



APPENDIX D: AMBULANCE MUTUAL AID ESCALATION

INTRA-County Mutual Aid (In-County San Francisco Permitted Providers)

Approval Process: Non-911 Provider ALS Units and BLS Unit Approval via Memo from EMS Agency Medical Director, Supervisor, or designee (May be planned in advance for city-wide events)

Dissemination: EMS Agency will post Approval on ReddiNet Banner and Notify DEM Duty Officer and On-Deck Fire DEC Supervisor.

Communications: All INTRA-County Mutual Aid have San Francisco Radios and can enter the system by contacting DEC by calling 415-558-3268. DEC shall complete Mutual Aid Tracker via Shared File.

CAD Identifiers:

Non-911 San Francisco ALS Units – ALS900-ALS919 series numbers

AMR San Francisco BLS Units - AM200 series numbers

Other San Francisco BLS Units – BLS800-BLS819 series numbers

INTER-County Mutual Aid (Out-of-County Non-San Francisco Permitted Providers)

Corporate Resources – Non-San Francisco ambulance resources from a permitted San Francisco provider. Approved by EMS Agency Medical Director, Supervisor, or designee via memo.

Ambulance Strike Team (ALS or BLS) – Ambulance resources that may be from non-permitted San Francisco provider. Requested through the state medical mutual aid system by the MHOAC.

Dissemination: EMS Agency will post Approval on ReddiNet Banner and Notify DEM Duty Officer and On-Deck Fire DEC Supervisor.

Procedure: Corporate Resources can be approved by EMS Agency Leadership. The MHOAC approves and requests Ambulance Strike Teams.

Response to a city-wide 911 System EMS Surge or Disaster Event: All INTER-County Mutual Aid shall respond to designated staging and intake location to:

- receive a briefing
- receive a mutual aid guidebook/orientation of San Francisco
- obtain a county radio and briefing on radio channels
- obtain a unit identifier number for CAD
- log crew information and contact info into Shared File

Response to a Specific Incident/Disaster Event: INTER-County Mutual Aid may be requested to a specific location (ie Hospital/Facility Evacuation or a specific incident MCI location). Resources will be dispatched on mutual aid request to respond to the incident staging location. A Transport Officer will direct Inter-County Resources to Hospital Facilities based on MCI Patient Distribution. Should Inter-County Resources need to back-fill the 911 system in such an event, resources shall follow guidelines above.

Pre-designated Staging Locations:




SFFD Station 49 – 1415 Evans Ave, San Francisco 94124
AMR San Francisco Headquarters – 1300 Illinois Ave, San Francisco 94107
King American Headquarters – 2570 Bush St, San Francisco 94115

CAD Identifiers:

ALS Ambulance – ALS920-ALS950
BLS Ambulance – BLS820-BLS850
Strike Team Leader – STL700-STL710

San Francisco EMS Surge and Mitigation Steps



Daily Operations - SF 911 Providers
Crew Hold-Overs, Expedite Pt Offload at Hospitals, Upstaffing
SF Non-911 ALS/BLS Approval
Corporate Resources
Ambulance Strike Team
Dispatch Response Determinant Modifications

For criteria for patients requiring paramedic assessment prior to transport or release, See Policy #4044, Section 5. If ALS is overwhelmed and/or unavailable (e.g. major disaster), these criteria may be suspended.

If in doubt or unsure whether patient needs an ALS assessment, care and/or transport, request ALS unit to assist.

~~Guidelines for ALS Transport during BLS approval~~

~~An ALS Assessment and/or transport shall occur for the following clinical indications. The following list is a guide and is not comprehensive. If in doubt or unsure whether patient needs an ALS assessment, care and/or transport, call for assistance. This list may be suspended in a major disaster if ALS is overwhelmed and/or unavailable.~~

~~A. Abdominal Pain~~

- ~~1. Discomfort, pain, unusual sensations if patient is > 40 years old and has cardiac history~~**
- ~~2. Severe generalized abdominal pain~~**

~~B. Breathing~~

- ~~1. Respirations > 30 min, abnormal respiratory patterns, patient in tripod position~~**
- ~~2. Audible wheezing~~**
- ~~3. Need for inhaler or no improvement after self-administration~~**
- ~~4. Asthma attack or medical history with need for intubation~~**

~~C. Burns~~

- ~~1. All thermal burns except minor heat related, superficial burns~~**
- ~~2. Chemical and/or electrical burns~~**

~~D. Cardiac~~



- ~~1. Suspected acute coronary symptoms~~
- ~~2. Irregular heart rate~~
- ~~3. Chest pain~~
- ~~E. CVA/Stroke~~
 - ~~1. Suspected stroke with associated symptoms~~
- ~~F. Diabetic~~
 - ~~1. Patient with history of diabetes with decreased mental status, is unable to swallow, has rapid respirations, fails to respond to oral glucose, suspected ketoacidosis~~
- ~~G. Environmental~~
 - ~~1. Hypothermia or Hyperthermia with co-morbidities (i.e. elderly, illness, trauma, alcohol and/or drug use)~~
 - ~~2. Suspected drug-induced hyperthermia~~
 - ~~3. Temperature greater than 100.5° F or less than 96.5° F~~
- ~~H. Mental Status~~
 - ~~1. Glasgow Coma Score less than or equal to 13~~
 - ~~2. Abnormal behavior with unstable vital signs~~
 - ~~3. Abnormal behavior with suspected drug or alcohol intoxication~~
 - ~~4. Sobering patients that do not meet Policy 5000 "Sobering Services" criteria~~
- ~~I. Vital Signs~~
 - ~~1. Hypotension (Systolic < 90)~~
 - ~~2. Signs of shock (Systolic < 90, Pulse > 120)~~
 - ~~3. Sustained tachycardia~~
 - ~~4. Hypertension (Systolic > 160 or Diastolic > 110)~~
 - ~~5. Hypotension and severe bradycardia~~
- ~~J. OB/GYN~~
 - ~~1. All patients with known or suspected pregnancy with an OB/GYN complaint~~
- ~~K. Seizure~~
 - ~~1. Any seizure or seizure-like activity reported prior to arrival~~
- ~~L. Trauma~~
 - ~~1. All patients meeting Policy 5001 Trauma Triage Criteria and/or patients meeting base hospital contact criteria within Policy 5001~~
 - ~~2. Patients with moderate to severe pain requiring pain control~~