given to a nurse or doctor.

The next chart shows a year-over-year comparison for SFFD APOT times using the timestamp of the signature obtained at the hospital. This chart also shows the 90th percentile, rather than the average.



This next graphic shows the number of times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 493 times that ambulances waited to turn over a patient represents time beyond the state standard of 30 minutes and accounted for over 110 hours that our crews spent idle at hospitals *beyond thirty minutes*. This is a drop from 170 hours, which we believe is demonstrative of new initiatives at EDs. It also may be due partially to the Thanksgiving holiday week.



Narcan Administration for Opioid Overdoses

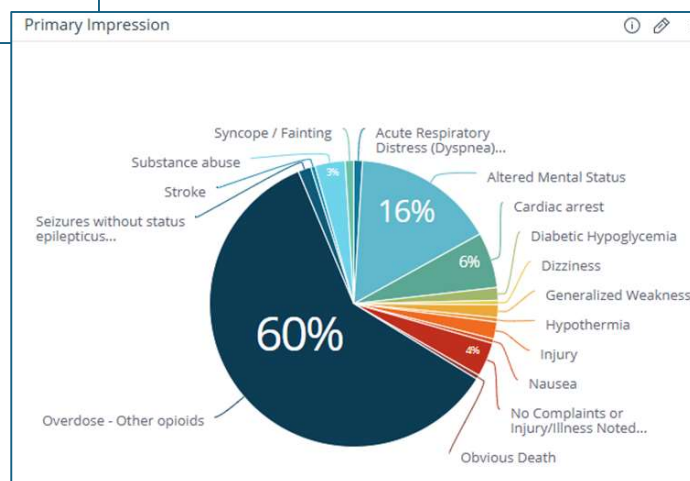
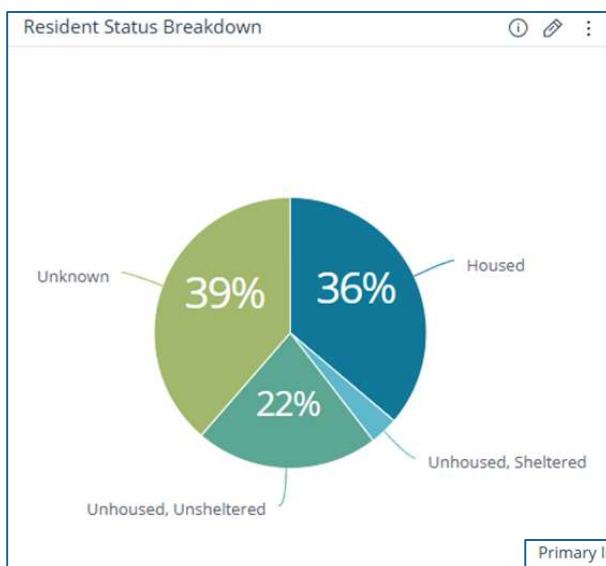
As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.

This month, we treated 207 patients with Narcan. Most were treated by our crews, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Of those patients, approximately 25% were unhoused, 39% were unknown status, and 36% were housed.

Total Administrations of Narcan

257

Total patients treated with Narcan 207



Advanced Paramedic Skills for Critical Patients

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

Advanced EMS Skills [source: ESO ePCR]	June	July	Aug	Sept	Oct	Nov
Intubation: Direct Laryngoscopy	4	6	4	5	10	9
Intubation: Video Laryngoscopy	14	16	14	15	13	18
Continuous Positive Airway Pressure (CPAP)	23	6	22	17	34	23
Pleural Decompression	0	2	1	0	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	2	0	1	2	1	0
Transcutaneous Pacing	3	1	3	1	6	6
Intraosseous Infusion Adult	28	33	34	31	31	54
Intraosseous Infusion Pediatric	0	0	0	1	1	0

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

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Cardiac Arrest Data

Our cardiac arrest survival rate is again correlated with the presentation of the patient in arrest. There is a correlation between ROSC at ED and whether the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Our results for those cases are at bottom.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
December '24	116	32	20	3	10	4	13%
January '25	147	43	26	6	7	11	26%
February '25	144	26	17	2	14	12	46%
March '25	152	36	20	1	8	13	36%
April '25	128	24	9	3	4	10	42%
May '25	123	24	20	5	13	9	38%
June '25	136	21	14	3	7	4	19%
July '25	113	29	19	6	11	8	28%
August '25	118	37	25	6	12	14	38%
September '25	138	33	21	2	6	9	27%
October '25	113	48	25	5	16	12	25%
November '25	123	51	31	8	12	8	1%

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

Utstein 1	3	Transported	2	ROSC at ED	1	33.3%
Utstein 2	3	Transported	2	ROSC at ED	0	0.0%

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

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

Notable Events

End of Year Holidays Have Begun

Station 49 and Community Paramedicine crews reunited for our annual holidays celebrations, starting with the Thanksgiving feast at 49. On-duty crews were rotated through by our officers to the station to enjoy a hot meal together.

New Apparatus Arrived and Prepared for Launch

We received, inspected, and stocked three new ambulances from Braun Northwest over the month of November. These will be put into service over the next few days as the finishing touches are completed at Radio Shops.



Celebration of Life for Retired EMS Chief Jeff Myers

Some of you will remember Jeff Myers, who retired as ADC of EMS back in 2017 after a long career in EMS. He joined the Department after years with DPH and spent many years as RC1 downtown and Division of Training, acting as lead instructor on our early EMS academies. We held a celebration of life for him on November 5, which was well attended by many of his oldest and closest friends and colleagues.



Notable Calls

Multiple GSW Patients

11/08/2025, 21:01

Dispatch: Fulton & La Playa for report of 2 Gun Shot Wound (GSW) victims.

Units Assigned: RC2, B07, E34, T14, M507, M553, M558.

On November 8, 2025 at 21:01, RC2 was dispatched to Fulton and La Playa for a report of two gunshot victims. While en route, the call was updated to three victims—one located inside 875 La Playa and two on Fulton between La Playa and the Great Highway. RC2 responded first to 875 La Playa, where one critical patient was found in the courtyard and was already being treated by M558 and T14. After confirming that T14 would drive M558 to SFGH and that no additional resources were needed, RC2 proceeded to the Fulton location.

On Fulton, RC2 encountered three additional patients (one critical, two moderate injuries) spread across multiple positions. Engine and Medic crews (E34, E14, M507, M553) were already engaged in treatment. RC2 coordinated with each crew, assisted with patient distribution, and helped organize the safe departure of units while maintaining ongoing communication with B07.

Scene conditions were challenging, with approximately 20–30 bystanders moving freely through the area and limited SFPD presence (approximately five officers). Bystander encroachment interfered with care at times, and PD struggled to provide adequate crowd control.

As the three Fulton patients were being loaded for transport, a report came in for a fifth patient at the Beach Chalet, prompting B07 to declare a Red Alert. After confirming no additional needs at the Fulton scene, RC2 accompanied E34 to the Beach Chalet, where one patient with minor injuries was located and transported by M513 to SFGH. With no further patients identified, RC2 cleared the scene and proceeded to SFGH for follow-up.

Mental Health Crisis

11/08/2025

On view: Bay Bridge, eastbound near Treasure Island on ramp

Units Assigned: M573

While responding to a call on Treasure Island, M573 observed a subject walking in traffic eastbound on I-80 approaching the Bay Bridge. Believing the individual to be a possible jumper or exhibiting suicidal intent, Paramedic Daniel Kline and EMT Will Dal Porto cleared from the original call, notified their control channel at dispatch, and requested CHP assistance.

The crew positioned the ambulance in front of the individual and attempted to deescalate the situation. The individual pushed past EMT Dal Porto and continued toward the edge of the bridge. As the subject neared the edge and showed no signs of stopping, the crew determined that physical intervention was necessary to prevent self-harm. When confronted again, the subject remained non-compliant and became combative as EMT Dal Porto and paramedic Kline attempted to restrain him. The crew safely brought the subject to the ground and immobilized him until CHP arrived. An unidentified bystander briefly assisted before leaving.

The patient was safely restrained, chemically sedated, and transported to the hospital. CHP placed the patient on a 5150 hold, allowing hospital staff to review the patient in the facility for up to 72 hours.

Community Paramedicine Division Fire Commission Report

Operational Period 10/01/25-10/31/25

Total Monthly Responses: 1,971

Daily Average: 63.58

Average Response Time: 19.02 mins

Involuntary Psychiatric Holds

Grave disability	15
Danger to Self	6
Danger to Others	6
Total*	21

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

Disposition Engaged Individuals (SCRT)

Ambulance Transport to Hospital	137	14.84%
Non-Ambulance Transport	216	23.40%
Remained in Community	570	61.76%
Total	923	100%

Top 3 Alternate Destinations:

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

Law Enforcement

SCRT		Percent of total calls for service (1,368)
PD requested by SCRT	7	0.5%
SCRT requested by PD	324	23.68%

Community Paramedic Captains

- 347 responses
- Engaged with 34 unique high utilizers of 911
 - 75 engagements
- Engaged with 2 overdose survivors (one or more overdoses)
 - 2 engagements
- HSOC resolutions: 9
- 311 Calls Resolved: 36

Case Conferences	15
Shows of Support (SOS)	2
MAP referral	0
SCOPE referral	3

Passing of Assistant Deputy Chief of EMS Jeff Myers

The Community Paramedicine Division wishes to recognize the passing of Jeff Myers, retired Assistant Deputy Chief of EMS. Chief Myers passed away on September 29th, 2025. During his tenure with SFFD, and the Department of Public Health, he was a fierce supporter of EMS and mentored an entire generation of SFFD paramedics, EMTs, and EMS Officers in his role as RC-1, EMS Academy Director, and Assistant Deputy Chief of EMS. The EMS-6 program, initiated in 2016 under his command, has expanded into the Community Paramedicine Division we know today.

Training

Community Paramedic Local Re-Accreditation Initiative

Two years have passed since our initial group of members received the first community paramedic accreditations in the State of California. After exiting the pilot phase in 2024, community paramedics state-wide were required to pass the IBSC exam (International Board of Specialty Certification). Our first large batch of renewals approached expiration on October 31st, and a large internal effort has been successfully completed. Forty-seven total members have renewed their local CP accreditation, including all members currently assigned to the Division.

Continuous Quality Improvement

Ideas to Action – Behavioral Health Alternatives to Hospitalization: Section Chief Mason was invited to a half-day “Ideas to Action” convening hosted by the Steinberg Institute, focused on practical alternatives to hospitalization and scaling community-based responses—directly relevant to Transport to Alternate Destination (TAD). Local and state leaders were in attendance, including DPH Director of Behavioral Health Services Dr. Hillary Kunins and State EMS Authority Director Elizabeth Bassnet.

The session aligns with the Steinberg Institute’s Vision 2030’s statewide goal to cut behavioral-health emergency-department use by half, offering a forum to share SFFD lessons (e.g., TAD

workflows and field training) and bring back actionable recommendations on data, partnerships, and policy to strengthen local TAD options.

Medical Director

Urban Institute Innovation Day: Alternatives to Arrest & Homelessness Response (Washington, DC)

CP Medical Director Dr. Joseph Graterol, accompanied by Section Chief Daniel Nazzareta, attended the Urban Institute's two-day convening in Washington DC. The agenda featured lightning talks from leaders of Denver STAR, Long Beach CCR, Durham Community Safety, and Albuquerque Community Safety, followed by a full-group reflection, a research panel on "Future Directions for Data and Evidence" (Urban Institute, Portland State University, Stanford University, RTI International), and small-group work to define next steps and commitments. These sessions directly inform SFFD's alternate response and TAD practices, and advance ongoing collaboration with research partners on data and evaluation.

Notable Incidents

Multi Agency Response

EMS6 coordinated with Office of the Public Conservator, the Sherriff's Office, the Department of Public Health and the EMS Division to safely transport a 39 year old conservatee with a history of violence to PES for stabilization and treatment of a life-threatening illness. Patient was admitted, stabilized and transferred to a higher level of care for treatment of his medical condition.

Mother and Infant Connected to Shelter

SCRT-2 with Community Paramedic Gemma Johnson, EMT Scott Ward, responded to a local library for an 18-year-old mother seeking shelter with her child. With translation assistance from library staff, the child was assessed in a stroller while the mother demonstrated capacity and declined ambulance transport to the ED. The team coordinated non-ambulance transport to the Buena Vista Stayover Program and completed a warm hand-off to staff. This response highlights cross-agency coordination, culturally responsive care, and effective use of alternate destination pathways to meet evolving 911 system needs without emergency department utilization.

Gravely Disabled Individual Safely Transported for Evaluation

SCRT-5 with Community Paramedic Jason Freeland and EMT Paul Hobbs responded to a call from a DPH clinician requesting support for a possible 5150 hold. On arrival they found a 38-year-old woman exhibiting disorganized behavior and yelling at passersby. The subject was assessed to be altered, in soiled clothing, and unable to meet basic needs—and placed on a 5150 hold for grave disability. Crews de-escalated, applied soft restraints for personal safety, and coordinated ambulance transport to the hospital for psychiatric evaluation. The case demonstrates effective cross-agency coordination and compassionate, non-law-enforcement response for behavioral health crises.

HSOC Encampment Abatement at the “Hairball” Interchange

On October 30th, Community Paramedic Captain Seamus O'Donnell led HSOC operations at the “Hairball” interchange (Highway 101/Potrero on-ramp, Bayshore Avenue, and Cesar Chavez bike/foot paths) to address a well-established encampment constructed primarily of plywood. After occupants were escorted out, crews discovered an extensive multi-room structure—approximately seven chambers, several padlocked from the outside—with concealed hallways and painted ceilings. The Department of Public Works (DPW) lead assessed the site and activated all available Neighborhood Service Team (NST) resources, including Mission/Castro and Bayview. Debris removal filled roughly two packer loads plus one flat rack and one pickup; about 20 DPW personnel supported cleanup, oversight, and creation of safe egress to move materials. Due to scope, operations continued on October 31st with Mission/Castro and Bayview NST teams concluding the abatement.



Pictured: Photos from 10/30/25 HSOC operation at the “Hairball” interchange

Community Paramedicine Division Fire Commission Report

Operational Period 11/1/2025 – 11/30/2025

Total CP Division Monthly Dispatches: 1,733

Daily Average: 57.77

Average Response Time: 18.01

Involuntary Psychiatric Holds

Grave disability	8
Danger to Self	10
Danger to Others	1
Total*	18

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

Disposition Engaged Individuals (SCRT)

Ambulance Transport to Hospital	133	14.32%
Non-Ambulance Transport	242	26.05%
Remained in Community	554	59.63%
Total	929	

Top 3 Alternate Destinations:

1. SOMA: RISE
2. Geary Stabilization Unit (GSU)
3. Mother Brown's

Law Enforcement

Incidents where SCRT Arrived on Scene	1,221	
PD requested by SCRT	5	0.41%
SCRT requested by PD	266	21.78%

Community Paramedic Captains

- 306 Responses
- Engaged with 37 unique high utilizers of 911
 - 67 engagements
- Engaged with 2 overdose survivors (one or more overdoses)
 - 2 engagements
- HSOC resolutions: 9
- 311 Calls Resolved: 36

Case Conferences	2
Shows of Support (SOS)	3
MAP referral	0
SCOPE referral	1

Passing of Assistant Deputy Chief of EMS Jeff Myers

The Community Paramedicine Division wishes to recognize the passing of Jeff Myers, retired Assistant Deputy Chief of EMS. Chief Myers passed away on September 29th, 2025. During his tenure with SFFD, and the Department of Public Health, he was a fierce supporter of EMS and mentored an entire generation of SFFD paramedics, EMTs, and EMS Officers in his role as RC-1, EMS Academy Director, and Assistant Deputy Chief of EMS. The EMS-6 program, initiated in 2016 under his command, has expanded into the Community Paramedicine Division we know today.

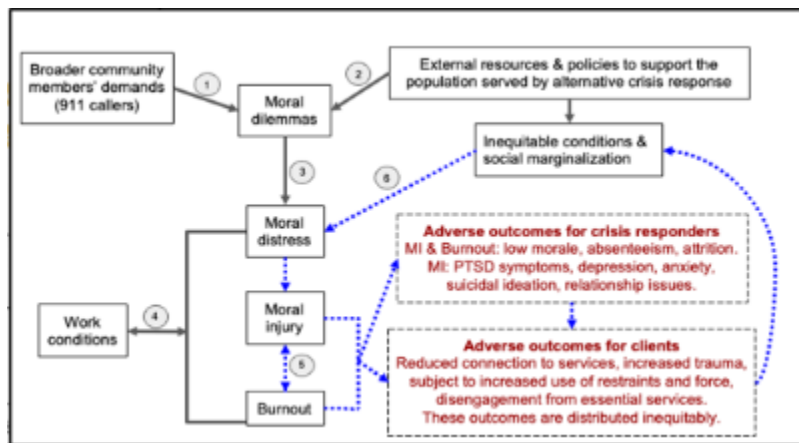
5-year Street Crisis Response Team Anniversary

Sunday, November 30th marked the 5th anniversary of SCRT operations. The Street Crisis Response Team began in 2020 with two units. Today, SCRT is a 24/7 program representing one of the largest alternate response teams in the country. SCRT now handles over 17,000 dispatches yearly, representing over 10% of total non-law enforcement 911 call volume for the City of San Francisco. In 2025, one out of four individuals engaged by SCRT are transported directly to an alternate destination – including drug and alcohol sobering centers, shelter, and mental health services.

On Monday, December 1st, the Chief of Department was joined by other City leadership at Fire Department Headquarters to celebrate this milestone and recognize the EMTs, paramedics, community paramedics, and program partners that have seen this challenging work through. Thank you to all members of both the EMS and Community Paramedicine Divisions who have helped thousands of San Franciscans in their time of need and led our City and our nation in trauma informed care.

Published Moral Injury Article

The Research committee received a presentation from Dr. Miranda Worthen, San Jose State University, on the recently published paper “Prevalences of Exposures and Moral Injury in First Responders.” The paper, published October 9th for the December issue of the Journal of the American College of Emergency Physicians Open (JACEP Open), shared some of the findings from our previous National Science Foundation funded participatory research project and was co-authored by Dr. Graterol and Chiefs Sloan, Mason and Nazzareta.

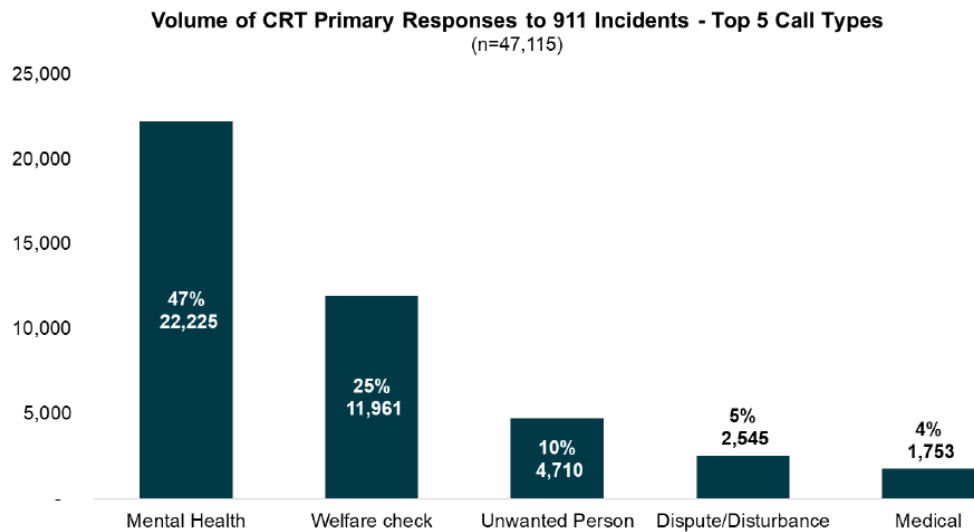


Above: Excerpts from presentation by Dr. Worthen to the Research Committee

Harvard GPL National Landscape Analysis of Alternate Response Teams

In addition to the year-long technical assistance the Department received from the Harvard Government Policy Lab last year, we agreed to share data and identify our Department in a national landscape analysis of alternative response programs.

Harvard fellows aggregated SCRT program data and program design information alongside other national leading programs from Durham NC, Harris County TX, Los Angeles CA, Madison WI, Minneapolis MN, New Orleans LA, and Portland, OR. The landscape analysis not only highlights our leadership in this area but also helps us set comparative performance measures in this emerging field.



Above: Excerpt from Harvard GPL's National Landscape Analysis

Training

Planning efforts continue in preparation of our eighth community paramedicine training cohort which will begin April 27th, 2026. This will be the third cohort to which external fire and EMS agencies are invited to attend at no cost. On Monday, November 17th CP Training Lieutenant Dmitry Golovin organized an external agency information session for interested providers. Eight individuals from four different agencies attended this information session, the first of two. General orders advertising positions for cohort training officers and internal H9 candidates will be released in the next several weeks.

Notable Incidents

Well-being Check Results in Successful Referral to Opioid Treatment

On November 16th, SCRT4 with Community Paramedic Isaac James and EMT Dustin Landivar responded to a well-being check request for a 43-year-old female who had fallen out of her wheelchair at a bus stop. After assessing the individual, it was discovered she was experiencing opioid withdrawal symptoms. The patient was administered Suboxone by EMS personnel on scene, transported to the hospital, and EMS-6 was notified for a possible referral to the SCOPE (Sobering Center Overdose Prevention & Education) program for continued treatment.

EMS-6 Captain Sherry Mahoney outreached the individual within the ED later that morning and arranged for a successful transport and warm-hand off to SCOPE.