

San José Fire Department

The San José Fire Department's core mission is to serve the community by protecting life, property and the environment through prevention and response.



Fire Department Emergency Medical Services Annual Report

Public Safety, Finance and Strategic Support Committee

February 19, 2026

Item (d)3

Presented by:

Robert Sapien, Jr., Fire Chief, Fire Department

Steve Boughey, Deputy Fire Chief, Bureau of EMS & Training

Fire Department ALS & Ambulance Transport Services



Engine, Truck, US&R, ARFF

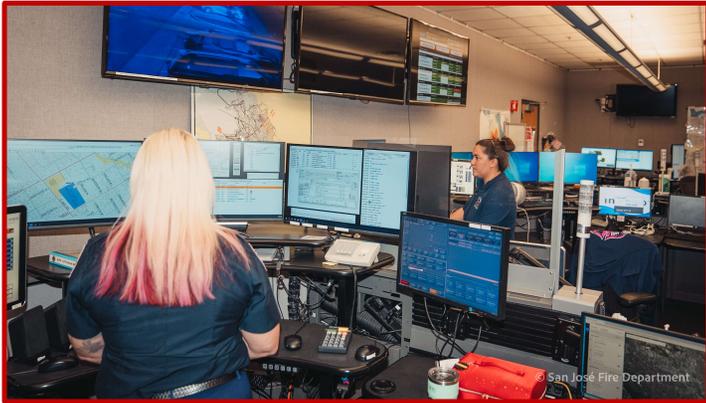
- 34 Fire Stations
- 33 Engines, 9 Trucks, 1 ARFF, 1 US&R
- 4-Responders/ALS



Rescue Medics

- 3 Rescue Medics in service 24/7
- 8 Available in Fleet
- 2-Responders/ALS

First Responder EMS Protocol for ALS Services*



9-1-1 request is received for Emergency Medical Services

Fire & Ambulance Dispatched for Advance Life Support Services / Dispatcher Pre-arrival Instructions Initiated

Firefighter/Paramedic arrives and provides treatment

Firefighter/Paramedic retains patient care for exigent transport to Emergency Department

Transfers care to Ambulance for transport to Emergency Department

*Nurse Navigation

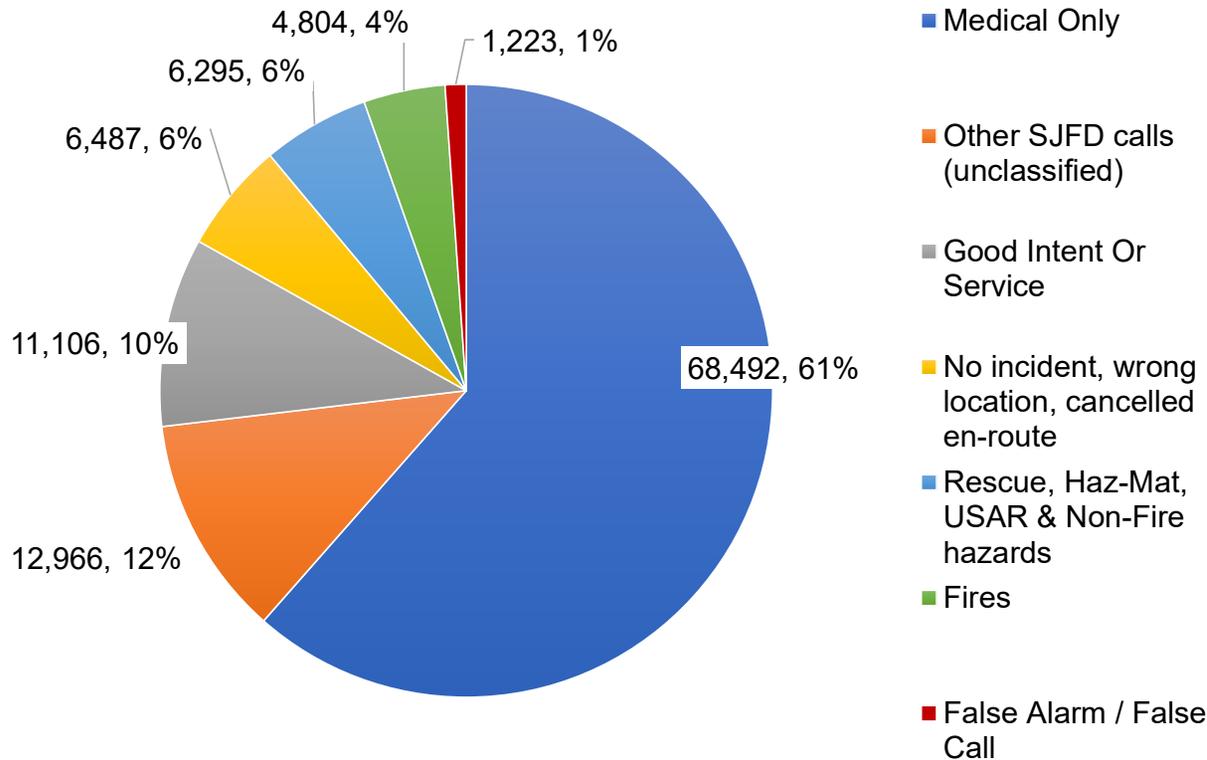
First Responder EMS Protocol for ALS Services*



Nurse Navigation: Under Nurse Navigation, 9-1-1 callers may be transferred to a telehealth nurse, or responders on scene may refer patients to the telehealth nurse.

Santa Clara County Emergency Medical Services Agency conducted its Nurse Navigator pilot from November 13, 2024 to August 31, 2025, in southwestern areas of the County. The agency's Nurse Navigator Pilot Program Closure Report (October 7, 2025) provided that approximately 1% of 9-1-1 calls were transferred to Nurse Navigator (197 of 18,754) with approximately .89% ultimately handled by Nurse Navigator (166 of 18,754) with 31 callers declining Nurse Navigator and 3 returning to 9-1-1.

Fiscal Year 2024-2025 Incident Type Distribution



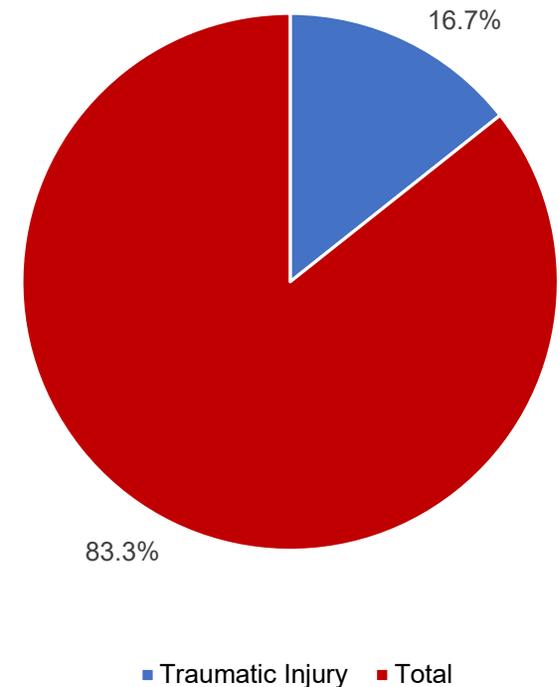
- Fire-based first responder EMS is an essential component to prehospital care
- 111,373 unique calls for service
- 68,492 (or 61%) “Medical Only” emergencies

Major Observations on Patient Primary Impressions

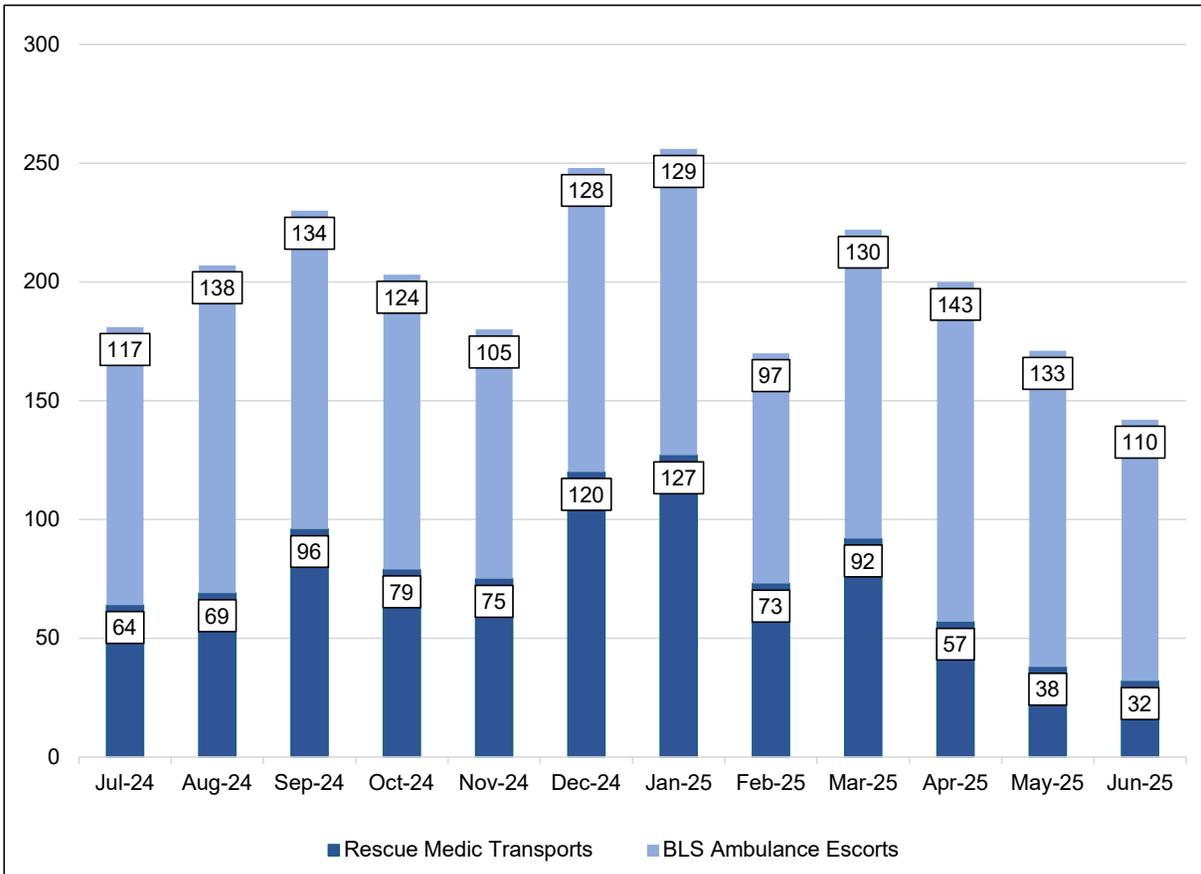


FY 24-25 Call Type Analysis

- Traumatic Injuries make up approx. 16.7% of **Total EMS Calls**
- Abdominal Pain **increased** by 111%
- Overdose/Poisoning **decreased** by 33%
- Alcohol **decreased** by 19%
- **No significant changes** in General Weakness, ALOC (Altered Level of Consciousness), and Chest Pain



Fiscal Year 2024-2025 BLS Escorts & ALS Transports



- Greater frequency in Department-assisted transports due to County's contracted ambulance unavailability
- 1,518 Rescue Medic Transports
- 2,132 BLS Ambulance Escorts
- 66% increase in SDO 10/11 Activation Minutes

Mobile Integrated Health/Community Paramedicine



- “**Mobile Integrated Healthcare (MIH)** is a patient-centered, innovative delivery model offering on-demand, needs-based care and preventive services, delivered in the patient's home or mobile environment.” (National Institutes of Health (NIH))
- “**Community Paramedicine Program**” means a program developed by a local EMS agency and approved by the Emergency Medical Services Authority to provide community paramedicine services consisting of one or more program specialties, under the direction of medical protocols developed by the local EMS agency that are consistent with the minimum medical protocols established by the authority.

Mobile Integrated Health/Community Paramedicine



Community Paramedic response to 9-1-1 calls determined to be non-emergent through dispatcher triage or field paramedic referral to connect patients with appropriate health care and social services providers.

Program Highlights

- Advanced Life Support level of care is uncompromised
- Operates under Emergency Medical Services Agency Medical Director protocols
- Can deliver specialized community-based care beyond emergency response
- Reduces 9-1-1 service demand on emergency response resources and hospital emergency departments
- Connects patients with appropriate definitive care and reduces system costs

Continuous Public Information / Education



HEAT EXHAUSTION VS HEAT STROKE

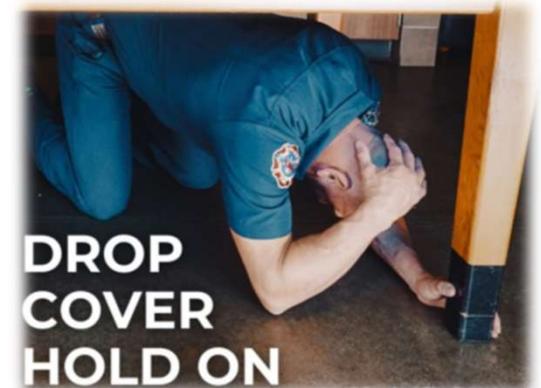
HEAT EXHAUSTION	VS	HEAT STROKE
Faint or dizzy		Loss of consciousness
Heavy sweating		No sweating
Cool, pale, clammy skin		Hot, red, dry skin
Nausea or vomiting		Nausea or vomiting
Fast, weak pulse		Fast, strong pulse
Muscle cramps		

HEAT EXHAUSTION:

- 1 Move to cool environment
- 2 Offer sips of water
- 3 If vomiting persists, seek medical attention

HEAT STROKE:

- 1 Call 9-1-1
- 2 Do not give fluids
- 3 Immediately cool the person



Questions?

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