

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Emergency Department Team

DECEMBER 2025 REPORT

The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies. The BERT ED Team are BERT staff reporting to the Department of Psychiatry and are stationed in the Emergency Department for immediate support.

KEY PERFORMANCE INDICATORS



BERT ED
INTERVENTIONS

December
770

Cumulative*
8,611

*Cumulative counts are data since January 2025



Successful Interventions

Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency OR
 - b. did not escalate a challenging behavior

Escort Patient to PES (Warm Handoff)

Verbal Redirection

Active Listening

Assist with Difficult Discharge

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

ASSIST WITH DISCHARGE OF BX CHALLENGING PATIENT, VERBAL REDIRECTION, ACTIVE LISTENING

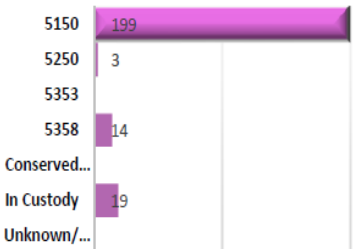
BERT assisted the primary RN with a discharge of a behaviorally challenging patient. The patient became aggressive and hostile when the RN reviewed discharge instructions and attempted to assist the patient with getting dressed. The patient was verbally redirected and informed aggressive behavior was not tolerated. BERT supported the primary nurse by explaining expectations, including breakfast time and setting limits for appropriate behavior. The patient was receptive to the plan and getting dressed while waiting for the breakfast tray. BERT then assisted with escorting the patient out after breakfast and no further incident was noted.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

BERT accompanied the primary nurse to provide standby assist for a patient who was hypervocal and demanding for IV pain medications. The nurse attempted to explain the plan of care, however, the patient was not receptive, became increasingly agitated and began screaming profanities. BERT staff and primary RN attempted to verbally redirect but was unsuccessful as the patient verbally threatened staff, chased the primary RN, and attempted to lunge toward multiple staff members. For safety, staff exited the room, and closed the door. Code 50 was called. The primary team and ED attending arrived to bedside to discuss the plan of care with the patient while BERT and SFSD remained at bedside. The patient was not amenable to staying for inpatient admission and left the hospital with Sheriff's escort.

BERT ED INTERVENTIONS

(All data related to the interventions are counts per episode)



Patient Legal Hold/Status
(documented events)

21

Involvement in Code 50s

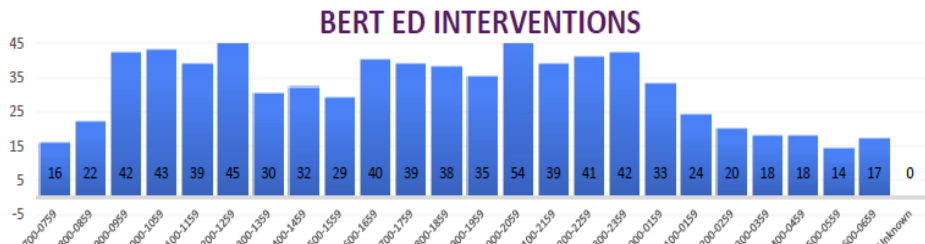
*BERT documented support for 21 documented Code 50s



BERT ED Interventions
WITHOUT
Law Enforcement
Present (%)

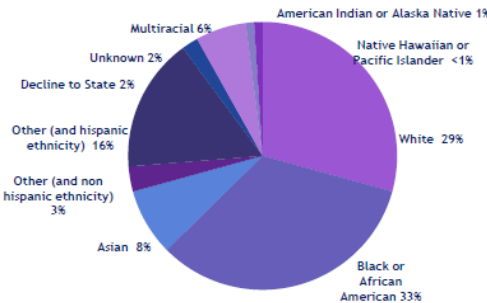
*Counts do not include escorts for patients on legal holds or interventions with incomplete documentation to evaluate this criteria

TIME



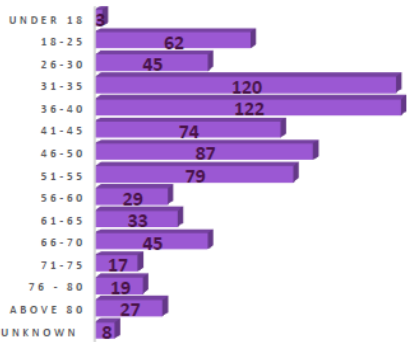
PATIENT DEMOGRAPHICS BERT ED INTERVENTIONS

RACE



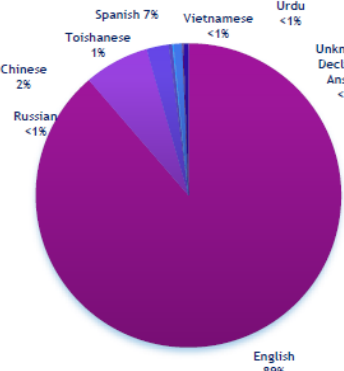
*Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

AGE



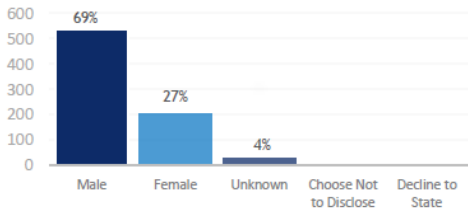
* Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

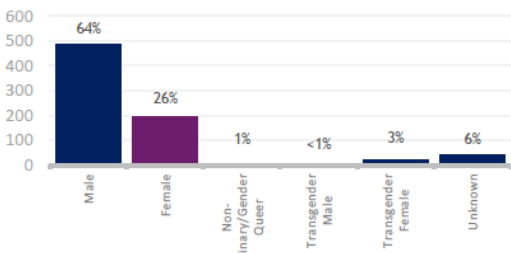


*BERT currently has staff certified as proficient in Cantonese, Mandarin, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

SEX ASSIGNED AT BIRTH



GENDER IDENTITY



*Unknown refers to visitors and/or declined to state on EPIC



December Monthly Safety Tip Topic:
Use Reflective Questioning

BERT ED

December 2025 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN

Nurse Manager

yin.theint@sfdph.org

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Rounding Responder Team

DECEMBER 2025 REPORT

The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies.

UPDATES & REMINDERS

- ❖ BERT Activities Engagement Rounds
- ❖ BERT Services Include:
 - BERT in-services and training for staff on topics including verbal de- escalation
 - BERT Monthly Safety Tips are available on SharePoint

KEY PERFORMANCE INDICATORS



BERT ACTIVATIONS/CALLS

December

111

Cumulative*

1,143

*Cumulative counts are data since January 2025

Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency
 - OR
 - b. did not escalate a challenging behavior

Show of Support

Verbal Redirection

Verbal De-escalation

Assist with Escort

EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

BERT was activated for a patient exhibiting increased restlessness, declining nursing interventions and making vague verbal threats.

VERBAL DE-ESCALATION, ACTIVE LISTENING, and RAPPORT BUILDING CONVERSATION

Prior to BERT arrival, the patient had declined vital signs, offer of medications and overall assessments. Upon arrival, the patient was observed exercising in the unit's activity room, wearing headphones and displaying an intense affect. During initial engagement, the patient denied having any concerns. When BERT further engaged and assisted to decrease stimuli, the patient requested BERT staff to speak in private about their concerns. The patient expressed feeling overwhelmed by their environment and frustrated by disruption in their normal exercise routine, particularly due to frequent nursing interventions. BERT assisted with collaboratively exploring potential solutions with the primary team and assured the patient that the discussion was not punitive. The patient appeared visibly relieved and was receptive to continued problem-solving efforts. BERT consulted with the charge nurse regarding possible diversionary activities and assessment of PRN medications to address the patient's anxiety. BERT left the unit without further incident.



ROUNDING
CONSULTATIONS

December

291

Cumulative*

3,410

*Cumulative counts are data since January 2025

EXAMPLE OF A ROUNDING CONSULTATION

During rounds, nursing staff expressed concerns regarding a patient with a history of impulsivity and suicidality which could influence their behavior once removed from sedation protocol. Additionally, staff were concerned that the patient might attempt to elope despite not having medical capacity to do so. BERT encouraged communication with Psychiatry HO after hours for assessment and evaluating for an involuntary hold if needed. BERT also discussed safety measures with the charge nurse to support staff members providing interventions and offered standby assistance for redirection to minimize potential for harm.

DEPARTMENT/LOCATIONS

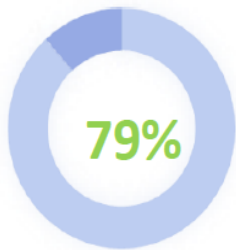
BERT ACTIVATIONS/CALLS

H22/25	2	H54/56	22
H24/26	1	H58	6
H32/38	5	H62/64	5
H34/36	2	H66/68	17
H42/44	24	H76/78	2

H52	1		
Outpatient Specialty Clinic		UCC: 4	4A: 6
		1M:1	3M: 1
		4J: 1	5A: 1
		1F:1	

Additional Areas	Bldg 5 Lobby: 1	
	Bldg 25 Lobby: 2	
	BHC: 1	7B: 1
	Cafeteria: 1	PES:1
	ED: 1	Radiology:1

*Outside of the hospital and Psychiatric units, aside from H52, are not covered for BERT activations. BERT support was provided per the department's and/or AOD's request

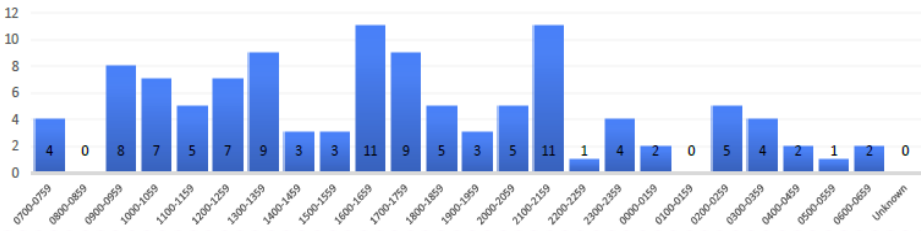


BERT Response WITHOUT
Law Enforcement Present
(%)
(88 of 111 Calls/Activations)

*Counts with law enforcement present include patients in custody/civil detention and calls requiring a deputy present such as escorts for patients on legal holds

TIME

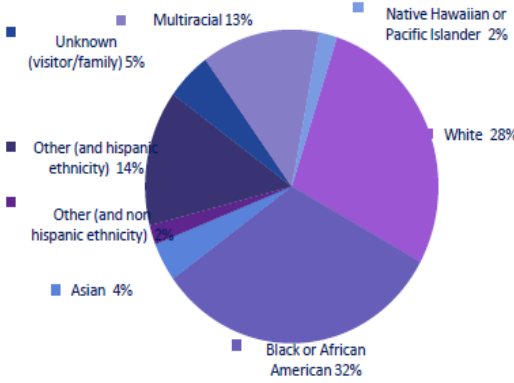
BERT ACTIVATIONS/CALLS



PATIENT DEMOGRAPHICS

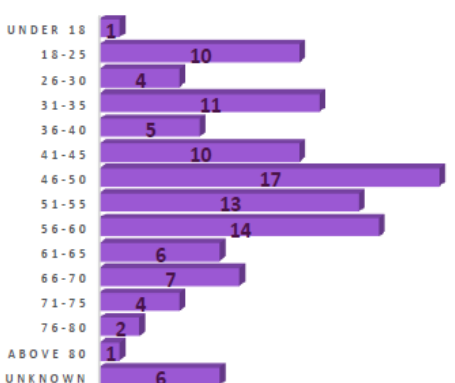
BERT ACTIVATIONS/CALLS

RACE



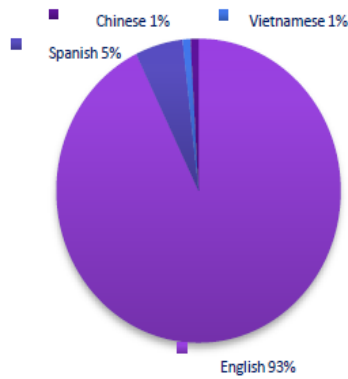
Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

AGE



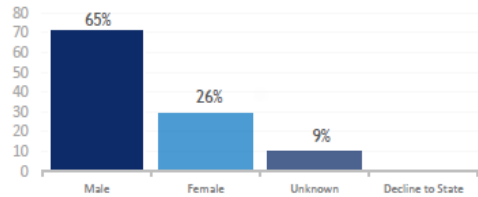
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PREFERRED LANGUAGE

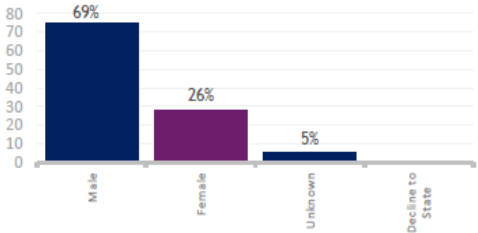


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SEX ASSIGNED AT BIRTH



GENDER IDENTITY



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December Monthly Safety Tip Topic:
Use Reflective Questioning

BERT

December 2025 REPORT

For further information about BERT, please contact:

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BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Emergency Department Team

NOVEMBER 2025 REPORT

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KEY PERFORMANCE INDICATORS



BERT ED INTERVENTIONS

November **775** Cumulative* **7,841**

*Cumulative counts are data since January 2025



Successful Interventions

Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency **OR**
 - b. did not escalate a challenging behavior

Escort Patient to PES (Warm Handoff)

Verbal Redirection

Active Listening

Build Therapeutic Rapport

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

VERBAL REDIRECTION AND RAPPORT BUILDING CONVERSATION

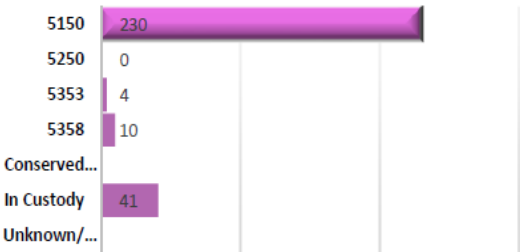
BERT assisted the primary RN with an agitated patient who was yelling and demanding to be released from soft restraints. Upon engagement, the patient requested for food. With the RN's approval, BERT provided food and engaged in a rapport-building conversation. The patient continued to request to have the soft restraints removed. BERT informed that the restraints are in place for safety reasons, and the primary team will consider removing them once it is safe to do so. The patient was receptive to verbal redirection and able to follow prompts. The patient later contracted for safety and restraints were discontinued. BERT then assisted the primary RN in transferring the patient to a new bed without incident and placed comfort measures.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

BERT was called to assist with a behaviorally challenging patient who had been medically cleared and discharged but refused to leave despite discharge paperwork provided from the primary team. BERT staff attempted to engage with the patient, but the patient was not receptive. The patient became verbally abusive, using profanity towards staff. BERT staff set clear limits, informing the patient that profanity and aggressive behavior would not be tolerated and reiterated that the patient had been discharged. The patient continued to be verbally aggressive but eventually gathered her belongings and threw food on the floor upon exiting the room.

BERT ED INTERVENTIONS

(All data related to the interventions are counts per episode)



Patient Legal Hold/Status

(documented events)

19

Involvement in Code 50s

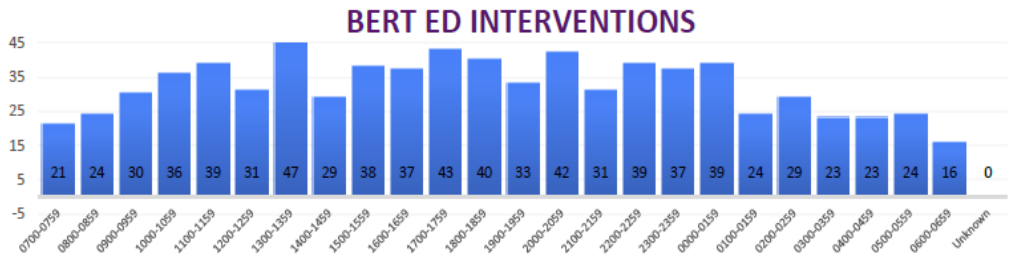
*BERT documented support for 19 documented Code 50s



BERT ED Interventions WITHOUT Law Enforcement Present (%)

*Counts do not include escorts for patients on legal holds or interventions with incomplete documentation to evaluate this criteria

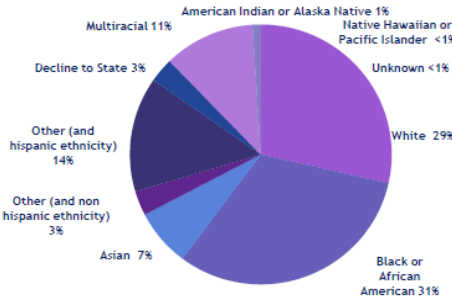
TIME



PATIENT DEMOGRAPHICS

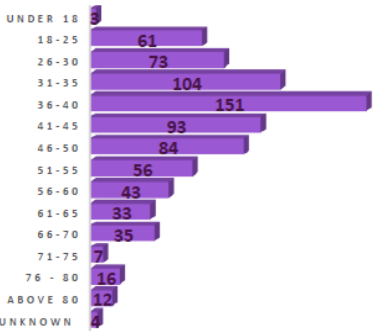
BERT ED INTERVENTIONS

RACE



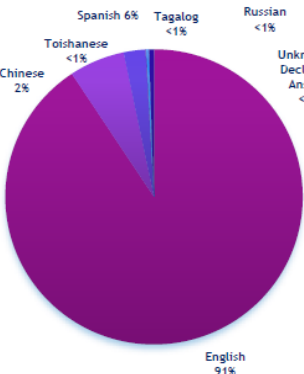
*Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

AGE



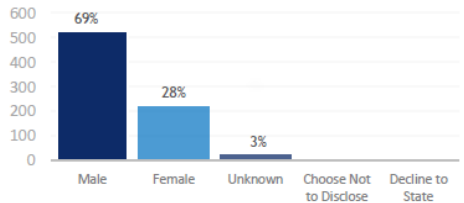
* Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

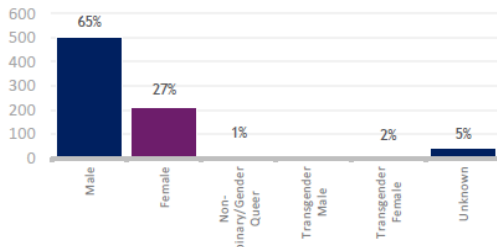


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SEX ASSIGNED AT BIRTH



GENDER IDENTITY



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November Monthly Safety Tip Topic:
Avoid Overreacting

BERT ED

November 2025 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN
Nurse Manager
yin.theint@sfdph.org

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Rounding Responder Team NOVEMBER 2025 REPORT

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UPDATES & REMINDERS

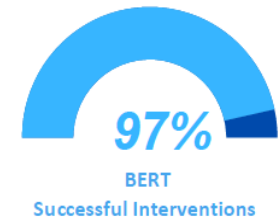
- ❖ BERT Activities Engagement Rounds
- ❖ BERT Services Include:
 - BERT in-services and training for staff on topics including verbal de-escalation
 - BERT Monthly Safety Tips are available on SharePoint

KEY PERFORMANCE INDICATORS

BERT ACTIVATIONS/CALLS

November 88 Cumulative* 1,032

*Cumulative counts are data since January 2025



Three Criteria for a Successful Intervention:

1. Patient/visitor remained safe of injury
2. Staff remained safe of injury
3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency
 - OR
 - b. did not escalate a challenging behavior

Show of Support

Verbal Redirection

Develop Safety Plan

Assist with Escort

EXAMPLE OF A SUCCESSFUL BERT ACTIVATION

BERT was activated to support a patient who presented to the Urgent Care Clinic (UCC) tearful and anxious during the initial assessment regarding complex medical concerns.

ACTIVE LISTENING, RAPPORT BUILDING CONVERSATION, and SHOW OF SUPPORT

BERT staff engaged with the patient who expressed frustration about their care, particularly around difficulty reaching their Primary Care Provider. BERT staff actively listened and engaged in rapport building conversation to acknowledge patient's frustrations and encouraged to proceed with evaluation by the UCC team. BERT staff remained present for show of support while the UCC nurse completed the intake process. Through continued engagement, the patient felt more supported and reassured about accessing care after discharge, especially upon learning that the Emergency Department is available 24/7. The patient was thankful when reminded of available resources to feel safe and heard.

ROUNDING CONSULTATIONS

November 365 Cumulative* 3,119

*Cumulative counts are data since January 2025

EXAMPLE OF A ROUNDING CONSULTATION

During rounds, BERT was informed by nursing staff regarding a patient with difficulty adhering to their bedtime medication routine and willingness to engage in the plan of care. The patient is primarily Spanish speaking which posed challenges for real-time engagement and redirection unless staff were Spanish-speaking. After declining bedtime medications for the previous few nights, BERT was able to support staff during the bedtime medication pass for patient to successfully take oral medications. BERT staff also assisted with redirection when the patient wandered onto another medical unit. Following two nights of support during medication pass, the patient demonstrated improved adherence, and no further activations were noted for the patient.

DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS			
H22/25	3	H54/56	17
H24/26	1	H58	0
H32/38	14	H62/64	5
H34/36	1	H66/68	13
H42/44	15	H76/78	5

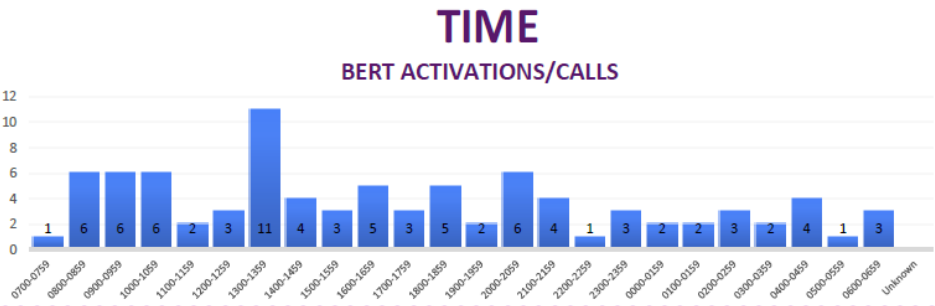
Outpatient Specialty Clinic

UCC: 5
3M:1 4C: 1
1M: 1N: 1

Additional Areas

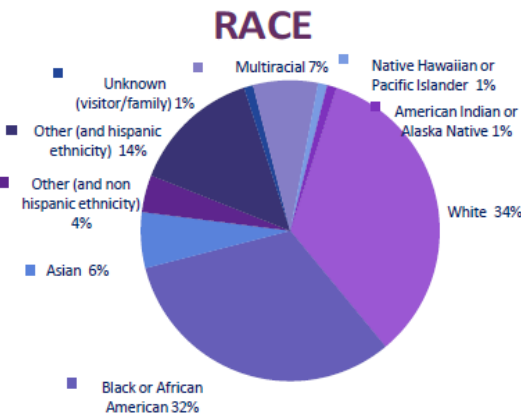
PACU: 1
Bldg 5 Lobby: 1
Bldg 25 Lobby: 2
Cafeteria: 1

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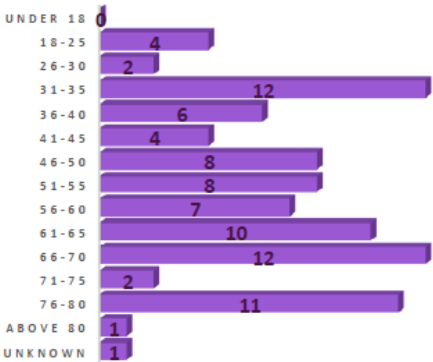
PATIENT DEMOGRAPHICS

BERT ACTIVATIONS/CALLS



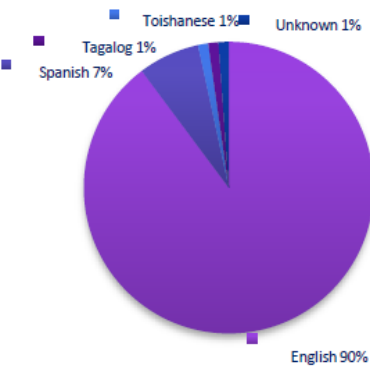
Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.

AGE



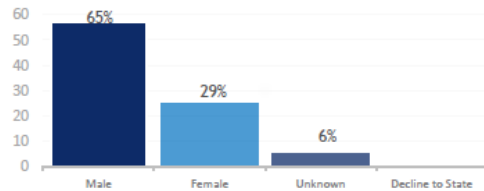
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PREFERRED LANGUAGE

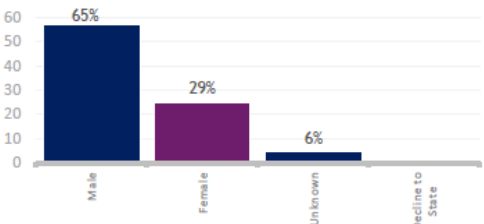


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SEX ASSIGNED AT BIRTH



GENDER IDENTITY



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November Monthly Safety Tip Topic: Avoid Overreacting

BERT

November 2025 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN
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BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

Emergency Department Team OCTOBER 2025 REPORT

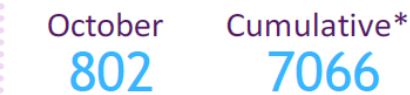
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KEY PERFORMANCE INDICATORS



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- 3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency OR
 - b. did not escalate a challenging behavior



*Cumulative counts are data since January 2025

Escort Patient to PES (Warm Handoff)

Verbal Redirection

Active Listening

Verbal De-escalation

EXAMPLE OF A SUCCESSFUL BERT ED INTERVENTION

VERBAL REDIRECTION AND ACTIVE LISTENING

ED Triage staff informed BERT regarding a patient in the waiting room who was becoming increasingly loud. Upon engaging with the patient, BERT staff observed signs of paranoia. The patient stated “there’s two men here acting aggressive towards me.” While there were indeed two men present in the waiting room, they were both asleep. BERT staff acknowledged the patient’s fear without validating the delusion. BERT staff suggested patient sit outside the triage hallway until he feels safe and comfortable enough to return to the waiting room. The patient was amenable to the plan and agreed to remain calm while in the triage hallway. BERT remained on standby until the patient was ready to return to the waiting room.

EXAMPLE OF AN UNSUCCESSFUL BERT ED INTERVENTION

BERT was called to assist in escorting a patient brought in by EMS in 4-point restraints and a spit mask, to be transferred to PES. Upon arrival, the patient appeared calm and was responsive to engagement from BERT. However, during the transfer to PES, the patient became agitated. BERT staff attempted to verbally redirect the patient but was not successful in de-escalating. The patient further escalated and became physically aggressive and attempted to strike and spit on EMS personnel, requiring emergent IM medications from EMS during transport. The patient was subsequently brought back to the ED for further stabilization.

BERT ED INTERVENTIONS

(All data related to the interventions are counts per episode)



Patient Legal Hold/Status

(documented events)



Involvement in Code 50s

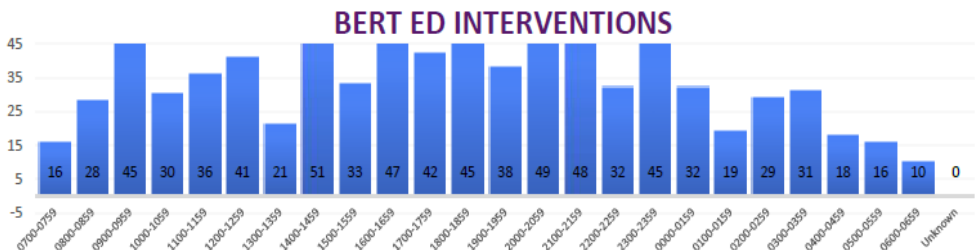
*BERT documented support for 23 documented Code 50s



BERT ED Interventions WITHOUT Law Enforcement Present (%)

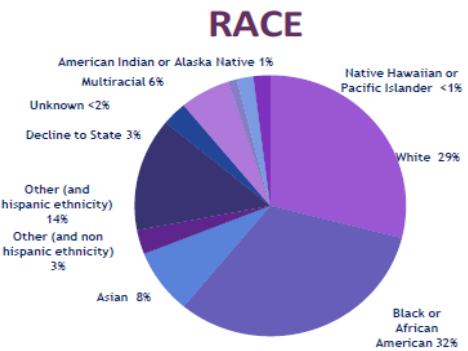
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TIME



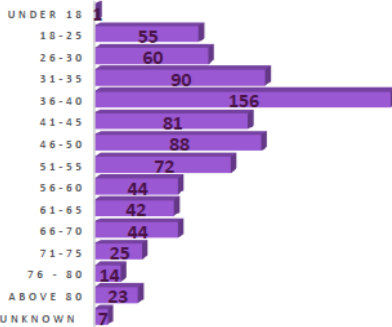
PATIENT DEMOGRAPHICS

BERT ED INTERVENTIONS



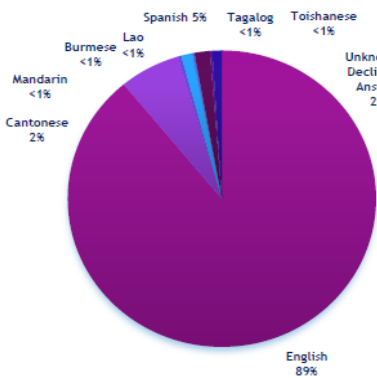
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AGE



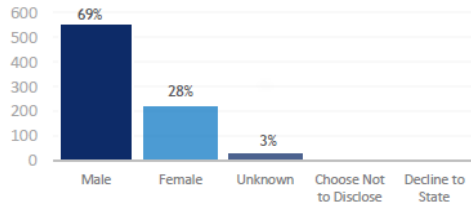
* Unknown refers to BERT interventions involving visitors

PREFERRED LANGUAGE

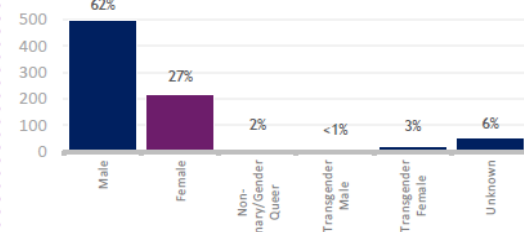


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SEX ASSIGNED AT BIRTH



GENDER IDENTITY



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October Monthly Safety Tip Topic:

Agitation

BERT ED

October 2025 REPORT

For further information about BERT, please contact:

Yin Theint, MSN, RN

Nurse Manager

yin.theint@sfdph.org

BEHAVIORAL EMERGENCY RESPONSE TEAM (BERT)

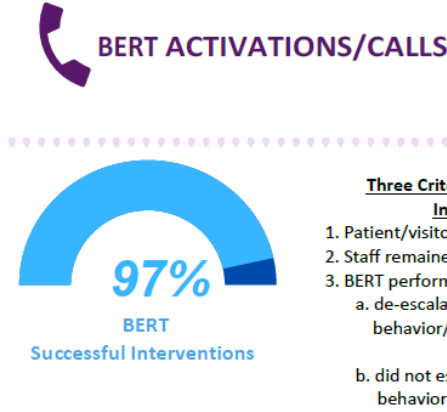
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The Behavioral Emergency Response Team (BERT) are psychiatrically trained health care professionals that respond to any perceived or impending behavioral emergencies in various locations within Zuckerberg San Francisco General Hospital. BERT provides a trauma-informed approach and utilizes principles of Crisis Prevention Institute (CPI) to de-escalate behavioral emergencies.

UPDATES & REMINDERS

- ❖ BERT Activities Engagement Rounds
- ❖ BERT Services Include:
 - BERT in-services and training for staff on topics including verbal de- escalation
 - BERT Monthly Safety Tips are available on SharePoint

KEY PERFORMANCE INDICATORS



October
87

Cumulative*
944

*Cumulative counts are data since January 2025

- Three Criteria for a Successful Intervention:**
1. Patient/visitor remained safe of injury
 2. Staff remained safe of injury
 3. BERT performed an intervention that:
 - a. de-escalated the challenging behavior/behavioral emergency
 - OR
 - b. did not escalate a challenging behavior

- Show of Support
- Verbal Redirection
- Develop Safety Plan
- Assist with Escort

EXAMPLE OF A SUCCESSFUL BERT ACTIVATION
BERT was activated to provide standby support during a scheduled clinic appointment for a patient with a history of auditory hallucinations, paranoid ideation and declining treatment.

SHOW OF SUPPORT and DEVELOP SAFETY PLAN
In collaboration with the unit managers and the patient’s outpatient team, BERT’s support was pre-arranged for a clinic visit. The patient has a history of impaired insight and judgement, anxiety and agitation, with a recent incident of unprovoked assaultive behavior towards staff. During the visit, BERT engaged with the patient in rapport-building conversation and offered supportive items such as magazines, books, and headphones to help the patient remain comfortable. The patient responded appropriately to the provider’s questions during the visit and consented to a blood draw. The patient remained calm and cooperative for the remainder of the appointment. BERT collaborated with the case manager and the clinic staff to establish ongoing standby support for all future clinic appointments to promote continuity of care and safety.



EXAMPLE OF A ROUNDING CONSULTATION

During rounds, BERT was informed by nursing staff that the unit’s charge nurse was currently with a post-operative patient who was dissatisfied with their care. BERT entered the room to support the charge nurse and assist in de-escalating the situation. The patient expressed frustration about hearing nursing staff speaking a foreign language in the hallway, stating it made him feel as though they may have been talking negatively about him. The patient also expressed concerns with the tone of voice from the primary RN. BERT staff and the charge nurse acknowledged the patient’s frustrations and provided reassurance to clarify any misunderstandings. The patient was receptive to the conversation and engaged meaningfully, later making jokes with the staff. No further behavioral concerns were reported thereafter.

DEPARTMENT/LOCATIONS

BERT ACTIVATIONS/CALLS			
H22/25	2	H54/56	12
H24/26	2	H58	7
H32/38	4	H62/64	16
H34/36	3	H66/68	10
H42/44	12	H76/78	4

Outpatient Specialty Clinic

UCC: 3	3M: 1
4C: 3	4M: 1
1M: 3	

Additional Areas

PACU: 1
Bldg 25 Lobby: 2
7C: 1

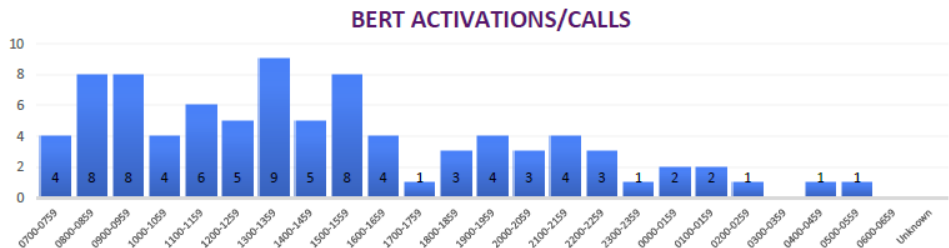
*Outside of the hospital and Psychiatric units, aside from H52, are not covered for BERT activations. BERT support was provided per the department’s and/or AOD’s request

October
295

Cumulative*
2,754

*Cumulative counts are data since January 2025

TIME

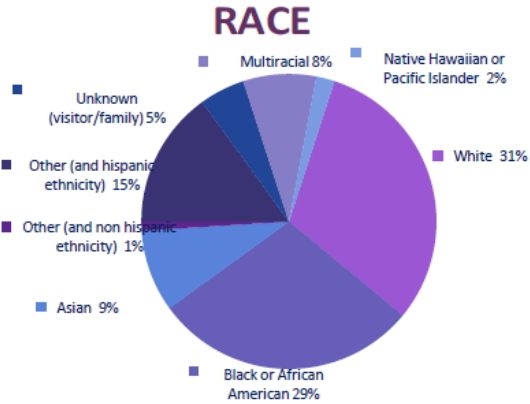


*Counts with law enforcement present include patients in custody/civil detention and calls requiring a deputy present such as escorts for patients on legal holds

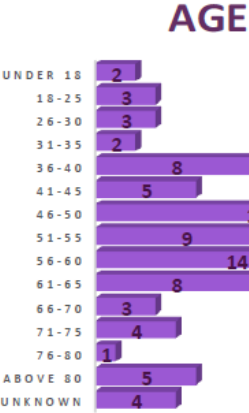
BERT Response WITHOUT Law Enforcement Present (%)
(70 of 87 Calls/Activations)



PATIENT DEMOGRAPHICS BERT ACTIVATIONS/CALLS

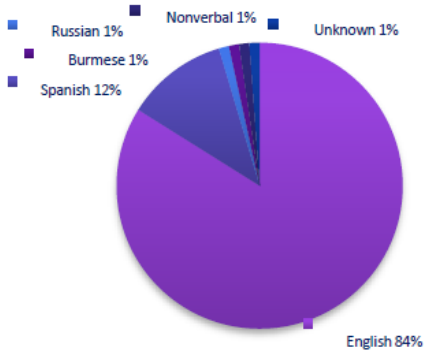


Black or African American, Decline to State, Native Hawaiian or Pacific Islander, Other, White. Unknown refers to BERT Activations/Calls involving visitors.



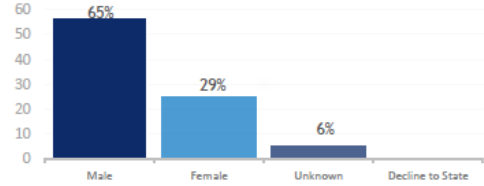
* Unknown refers to BERT Activations/Calls involving visitors

PREFERRED LANGUAGE

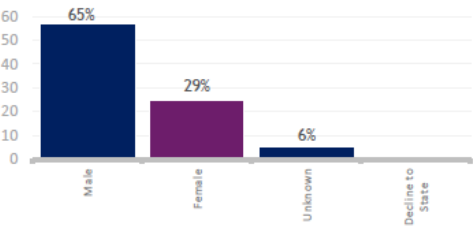


*BERT currently has staff certified as proficient in Cantonese, Vietnamese and Burmese and has members that can communicate in Spanish and Tagalog

SEX ASSIGNED AT BIRTH



GENDER IDENTITY



*Unknown refers to visitors and/or declined to state on EPIC



Education & Trainings October Monthly Safety Tip Topic: Agitation

BERT October 2025 REPORT

For further information about BERT, please contact:

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