

Complaint Summary Report

COMPLAINT #1

SUMMARY OF ALLEGATIONS

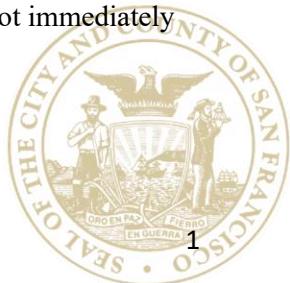
On February 1, 2025, the complainant heard commotion in their building and immediately went to investigate the noise and found the EMTs assisting an elder neighbor who had passed out. The complainant spoke with the elder's wife's sister, who let the complainant know that she had called the building manager to call 911. The complainant did not know whether the building manager requested Chinese-language assistance when they called 911. Within 10 minutes of placing the call for service, three Emergency Medical Technicians (EMTs) arrived, but they did not speak Chinese. Medics rendered aid for approximately 30 minutes without the assistance of language services. The complainant helped translate some basic questions. A family member of the elder mentioned to the complainant that the whole process took about 25–30 minutes, and that she did not recall the EMTs attempting to provide any language services. The complaint indicates that the elder passed away (date and time not provided in the complaint).

FINDINGS

DEM reviewed 911 call logs and confirmed that the call came in at 1:40 am. The caller requested "Chinese". The operator asked the caller if they needed Cantonese or Mandarin. Receiving no response, the dispatcher contacted the State-provided interpretation service- Voiance/CyraCom -and selected the services of a Cantonese interpreter. They received an automated message that call volumes were higher than usual. While waiting for a telephonic interpreter through Voiance/CyraCom the dispatcher asked the caller for an address and whether police or medical services were required while on hold but received no response back from the caller. After waiting on hold for 4.52 minutes, a Cantonese interpreter came online. With the assistance of Cantonese interpretation, DEM was able to dispatch to the address and receive information about the situation.

At 01:51:55 am SFFD arrived on scene. Once emergency services arrived at the scene, the 911 call ended by procedure. Based on EMSA records, the ambulance was documented as being on scene for 16 minutes. The Computer-Aided Dispatch (CAD) Event History detail stated that the patient was transported to the hospital. There is no indication that the patient passed away in the CAD.

The Office of Civic Engagement and Immigrant Affairs (OCEIA) met with the Department of Emergency Management (DEM) and with the San Francisco Emergency Medical Services Agency (EMSA) at DEM and learned that Emergency Medical Services cannot provide language services while the emergency is ongoing as the goal is to provide medical care. EMSA added that EMS personnel try to provide translation if the patient is not in critical condition. If the patient is in critical condition, the priority is rapid transport from the scene. EMS clarified that EMS personnel are trained in assessing physical symptoms and non-verbal cues in instances where language services are not available and a patient is in critical condition. EMSA informed that EMS personnel routinely use bystanders to understand a patient's condition, whether for translation services or not, in addition to other factors such as physical signs or symptoms. In an emergency, bystanders may be an option for translation if services are not immediately available or in the process of being sought.





Actions taken by DEM

- DEM reminded dispatcher not to delay translation services from any authorized interpreter vendor and that they should use backup services per their policy. DEM reported that their policy recommends dispatcher switch to a backup interpretation service after one minute but not abandon the initial call until translation services are obtained.
- DEM filed a complaint with Voiance/CyraCom.
- To avoid delays waiting for telephonic interpretation, DEM is working to complete a contract for an Artificial Intelligence (AI) service to quickly identify the language spoken by a 911 caller and assist dispatchers in capturing basic information, such as address, language preference, and verification of the type of emergency to assist DEM in dispatching the appropriate resources, while the dispatcher gets an interpreter on the line. The service currently consists of three different tools covering multiple languages including Spanish, Cantonese, Mandarin, Russian, Vietnamese, and Tagalog. DEM plans to start implementing it within the next calendar year.

RECOMMENDATIONS

- To develop a language protocol per state law, Cal. Govt. Code section 7290 et. seq. and S.F. Administrative Code section 91.9.
 - The Local EMS Agency clarified that they are a regulator and oversight agency whose staff does not provide front-line EMS medical care in the field to the public; their role is to regulate both public (SFFD) and private entities (AMR, King American) front-line EMS medical care providers. While EMSA stated that EMS personnel cannot provide language services while the emergency is ongoing to avoid any delays in medical care, they explained that they are open to developing a language access protocol for certain instances and conducted a review of policies in other jurisdictions. Their protocol is planned to go to public comment at the end of June and to committee review in July.
- Partner with OCEIA, other Subject-Matter Experts and First Responder Departments, as well as community stakeholders to develop strategies for deploying rapid response Language Access Services in crisis situations.
- Regular on-going training, to retrain dispatchers on language access policy and procedures. OCEIA was informed that dispatchers go through approximately six weeks of training in a classroom with supervised on-the-job training where language access is a core part of the classroom training.
- To continue taking steps to enhance departmental language service capacity through bilingual staffing and the use of technology.

