



Memorandum

TO: PUBLIC SAFETY, FINANCE
AND STRATEGIC SUPPORT
COMMITTEE

FROM: Robert Sapien, Jr.

SUBJECT: Fire Department Emergency
Medical Services Annual
Report

DATE: January 29, 2026

Approved

Date:

2/11/2026

RECOMMENDATION

Accept the annual report on Fire Department Emergency Medical Services delivery.

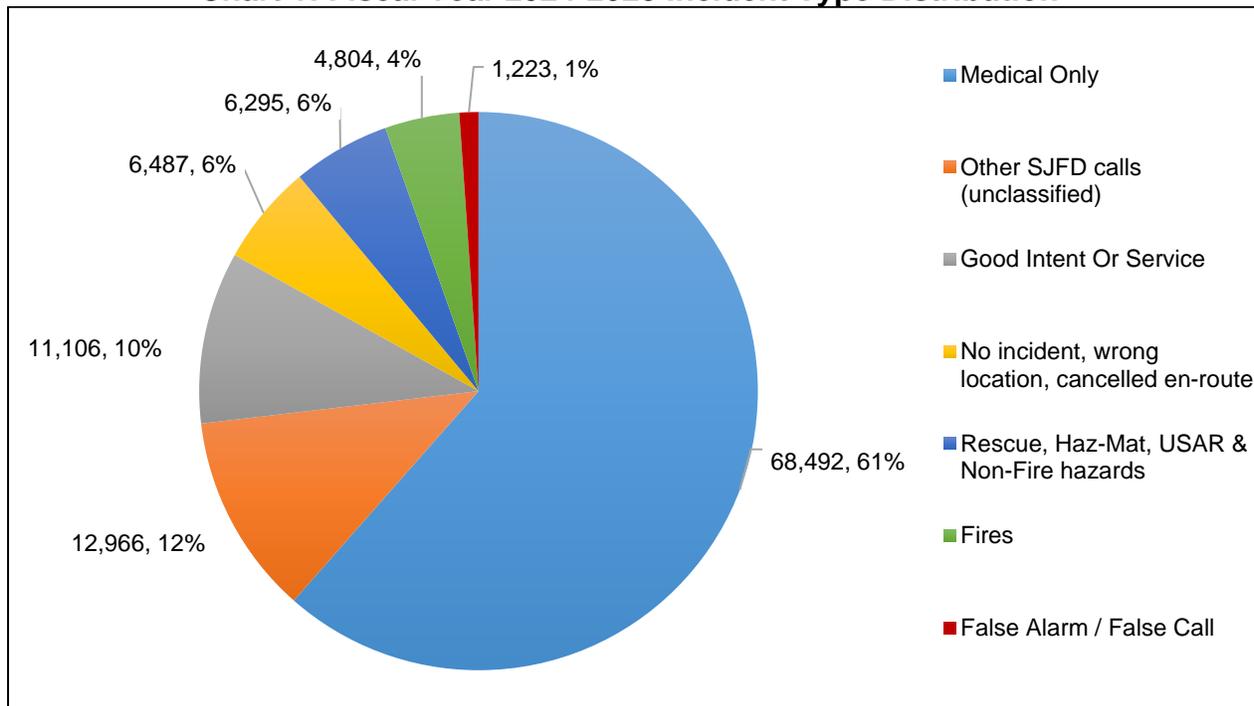
BACKGROUND

On March 20th, 2025, the Department presented its *Fire Department Emergency Medical Annual Services Report*¹ to the Public Safety, Finance and Strategic Support Committee. Resuming regular annual reporting, the Department offers an analysis of its EMS delivery experience in Fiscal Year 2024-2025.

The Department's mission is to protect life, property, and the environment through prevention and response. One facet of the Department's all-hazards response capabilities is emergency medical first response. EMS requests comprise the greatest number of overall emergency services requests. As illustrated below in Chart 1, 61% of the 111,373 total responses were categorized as "Medical Only" in Fiscal Year 2024-2025.

¹ <https://sanjose.legistar.com/View.ashx?M=F&ID=13937442&GUID=A52A60F5-E878-4D99-924D-E9C204825878>

Chart 1: Fiscal Year 2024-2025 Incident Type Distribution



The Department provides first-responder Advanced Life Support (ALS) patient care through an agreement between the City of San José and the County of Santa Clara under *California Health and Safety Code § 1797.178, 1797.204, and 1798*. These California Health and Safety Code subsections establish the County of Santa Clara Emergency Medical Services Agency (County EMSA) as being responsible for system coordination, medical oversight, and support of EMS delivery within Santa Clara County. The County EMSA provides services through contracted agencies, including fire departments that offer first responder ALS and BLS services. ALS 9-1-1 ambulance services in the County are provided by Rural/Metro Ambulance (owned by American Medical Response or AMR), which operates within an exclusive operating area (EOA) that includes Mountain View, Santa Clara, Cupertino, Milpitas, Sunnyvale, Los Altos, Los Altos Hills, Campbell, Los Gatos, Monte Sereno, Saratoga, San José, and Morgan Hill.

The *9-1-1 Emergency Medical Services Provider Agreement between City of San José and the County EMS Agency² (9-1-1- EMS Provider Agreement)* went into effect on July 1, 2011. The agreement has been extended through multiple expirations and is currently in effect through December 31, 2026.

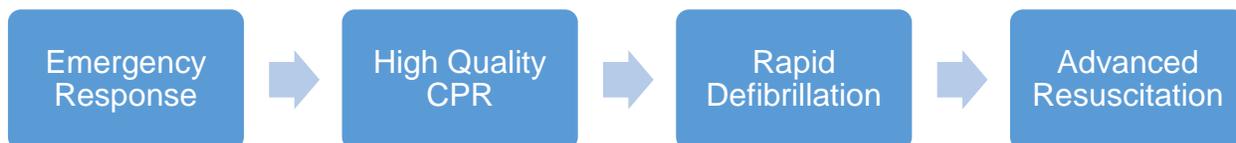
²

https://files.santaclaracounty.gov/exjcpb1541/migrated/CityofSanJoseEMSAgreementAmendments20181231.pdf?VersionId=tJXH6oBLnqn9zi058omv6MF0Pm_Tnlh4

ANALYSIS

Public Access Defibrillators

Heart disease is the leading cause of death in the United States, with over 700,000 cardiac-related deaths in 2022³. Survival from cardiac arrest doubles when a bystander utilizes an Automated External Defibrillator (AED) before first responders arrive⁴. The American Heart Association uses the term “Chain of Survival” to describe the initial processes that are required for an individual to survive cardiac arrest:



In 2007, the City of San José adopted the goal of becoming a “Heart Safe City” by improving cardiac safety for the community⁵. The Department provides oversight on the inspection, maintenance, and training of this program to which there are now over 246 AEDs available across 96 facilities. The Department continues these efforts further to follow State and Local regulations by requiring City employees to be trained on how to perform CPR and use the AED.

Fire Department Ambulance Transport

The *9-1-1 EMS Provider Agreement* authorizes the Department to provide ambulance transport services on a limited basis to augment the services provided by the County’s contracted ambulance provider, Rural/Metro. The Department deploys three Rescue Medics staffed with a single Fire Engineer and Firefighter/Paramedic, equipped to provide routine emergency medical response and patient transport. The *9-1-1 EMS Provider Agreement* allows the Department to provide patient transport under the following four specific scenarios:

1. Immediate life-saving transportation is required.
2. Material failure of the contracted ambulance provider when emergency transport is required (the ambulance provider is out of ambulances).
3. Delays with the contracted ambulance provider when emergency transport is required.
4. Emergent needs that require approval from the County EMS Agency Duty Chief.

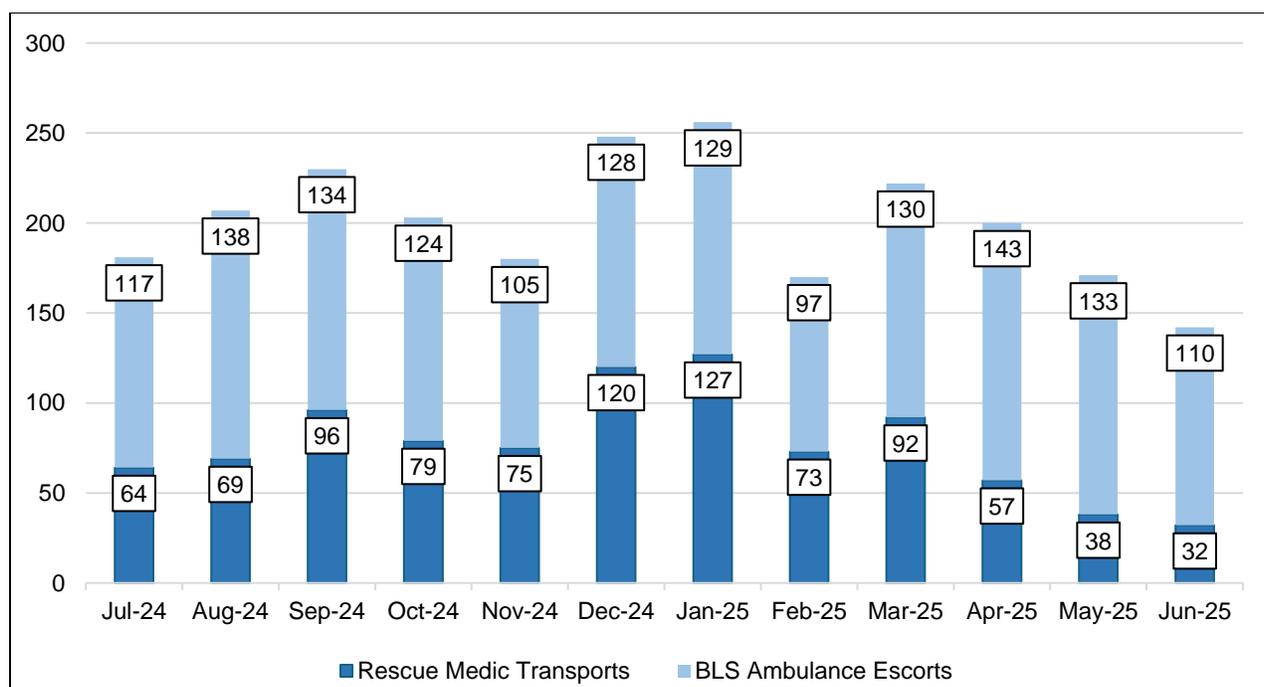
³ <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html#:~:text=Heart%20disease%20in%20the%20United%20States&text=Heart%20disease%20is%20the%20leading,every%205%20deaths.12>

⁴ <https://www.sciencedirect.com/science/article/pii/S0735109710005863?via%3Dihub>

⁵ http://www3.sanjoseca.gov/clerk/CommitteeAgenda/PSFSS/092007/PS092007_06.pdf

In recent years, Department Rescue Medics have continued to be called upon to provide transport services at a much greater frequency, mainly because of scenarios listed in scenarios 2 and 3 above. Ambulance unavailability results in delayed transport of critical patients, extended on-scene times for first responder agencies, and extended response times to subsequent emergencies. To ensure that ambulances are available in their respective jurisdictions, fire agencies within the county have increased utilization of their existing ambulances, and others have even invested to add ambulances to their fleets. As shown in Chart 2 below, a substantial workload has continued to be shifted to the Department due to ALS ambulance unavailability, resulting in 1,518 Department-assisted Rescue Medic transports and 2,132 instances where Firefighters/Paramedics rode in Rural/Metro ambulances to maintain BLS patient care in Fiscal Year 2024-2025.

Chart 2: FY 2024-2025 Department BLS Escorts and ALS Transports



Santa Clara County 9-1-1 Ambulance Services

The County of Santa Clara provides ambulance services through a contracted provider agreement with Rural/Metro of California, Inc., that has been in effect since July 1, 2011⁶. Modifications to the original agreement have introduced significant changes to the emergency medical services system, including substantially reduced performance and service level requirements present in the original agreement. Because first

⁶ <https://files.santaclaracounty.gov/exjcpb1541/migrated/2022%20-%200707%20%20EOA%20Agreement-Amendments-Exhibits%20RMetro.pdf?VersionId=VI6VbUNDcjESuV0bLHr6FPzExPPNq8Ff>

responder agencies must maintain patient care until transfer to an appropriate care provider, delayed ambulance responses result in longer on-scene times, challenging the Department resource availability and response time performance. The Ninth Amendment to the Agreement, effective April 16, 2024, formalized BLS ambulances which has resulted in Department paramedics continuing to provide ALS “Escorts” for patients on Rural/Metro ambulances to hospital emergency departments (EDs) to maintain necessary ALS-level care.

The County EMSA monitors EMS system stability. When necessary to stabilize the EMS System, the EMS Agency Executive Leadership Team, EMS Duty Chief, or County Communications has been authorized to activate emergency dispatch orders (SDOs) to stabilize the system on a short-term basis. Four of the 30 distinct SDOs increased in frequency over the past four years, including:

- **SDO 3:** Order to dispatch BLS ambulances to “Alpha” and/or “Omega” EMS events.
- **SDO 10:** Order to place all available EOA and non-EOA ambulances in service for dispatch.
- **SDO 11:** Order to notify Fire Departments with permitted ambulances that unrestricted use of fire-based ambulances has been authorized within their respective jurisdiction.
- **SDO 17:** Order that automatic ambulance dispatches are suspended until a first response unit arrives on-the-scene and verifies that a patient needing emergency transport exists.

Table 1 below displays SDO 10, SDO 11, and SDO 17 activations from Fiscal Year 2020-2021 to Fiscal Year 2024-2025. SDO 3 is excluded due to its constant use from the onset of Rural/Metro implementing BLS ambulances in a tiered model response since June 2022.

Table 1: SDO 10 / 11 and SDO 17 Activation Minutes

Fiscal Year	SDO 10 and 11 Activation Minutes	SDO 17 Activation Minutes
2020-2021	4,919	0
2021-2022	8,895	104
2022-2023	49,575	3,117
2023-2024	82,467	5,659
2024-2025	44,881	37

In extreme circumstances, the County EMSA will activate SDO 17 where no ambulances are assigned to EMS incidents. Once first responders arrive on scene, they

can provide updates including communicating the need for an ambulance response, however, ambulances may be unavailable or significantly delayed.

County EMS Response Time Compliance Funding

The *9-1-1 EMS Provider Agreement* includes a provision that is dependent on the performance criteria of the EMS Resource Management (Category A), requiring Emergency Medical Dispatch and MPDS and Response Time Performance (Category B). The Department’s Fire Communications Division’s operational procedures conform to the Category A requirements. In Fiscal Year 2024-2025, the Department met adjusted response time performance requirements for 12 consecutive months. This performance resulted in approximately \$3.5 million in first responder funding. The cost to operate ALS-level EMS services is approximately \$4.8 million, of which 72% was recovered in Fiscal Year 2024-2025. The City executed its seventh amendment to extend the existing *9-1-1 EMS Provider Agreement* with the County of Santa Clara through December 31, 2025, after the County declined to consider substantive amendments before the deadline⁷. The Department will continue to pursue proposed changes when future opportunities for feedback are made available. Table 2 below provides a five-year overview of the Department’s performance in meeting response time guidelines under the County’s First Responder Funding reimbursement program.

Table 2: EMS Response Time Compliance Funding

	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Total Revenue	\$3,392,633	\$3,487,324	\$3,614,331	\$3,799,221	\$3,977,269
Total Liquidated Damages	\$(338,900)	\$(549,250)	\$(430,700)	\$(501,950)	\$(480,000)
Total Revenue Received	\$3,053,733	\$2,938,074	\$3,183,631	\$3,297,271	\$3,497,269

Emergency call volume has continued to rise over the term of the agreement, increasing over 51.9% from 73,327 calls in Fiscal Year 2011-2012 to 111,373 calls in Fiscal Year 2024-2025. 61% of emergency calls in Fiscal Year 2024-2025 were medical in nature.

Department Staffing

The Department seeks to maintain 173 Firefighter/Paramedics to meet daily staffing demands. The Department continues its strategy to solicit former paramedics in the ranks of Fire Engineer and Fire Captain to reactivate their paramedic licensure and accreditation, becoming “Support Paramedics” to ease the overtime pressure on the Firefighter/Paramedics. This strategy has shown continued success in decreasing

⁷ <https://www.sanjoseca.gov/Home/Components/News/News/6791/5167?npage=2>

mandatory callback hours, with a current count of 108 Support Paramedics and 137 Firefighter/Paramedics available⁸.

Ambulance Patient Offload Delays

California Assembly Bill 40 (AB 40)⁹ added *California Health and Safety Code* §1797.120.5, 1797.120.6, and 1797.120.7, aims to address ambulance patient offload delays (APODs) by requiring local EMS agencies to adopt standards for timely offloading patients at hospitals. The bill sought to mitigate the extended wait times ambulance crews experience when transferring patients from their care to hospital EDs, a problem that has strained emergency response systems across California. APODs occur when EDs are overcrowded, forcing ambulances to wait with patients until hospital staff can assume responsibility. This delay keeps ambulances out of service for extended periods, reducing their ability to respond to new emergencies. In Fiscal Year 2024-2025, it was observed that eight of the ten receiving hospitals in Santa Clara County

failed to meet the California State EMS Authority's target of a 20-minute ambulance patient offload time¹⁰, with Valley Medical Center having the highest APOD times, averaging 50 minutes or more – and with Stanford Hospital and St. Louise Regional Hospital not experiencing monthly averages above the 20-minute mark. APOD exacerbates ambulance unavailability and stretches Department resources further as the time committed to each patient transport is extended^{8A}.

Fire Inventory Controls Over Controlled Substances

The Department provides ALS care in accordance with County of Santa Clara Emergency Medical Services Agency protocols, which require the availability of certain medications regulated under the federal Controlled Substances Act. To support ALS patient care, Department paramedics are authorized to administer morphine for pain management and midazolam for seizure control and sedation. These medications are carried on ALS-capable fire apparatus and are subject to strict regulatory, inventory, and security requirements.

In April 2025, the Department identified damaged containers and suspected tampering involving controlled substances at a fire station. In response, the Department implemented immediate corrective actions, coordinated with law enforcement, and the Fire Chief requested an independent audit by the Office of the City Auditor to evaluate inventory controls and identify opportunities to further strengthen medication security.

⁸ The Department continues to work toward onboarding more paramedics to close the gap, including 7 qualifying paramedics that graduated from the recruit academy on January 16, 2025, and 6 more who entered the academy on January 19, 2026.

⁹ https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB40

¹⁰ <https://emsa.ca.gov/wp-content/uploads/sites/71/2020/12/EMSA-APOT-Report-to-Legislature.pdf>

^{8A} <https://files.santaclaracounty.gov/exicpb1541/2025-02/2025-apot.pdf?VersionId=RIhRwR.2kBpSVvawvtm4OfASzYzSsLzI>

The City Auditor's report: *Fire Inventory Controls Over Controlled Substances: Clarifying Policies and Separating Duties Would Further Improve Security*, was presented to City Council on December 16, 2025¹¹.

In response, and in several instances prior to completion of the audit, the Department implemented and initiated multiple system improvements. These actions included issuing Special Bulletins disseminating information to all fire personnel regarding protocols and procedures to enhance physical security and verification requirements, expanding oversight within the Bureau of EMS & Training, and beginning deployment of dedicated controlled substance lockboxes on fire apparatus to reduce unnecessary handling.

The Department recognizes that a robust controlled substance security strategy is essential to regulatory compliance, public trust, and uninterrupted patient care. By proactively requesting the audit, implementing immediate safeguards, and committing to the adoption of all audit recommendations, the Department continues to demonstrate its commitment to accountability, transparency, and continuous improvement in EMS operations.

EMS Trends

From Fiscal Year 2020-2021 to Fiscal Year 2024-2025, Department EMS call volume increased by nearly 20%. This increase in demand for EMS services within San José and the County can be attributed to several factors:

- **Aging Population:** According to the *Santa Clara County Area Plan on Aging 2020-2024*¹², the number of County residents above age 65 will account for 11% of the total population by 2030, and County residents aged 85 and older are estimated to become 2% of the total population. Those 85 and older have a significantly higher rate of severe chronic health conditions and functional limitations that result in the need for more health and supportive services. The rapid growth of this age group has many implications for the healthcare sector.
- **Unhoused Resident Service Demand:** In Fiscal Year 2024-2025, responses for homeless medical emergencies accounted for 8.9% of total EMS responses, while the unhoused population represents slightly less than 0.7% of the City's population (State of California Department of Finance estimates a 2025 City of San José total population of 979,415). The *2023 Homeless Count and Survey Comprehensive Report* determined that the number of unhoused individuals within San José has increased from 4,350 in 2017 to 6,266 in 2023¹³, an

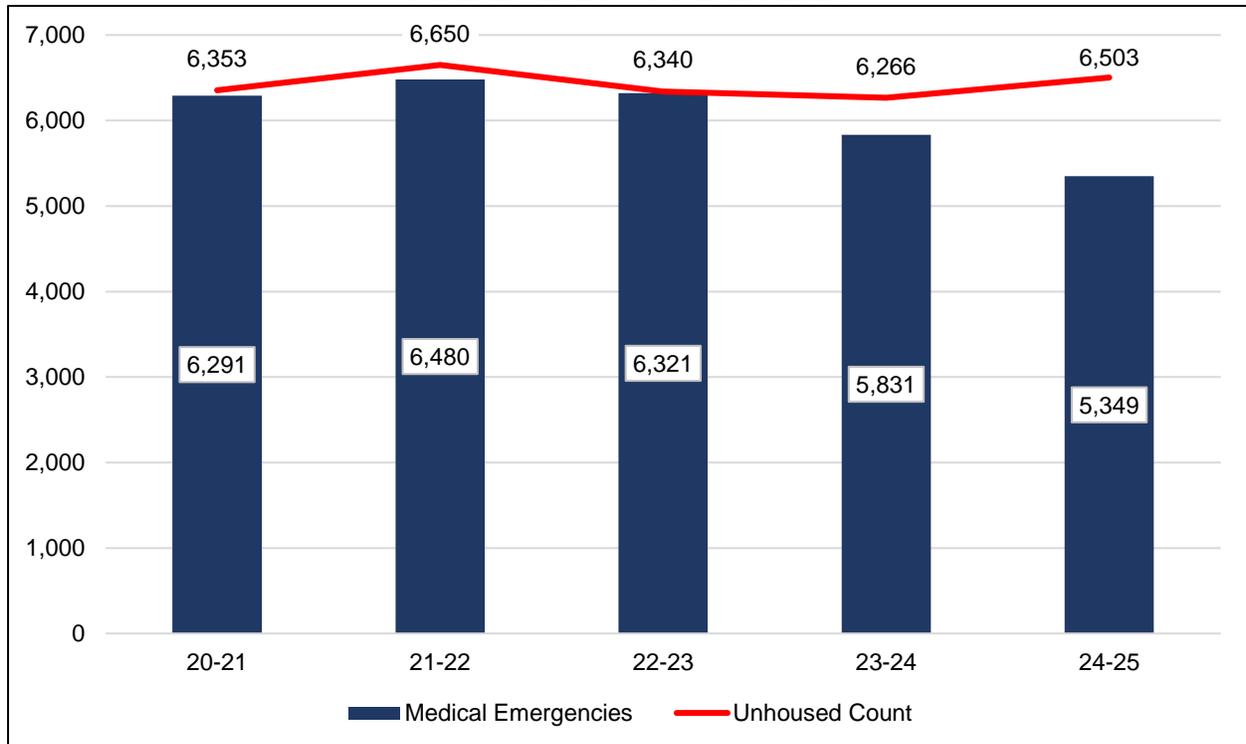
¹¹ <https://sanjose.legistar.com/View.ashx?M=F&ID=14999502&GUID=175A8FF0-993F-4243-8755-1F0305C42D01>

¹² <https://www.mysourcewise.com/wp-content/uploads/2021/03/Sourcewise-Area-Plan-on-Aging-20-24.-sml.pdf>

¹³ <https://www.sanjoseca.gov/your-government/departments-offices/housing/resource-library/homeless-reports/homeless-reports-executive-summary>

increase of 44% over that six-year span. The Santa Clara County *Point-In-Time Count Community Report 2025* provided a countywide unhoused population count of 10,711, with 6,503 in San José, including 3,959 unsheltered and 2,544 sheltered.

Chart 3: EMS Responses and San José Unhoused Population¹⁴
FY 2020-2021 – FY 2024-2025



Public Education

The Department remains committed to enhancing community awareness and understanding of the emergency medical services that are provided through targeted education and engagement initiatives. As part of this effort, the Department has developed a series of paramedic-focused videos, including *Path to Service*, which highlights individuals' journeys in joining the Department, and *Tools Tuesday*, which showcases the essential tools and equipment used by paramedics. Additionally, a series of FAQ videos have been created to clarify the distinctions between EMTs and paramedics, as well as the Department's role in medical emergency responses. To further emphasize the importance of first aid and CPR, the Department has shared real-life incident stories that highlight the critical work of its crews. Ongoing community engagement efforts also include promoting opioid awareness and community engagement to provide opportunities to educate the public on the First Responder Fee

¹⁴ <https://osh.santaclaracounty.gov/data-and-reports/point-time-count>

Program. The Department’s comprehensive opioid awareness website and First Responder Fee Program website, serve as a key resource, providing FAQs and essential information to support these outreach initiatives.

Quality Improvement and System Performance Initiatives

The Department’s Bureau of EMS and Training – EMS Division conducts comprehensive reviews of electronic patient care reports following patient contact. This data serves as a critical tool in identifying trends and gaining deeper insights into the factors contributing to EMS call volume.

Table 3: Major Observation on Patient Primary Impressions

	Department Provider’s Primary Patient Impression	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
1	Traumatic Injury	7,701	9,259	9,746	10,541	10,236
2	General Weakness	3,886	4,387	4,914	5,292	5,085
3	Respiratory Distress	3,807	4,201	4,651	4,604	4,485
4	Abdominal Pain / Problems	3,156	3,521	3,978	3,913	3,827
5	No Medical Complaint / Findings	3,194	3,171	3,463	3,480	3,284
6	Behavioral/Psychiatric Crisis / Excited Delirium	2,564	2,785	3,064	3,278	3,236
7	Altered Level of Consciousness (Not Hypoglycemia or Seizure)	2,591	2,617	2,894	2,699	2,536
8	Alcohol Intoxication / Overdose	2,274	2,488	2,583	1,744	2,029
9	Non-Traumatic Body Pain	2,315	2,473	3,015	3,200	3,362
10	Chest Pain / Dysrhythmia / Hypertension	1,861	2,210	2,431	2,237	3,873

Through ongoing quality improvement efforts, data-driven analysis, and the development of strategic initiatives, the Department remains committed to addressing evolving challenges, including the growing demand for emergency medical services:

- Geriatric EMS Patients: In 2025, the Department conducted mandatory training for all sworn personnel regarding proper protocol concerning geriatric

EMS patients, focusing on how to conduct patient assessments for older adults.

- Trauma Care: In August 2025, the Department conducted mandatory training for all sworn personnel to address trauma-related patient care. The training focused on hip immobilization devices. For trauma patients, the “Golden Hour” is a well-practiced benchmark of advanced EMS systems where the goal is to transport patients with head, thoracic, or abdominal injuries to the operating room within the first hour of sustaining the injury. The Department tracks elapsed time for crews to perform initial extrication and treatment, but the metric for overall “Golden Hour” performance is incomplete due to ambulance data being proprietary and unavailable for interagency sharing.
- High-Performance “Pit Crew” CPR: The concept of High Performance or “Pit Crew” CPR encompasses several key concepts, including coordinated communication amongst rescuers, CPR efficiency and choreography, and implementation of mechanical chest compression devices. In March 2022, the Department’s EMS Division and Fire Communications Division sent personnel to attend the “Resuscitation Academy.” The objective of this training was to increase survival from sudden cardiac arrests using public health data, academic medical research, and partnerships with non-government organizations, such as the American Heart Association. Participants were tasked with bringing back valuable knowledge and training to advance the Department’s delivery of CPR techniques, data collection methods, and analysis to continuously monitor and improve quality of care. This training remains a foundational component of field treatment protocols for cardiac arrest, contributing to ongoing advancements in clinical outcomes.
- Return of Spontaneous Circulation Data: Return of Spontaneous Circulation (ROSC) is when the heart returns to a rhythm that sustains circulation and perfusion of the body after sudden cardiac arrest. It should be noted that ROSC does not definitively result in survival; it is simply the first of many steps that must be taken to ensure that the patient survives and is neurologically intact.

The Department monitors ROSC performance, which is displayed in Table 4.

Table 4: Return of Spontaneous Circulation Rates

	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
Cardiac Arrest – Non-Traumatic	968	927	990	933	947
Cardiac Arrest - Traumatic	73	67	65	70	80
TOTAL CARDIAC ARREST	1,041	994	1,055	1,003	1027
Return of Spontaneous Circulation (ROSC)	250	234	107	166	164
ROSC Rate	24%	24%	10.4%	16.5%	16.0%

- AED Usage Prior to EMS Arrival: As stated previously in this memorandum, providing rapid defibrillation for a sudden cardiac arrest patient dramatically increases the probability of survival. The Department tracks the number of occurrences where an AED was utilized for a sudden cardiac arrest patient prior to the arrival of first responders, as shown in Table 5, and continues to increase AED availability throughout the community by managing the City PAD program. With the current stock of AEDs approaching the end of its operational lifespan, the Department is actively exploring potential funding opportunities to facilitate the replacement of all 246 units.

Table 5: AED Utilization on Sudden Cardiac Arrest Patients Prior to EMS Arrival

	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25
AED Utilized Prior to Arrival	9	10	5	9	25

9-1-1 System Frequent User Referral

The Department continues to maintain a 9-1-1 system frequent user referral process which attempts to connect individuals with medical needs that are not being met by prehospital emergency care providers and EDs. Through this process, Department staff coordinate with the County of Santa Clara Social Services Agency and private healthcare insurance providers to identify and match the right resources for the individual. A high utilizer is a patient who has called 911 more than six times in six months. Additionally, the Department monitors facilities from which EMS response requests frequently originate, providing 9-1-1 system use education to minimize

response to low acuity medical events. As EMS service demand continues to trend upward, strategies to match community medical needs with the right resources will aim to preserve response resources for the most critical emergencies.

Mobile Integrated Health / Community Paramedicine

The Department is evaluating innovative service delivery models to help meet the increasing service delivery demands, including transitioning from a transportation system primarily focused on patient stabilization and transport to a mobile healthcare system focused delivery model. Innovative service delivery models demonstrate efficiency and effectiveness by providing resource responses and care pathways that better match patient needs, rather than the hospital emergency department as the only option.

Mobile Integrated Healthcare–Community Paramedicine (MIH-CP) pilot programs may be authorized by the State Emergency Medical Services Agency. MIH-CP is a patient-centered approach that uses mobile, out-of-hospital healthcare resources.

In recent years, successful MIH-CP programs in the U.S. have become more common and have included components such as:

- Increasing access to care in underserved areas
- Using community paramedics or other specially trained EMS practitioners for management of high healthcare system utilizers or patients at risk for hospital admission or readmission
- Provide on-site care, treat-no-transport options, telemedicine, or alternative destinations solutions for the people we serve

An MIH-CP pilot could focus on two key gaps that have been identified through an analysis of the Department EMS services:

- Patient Advocacy (High Utilizers, mental health, social services)
- Alternate disposition/destination care options for our patients

The Department is currently developing a pilot proposal to enable evaluation of MIH-CP that will be evaluated during the 2026-2027 budget process.

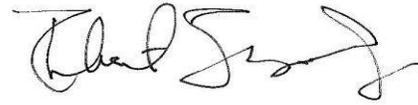
COORDINATION

This memorandum has been coordinated with the City Attorney's Office and the City Manager's Budget Office.

January 29, 2026

Subject: Fire Department Emergency Medical Services Annual Report

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A handwritten signature in black ink, appearing to read "Robert Sapien, Jr.", written in a cursive style.

ROBERT SAPIEN, JR.
Fire Chief, Fire Department

For questions, please contact Robert Sapien, Jr., Fire Chief, at
robert.sapien@sanjoseca.gov or (408) 794-6952.