APPENDIX D: AMBULANCE MUTUAL AID ESCALATION
EMSAC AUGUST 2026

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), Policy #4044, Section 5 ~~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