



City and County of San Francisco
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San Francisco Department of Public Health Safety and Security Assessment

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Introduction

The purpose of this assessment is to detail the San Francisco Department of Public Health's (DPH) assessment of the sequence of events leading up to the tragic incident on December 4, 2025 at Ward 86 of the Zuckerberg San Francisco General Hospital (ZSFG) campus, as well as lessons learned and the rapid response and ongoing investments to strengthen security and safety. On December 4, 2025, Alberto Rangel, a deeply valued University of California, San Francisco (UCSF) social worker, was assaulted by a patient seeking care at Ward 86 on the ZSFG campus. Despite the courageous efforts of the Ward 86 staff, emergency responders, and medical teams, Alberto passed away on December 6, 2025.

DPH has been committed to a comprehensive and transparent assessment of the incident, as well as a full assessment of the security and safety of all DPH spaces. Equally important, DPH is determined to implement improvements with urgency to strengthen security across the Department so that staff feel safer in their workplaces. This document outlines the sequence of events leading up to the incident as well as the interventions DPH has implemented based on the incident. The Office of the City Attorney is also in the process of procuring a contract with an independent security firm to conduct a security assessment of all DPH spaces.

After this incident, DPH took immediate action to implement meaningful changes to safety and security at ZSFG and across all Department settings, including clinics, health centers, administrative offices, jail health services, and field-based programs. These actions included enhanced security measures, new protocols, expanded staffing, and enhanced oversight. Additionally, given the traumatic impact of the event on staff, DPH implemented extensive emotional support in individual and group settings.

DPH activated an Incident Management Team (IMT) to coordinate the response. The IMT brought together more than 100 leaders from DPH and UCSF to ensure continuity of high-quality healthcare services for patients/clients, manage transparent communications about safety, assess safety and security, and identify and begin executing enhancement actions for all DPH sites and services.

Immediate actions included:

- Established single entry (plus an ADA entrance) at Building 80/90 where Ward 86 is housed
- Installing a weapons detection system in Buildings 80/90
- Increasing on-site security at DPH-controlled facilities
- Launching a 24/7 Threat Management Team to triage and respond to non-emergency security concerns
- Hiring seasoned security experts to strengthen the DPH Security Team
- Implementing formal threat-escalation protocols
- Creating a new governance structure to connect frontline staff with Department leadership.

These and other urgent measures related to policies, personnel, and physical site upgrades were implemented across the Department within the first two months of the incident.

At the same time, DPH laid the groundwork for fundamental structural reforms that will continue over the coming years. These long-term improvements require sustained investment, collaboration, and cultural change. DPH has committed \$15 million annually to support a fundamentally strengthened and modernized approach to safety and security.

DPH's security and safety reorientation is grounded in the expertise and lived experience of its workforce. Thousands of staff members contributed to identifying potential areas for improvement through emails, town halls, surveys, listening sessions, and direct outreach. The voices of frontline staff—combined with expert security assessments and detailed operational analyses—are guiding lasting, systemwide improvements to workplace safety.

This tragedy has had a profound and lasting impact on the entire DPH community. The Department's mission is to deliver world-class healthcare to San Francisco's most vulnerable residents with dignity and compassion. Protecting the people who deliver that care is also essential. No actions can undo the events of December 4, 2025, however, through an expertly informed re-evaluation of our current safety and security measures, we can ensure an improved approach to workplace safety and security going forward.

The following assessment provides a consolidated summary of the internal analyses conducted and the improvement actions initiated by DPH in response to this tragedy.

Method Data Collection and Analysis

DPH launched a comprehensive and Department-wide response to examine potential security vulnerabilities related specifically to the December 4 incident and generally across the whole Department.

Central to this effort was an unwavering commitment to transparency, rigorous analysis, and meaningful staff engagement. DPH looked for improvement areas, incorporated expert security guidance, and created avenues for staff to share their experiences.

Engagement efforts included multiple Department-wide town halls, numerous divisional town halls (including direct conversations with Ward 86 staff), surveys conducted across DPH and UCSF, ongoing meetings with union partners, and engagement through a designated safety email. Staff submitted thousands of unique contributions, including identification of concerns and ideas for improvement.

Safety and Security Focus Areas and Actions

While no system can ever be entirely risk-free, the Department continues the urgent work to add new safeguards to strengthen safety and security to make its workplaces as safe as possible and still welcome and serve its patients. The extensive investigation into the December 4 incident, along with a comprehensive review of safety and security practices across the Department, revealed areas for improvement that have been or will be addressed. DPH's investment in expanding its threat management process will improve the proactive assessment of potential security threats. This augmented program allows for closed-loop communication for people raising concerns about security.

DPH is prioritizing safety and security improvements based on staff input, impact, regulatory requirements, workplace violence prevention best practices, industry standards, existing policies and procedures, and the Department's capacity to rapidly implement and sustain improvements already underway.

Timeline of Events

The following timeline of events related to the December 4 incident may be upsetting for staff to read. Staff are welcome to skip this section and read the final sections.

A criminal investigation is underway, preventing certain details from being released publicly at this time. This timeline is neither complete nor exhaustive as we may learn additional information from other investigations and assessments.

Time/Date	Event
Nov 13, 2025	Patient (Assailant) presented to City Clinic requesting to see his primary care provider (Physician 1) and was told by clinic staff the provider was not in the office. Assailant was escorted out of the clinic by staff.
Nov 20–21, 2025	Assailant presented at Ward 86 for a scheduled appointment with Physician 1. Assailant exhibited elevated behaviors, including noting he intended to sue the physician. Based on Assailant’s presentation at the clinic, Physician 1 and nursing leadership escalated concerns about Assailant’s behavior to DPH Security.
Nov 24–26, 2025	Security prepared Spanish-language interview questions and attempted multiple times to contact Assailant via calls and text. The case was discussed at the ZSFG Threat Management and Security Leadership meeting; the invite list included DPH Security, ZSFG leadership, UCSF risk management and operations, DPH Human Resources, San Francisco Sheriff’s Office, and leads for contracted security. Assailant was called twice and a text message was sent in Spanish with a call back number but Assailant was unable to be reached.
Morning of 12/04/2025	Physician 1 reported that Assailant returned to City Clinic expressing insistence on seeing him and that, when clinic staff told the patient that the physician was not there, Assailant said he would come back every day until he saw the physician. Security staff noted unsuccessful contact attempts and assigned a safety ambassador to support clinic staff. The DPH Director of Security asked if there was an update on the care plan for Assailant so that the safety ambassador could stand by while clinic staff communicated the plan to Assailant.
12/04/25 11:50 a.m.	Ward 86 staff called and emailed to inform the DPH Director of Security that the Assailant had come to Ward 86 in the morning and said that he would return at 1:00 pm. Several attempts were made to contact Assailant with negative results.
12/04/2025 12:28	The DPH Director of Security provided the Sheriff’s Lieutenant with Assailant’s full name and date of birth to conduct a criminal history check. The Sheriff’s Lieutenant told the DPH Director of Security that a threat assessment would be conducted. No warrants were found on criminal history

	check, and the Sheriff’s lieutenant advised the DPH Director of Security that a deputy would be posted at Ward 86.
12/04/2025 Approx. 1:00 pm	Sheriff’s Deputy arrived at Ward 86 and was stationed near Physician 1 as directed by his supervisors. The physician was in a hallway adjacent to the elevator/reception hallway and therefore the Deputy was located near the corner of the two hallways, closer to the physician but further down from the reception area.
12/04/2025 Approx. 1:30 pm	Assailant arrived at Ward 86 without an appointment and requested to see Physician 1 at the reception window. The receptionist informed him that Physician 1 was not there and that Rangel would assist him.
12/04/2025 1:36 pm	Rangel and Assailant, who was calm, were having a conversation by the reception area when suddenly and without warning Assailant stabbed Rangel from behind with a knife. Nearby staff witnessed this and intervened.
12/04/2026 1:37 pm	Assailant was separated from Rangel by other Ward 86 staff members, who began to provide treatment and rescue attempts for Rangel. Ward 86 staff called 911 and the staff continued to provide care until the Code Team and EMS arrived. Staff separated Assailant from Rangel, the Sheriff’s Deputy arrived from the clinical space in response to the commotion and took Assailant into custody. Ward 86 staff requested the Sheriff’s Deputy move Assailant farther away from the scene during resuscitation efforts.
12/04/2025 1:44 pm	Code Blue was paged.
12/04/2025 1:47 pm	San Francisco Fire Department (SFFD) and Code Blue Team arrived at Ward 86. Administrator On Duty (AOD) was notified as part of Code Blue pager group and arrived shortly thereafter. Handoff occurred between the Ward 86 team and EMS.
12/04/2025 2:02 pm	Rangel was transported to ZSFG Emergency Department (ED) via SFFD ambulance.
12/04/2026 2:03 pm	Rangel arrived at ZSFG ED.
12/04/2025- 12/06/2025	Rangel received care for injuries in the ED, Operating Room, and Intensive Care Unit.
12/06/2025	Rangel passed away.

Outlined below are the ten key action areas to strengthen safety and security.

1. Clear and timely responses to assess and manage security threats

Identified Improvement Areas

Need for:

- A consistent and centralized process for threat risk escalation, identification, investigation, and follow-up.
- Sufficient staffing to manage threats in the DPH system. Workflow for communicating threat risks to relevant stakeholders, including between clinical teams, clinical departments, DPH divisions, and security staff/law enforcement.
- A clear process for responding to security emergencies (Code Silver, Code Blue, Behavioral Emergency Response Team).
- Clarity on how different security and law enforcement staff respond to threats. Adequate and consistent security policies (including threat management, weapons, visitor screening, discharge of disruptive patient, grievance management) as well as better communication of policies to partner entities outside of DPH such as UCSF.
- Psychological support program and critical incident stress debriefing for staff.

Actions to Date and Ongoing Recommendations:

- Developed a 24/7 Threat Management Team and threat management escalation process that balances safety measures with trauma-informed, patient-centered approaches.
- Four additional staff hired to the DPH security team to ensure 24/7 threat management team coverage.
- Established a Code Grey working group to review and align emergency incident response policies.
- Established an oversight structure and working groups to develop and align security policies and communicate the policies clearly with staff and non-DPH partners.
- Developing a protocol for staff psychological support and critical incident stress debriefing based on experience with this incident.

2. Security measures at Building 80/90

Identified Improvement Areas:

Need for:

- A weapons detections system and belongings management system at Building 80/90, to prevent patients from entering with weapons undetected.

- Restricted entry to Building 80/90.
- Better lighting around Building 80/90.
- Sufficient security staffing at Building 80/90.
- Better understanding of how Building 80/90 staff can access security services with a clear number to call in an emergency. Better communication in Ward 86 where employees are from both UCSF and DPH.

Actions to Date and Ongoing Recommendations:

- Fast-tracked the implementation of Evolve weapons detection systems at Building 80/90.
- Established single entry (plus an ADA entrance) at Building 80/90.
- Increased on-site security and Sheriff presence.
- Added belongings storage for patients and patient ambassadors to help patients navigate the new security measures.
- Tested all duress devices and oriented staff to their location and use.
- Implemented and socialized a single number (64911) to call for security emergencies on ZSFG and LHH campuses.
- Added computer desktop background reminders for emergency and safety procedures.
- Worked with UCSF to ensure each entity receives and could amplify the other's emergency messaging.
- Worked with UCSF to troubleshoot staff who were not correctly identified as working at ZSFG and those who had opted out of WarnMe to be added to the correct ZSFG distribution list.
- Reviewed and updated the DPH distribution list and sent out sign-up links to ensure staff could receive the alerts in the format they preferred (text versus email).

3. Proactive approach to security and incident mitigation

Identified Improvement Areas:

Need for:

- Adequate workflow for outpatient and clinical setting grievances and complaints to address concerns in real time. Sufficient weapons detection at DPH sites.
- Sufficient DPH security team staffing and resources to investigate threats 24/7.
- Consistent staff feedback mechanisms and engagement in workplace violence mitigation committees, which can lead to unidentified and unaddressed safety gaps as well as staff frustration.

Actions to Date and Ongoing Recommendations:

- Four additional staff hired to the DPH security team.
- Establish weapons detection systems at sites where they are needed and appropriate, based on the site assessments.
- The patient experience office is developing a process to address grievances/complaints for outpatient and clinical settings in real time.
- Conducted a Department-wide assessment of workplace violence and safety groups.
- Establishing workplace violence and safety groups where they did not previously exist and creating a standardized process and reporting structure for groups, as well as an escalation process to ensure that staff-level concerns are addressed by on site or division leadership or escalated to the highest levels of DPH leadership as needed.

4. Facility security through environmental design

Identified Improvement Areas:

Need for:

- Addressing sites with multiple points of entry, unlocked doors, and variable badge enforcement.
- Consistency for staff-only spaces with visitors in some cases able to wander freely as well as “blind” spots in buildings where people can loiter.
- Consistent availability of duress devices and variable response to those devices.
- Video monitoring.
- Better lighting and Emergency call box (“blue light”) access.
- Better emergency phone access.
- Coordinated process for ensuring facilities improvements are submitted, prioritized, and funded.

Actions to Date and Ongoing Recommendations:

- Emphasized a prioritization process for facilities improvements to guide planning and implementation.
- The security team is completing assessments of all DPH-controlled worksites to:
 - Evaluate duress devices and establish site-specific processes
 - Identify needs for video monitoring and video-controlled access
 - Make recommendations to improve security design
 - Establish a process for improvement prioritization to help organize implementation

- The facilities team is establishing a coordinated process for ensuring facilities improvements are submitted, prioritized, and funded.
- Reviewing enhancing campus safety with blue-light phones and designated walking routes.

5. Clear and transparent safety measures

Identified Improvement Areas:

Need for:

- Transparency regarding security controls, presence, and the threat escalation process. In the incident on December 4, staff were not sure how to appropriately escalate their concerns and so some information did not reach the appropriate security staff.
- Measurable performance standards for security entities.
- Better staff understanding of different security and safety staff roles and responsibilities in addition to consistency in contractor behavior and staffing.
- Visible signs signifying “no-weapons” and “zero violence tolerated” zones.
- Better staff feedback when facility vulnerabilities are reported and escalated, including if the response back to staff is delayed.

Actions to Date and Ongoing Recommendations:

- Established a safety newsletter to inform staff of progress and updates with content amplified in division newsletters.
- Established a security staff presence at all DPH-controlled physical sites.
- New contract proposal sent to contracted security vendors with specific metrics for more robust monitoring.
- Developed a policy and accompanying visual on the capabilities and function of each type of security staff.
- Developing reporting mechanisms for feedback for security staff to supplement the oversight metrics and allow for more rapid mitigation of concerns and transparent monitoring of performance.
- Developing signs signifying “no weapons” and “zero violence tolerated” zones.
- The Public Safety and Security Oversight Committee is working with DPH Facilities to develop a more transparent improvement prioritization structure, with a streamlined funding process and feedback loop to update the person/division reporting the security concern.

6. Effective and impactful staff training for emergencies

Identified Improvement Areas:

Need for:

- Hands-on Crisis Prevention Institute (CPI) and workplace violence training.
- Drills for threat management.

Actions to Date and Ongoing Recommendations:

- Establishing a dedicated training team to support and track employee training, including CPI, workplace violence, and active attacker training.
- Establishing a process for regular drills facilitated by the DPH security team and the dedicated training team.

7. Consistent safety and security policies, including a clear triage process

Identified Improvement Areas:

Need for:

- Consistent safety and security policies, including for the escalation of threats or security vulnerabilities, patient dismissal, and emotional support animals.
- Consistent security incident management or “code” responses and personal protection policies across DPH.

Actions to Date and Ongoing Recommendations:

- Established a governance structure for public safety and security that facilitates escalating individual staff or site concerns to the appropriate level of the organization, from site and division workgroups to the operational leadership of the Department, to the executive leadership of the Department. Incorporate union feedback, security and law enforcement perspectives, and multidisciplinary teams.
- Established a DPH Emergency Communications protocol for rapid staff communication in emergencies.
- Established a workgroup to develop a Department-wide policy for emotional support animals and pets.
- Establish workgroups to standardize patient dismissal policies across DPH, security incident management or “Code Grey” protocols, management of emotional support animals and pets, aligning patient flagging processes, and developing “badge buddies” and other visual aids for safety.

8. Security protocols for field staff

Identified Improvement Areas:

Need for:

- Addressing staff working alone without duress buttons or escorts in the field and in potentially volatile situations.
- Clear security protocols for field staff.

Actions to Date and Ongoing Recommendations:

- Established a field teams workgroup to develop more robust security protocols for field staff.
- Establish a workgroup to establish protocols for staff escort support during working hours.
- Released a request for quotes for personal duress devices and a workgroup to develop protocols for duress responses.

9. Consistent incident communications and notifications

Identified Improvement Areas:

Need to:

- Register more employees for Everbridge alerts.
- Better coordination for the multiple different platforms used for alerts between DPH, UCSF, and AlertSF.
- Address alert messages that may be unclear or delayed.

Actions to Date and Ongoing Recommendations:

- Aligned DPH and UCSF notifications and reinforced a relay policy to amplify relevant messages.
- Both UCSF and DPH initiated processes to re-register staff for alerts and update registries.
- Created templates to standardize language and enable rapid messaging. DPH is working with UCSF to align language.
- Developed an emergency communications policy
 - Workplace violence workgroups and divisional workgroups ensuring all sites have a local emergency messaging protocol.
 - Integrating communications pathways from the Threat Management Team.

- Incident messaging to be included in emergency reposes drills and establishing regular cadence communications drills.

10. Consistent availability of duress devices and call routing

Identified Improvement Areas:

Need for:

- Familiarizing staff with duress devices.
- Making duress devices more available and functional and consistently tested.
- Standardized response to the duress devices and address differing staff perspectives on where devices should be directed.

Actions to Date and Ongoing Recommendations:

- DPH security team is assessing and testing duress devices, assessing where additional devices are needed, and creating workgroups to identify optimal response protocols for individual sites.
- Incorporating duress button activation into training and drills.
- Establishing regular duress device testing and logs.

Next Steps

The San Francisco Department of Public Health is unwavering in its commitment to action, transparency, and direct staff engagement as we strengthen workplace safety and security while remaining grounded in our mission to serve the city's most vulnerable residents.

Sustainable safety improvements must be shaped by those who experience our workplaces every day. Staff—across clinics, hospitals, health centers, jails, offices, and field settings—bring essential insight into the realities of public health work. DPH is committed not only to listening, but to embedding staff feedback into decision making. To strengthen the connection between staff and leadership, the Department implemented a new safety governance structure that establishes clear pathways to elevate and address safety concerns.

At the same time, DPH recognizes that safety and accessibility are not mutually exclusive. Throughout this process, staff emphasized the importance of preserving welcoming and accessible public health spaces for patients and clients. The Department is committed to advancing security enhancements in ways that protect staff and patients without compromising equitable access to care. Navigating this requires nuance and compromise but DPH remains committed to safer workplaces and serving San Francisco's most vulnerable residents.

Finally, while substantial progress has been made since December 4th to strengthen security measures, DPH acknowledges that safety requires sustained, structural transformation. To support this work, the Department has committed \$15 million annually to modernize security infrastructure, cultivate a culture of safety, and ensure continuous improvement. This commitment comes at a time when San Francisco and DPH face unprecedented budget shortfalls.

Guided by expert assessment and informed by the voices of thousands of staff, DPH will continue investing in comprehensive reforms that position workplace safety as a foundational element of delivering high-quality, equitable care.

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