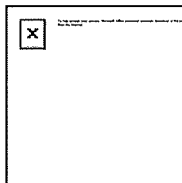

From: Peter Prows <pprows@briscoelaw.net>
Sent: Friday, May 31, 2019 4:09 PM
To: Mchugh, Eileen (BOS)
Cc: HSHSunshine; Calvillo, Angela (BOS); GIVNER, JON (CAT); Ng, Wilson (BOS); BOS-Legislative Services; Yee, Norman (BOS); Somera, Alisa (BOS)
Subject: RE: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330
Attachments: Responsive Documents re Wall Lee Request CIRs Volume 3.pdf

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Thanks.

Please ensure the attached additional records are also included in the administrative record, in addition to whatever else the City has that is responsive to the PRA request made in the appeal letter.



PETER PROWS
155 Sansome Street, Seventh Floor
San Francisco, California 94104
Direct: (415) 402-2708 Cell: (415) 994-8991

From: Mchugh, Eileen (BOS) [mailto:eileen.e.mchugh@sfgov.org]
Sent: Friday, May 31, 2019 1:22 PM
To: Peter Prows <pprows@briscoelaw.net>
Cc: HSHSunshine <HSHSunshine@sfgov.org>; Calvillo, Angela (BOS) <angela.calvillo@sfgov.org>; GIVNER, JON (CAT) <Jon.Givner@sfcityatty.org>; Ng, Wilson (BOS) <wilson.l.ng@sfgov.org>; BOS-Legislative Services <bos-legislative_services@sfgov.org>; Yee, Norman (BOS) <norman.yee@sfgov.org>; Somera, Alisa (BOS) <alisa.somera@sfgov.org>
Subject: Appeal of CEQA Exemption Determination - Proposed Project at Seawall Lot 330

Dear Peter Prows (Briscoe Ivester & Bazel LLP),

On behalf of the Office of the Clerk of the Board, I am confirming receipt of your attached appeal letter regarding Planning Case No. 2019-002440ENV. BOS Legislative File No. 190611 – Appeal of Determination of Exemption from Environmental Review – Seawall Lot 330.

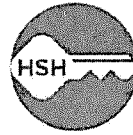
Per the footnotes contained on page 3 of your letter, you stated the following:

Please consider this letter to also be a Public Records Act request for all incident reports for Navigation Centers dating back to 2016. If you have trouble understanding this request, I request assistance in reformulating it in a way that is more understandable. If this request is not addressed correctly, please forward it to the appropriate person who handles Public Records Act requests for the City. I also request that documents available in electronic format be produced in their electronic format.

By copy of this email, we are referring your request to the San Francisco Department of Homelessness and Supportive Housing (HSHSunshine@sfgov.org), as their agency is the custodian of record for data and reports pertaining to Navigation Centers.

Sincerely,

Eileen McHugh
Executive Assistant
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102-4689
Phone: (415) 554-7703 | Fax: (415) 554-5163
eileen.e.mchugh@sfgov.org | www.sfbos.org



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

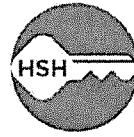
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

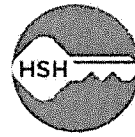
Date of Incident: 11/14/18	Time Incident Occurred: 2:30 PM	Type of Incident:	
		Medical issue	
Navigation	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
Names of Witnesses:	Staff Witnesses		
	Rochelle Rodriguez		
	Robert Cedillo		
	Sandra Sims		





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A, a pregnant guest, was sick all day, shaking and throwing up in the bathroom and eventually felt sick enough that she requested for us to call an ambulance around 2:15 PM. She was conscious, talking and walking around the whole time. When the paramedics arrived, she was evaluated and eventually denied their services because they wouldn't take her to San Francisco General Hospital. The care manager took her to the bus and she took the bus to SFGH.</p>	
<p>Describe any injuries observed: None</p>	<p>Describe any action taken by staff: Called 911</p>
<p><input type="checkbox"/> Check if police were involved Time Called: Time Arrived:</p>	<p>Describe what actions were performed by the Paramedics or Police: Evaluated patient and allowed her to make informed decision</p>
<p><input checked="" type="checkbox"/> <input type="checkbox"/> Check if paramedics were involved Time Called: 2:15 PM Time Arrived: 2:30 PM</p>	<p>Name of Police Officer/Badge No.: A. Deutsch</p> <p>Where was the client taken: Not taken to hospital</p>
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	11-14-2018
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

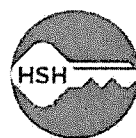
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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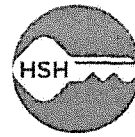
Date of Incident: 11/15/18	Time Incident Occurred: 1:30 PM	Type of Incident: Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Last Four of SSN			
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was feeling extremely ill due to what she thought might be food poisoning and was throwing up and dry heaving, shaking, and sweating for hours. After several hours she felt sick enough that she requested paramedics so she could go to the hospital.	
Describe any injuries observed:	Describe any action taken by staff: Called paramedics and monitored her safety.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluation and took her to hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:40 PM Time Arrived: 1:55 PM	Name of Police Officer/Badge No.: Jonathan Wue, AMR, 31 Where was the client taken: St. Luke's
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	11/16/18
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Meg O'Neill, 415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

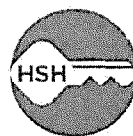
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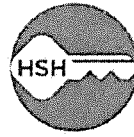
Date of Incident: 11/25/18	Time Incident Occurred:	Type of Incident:	
	11:31 AM	Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		





Names of Witnesses:	Client Witnesses	Staff Witnesses
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A complained of severe abdominal pain potentially resulting from problems with a shunt she had put in her right side after a seizure in the past. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital.		
Describe any injuries observed: None visible	Describe any action taken by staff: Called paramedics	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took client to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:31 AM Time Arrived: 11:40 AM	Name of Police Officer/Badge No.: Fire engine 86, Oteiza Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/25/18	
Person Who Completed Report <i>(please print)</i>	Meg O'Neill	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Meg O'Neill, 415-920-8924	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

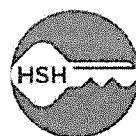
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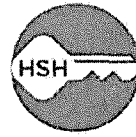
Date of Incident: 11/25/18	Time Incident Occurred:	Type of Incident:
	14:28	Medical
Navigation	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		





Names of Reporting Staff	Margaret O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Pendleton Johnson
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
Client A complained of severe abdominal pain potentially resulting from problems with a pregnancy. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital.		
Describe any injuries observed: None visible	Describe any action taken by staff: Called paramedics	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took client to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 14:28 Time Arrived: 14:40	Name of Police Officer/Badge No.: Fire engine 57, Bigos	
	Where was the client taken: Unknown	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/25/18	
Person Who Completed Report <i>(please print)</i>	Meg O'Neill	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Meg O'Neill, 415-920-8924	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

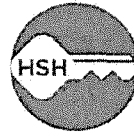
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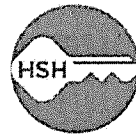
Date of Incident: 11/27/18	Time Incident Occurred: 10:53 AM	Type of Incident: Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff			
	Client Witnesses		Staff Witnesses





Names of Witnesses:	Neal Tremain	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>Client A complained of severe abdominal pain potentially resulting from problems with a shunt she had put in her right side after a seizure in the past. She also has hydrocephalus and recently had a miscarriage. She went to the doctor the other day and they did nothing so the issue was not resolved. She requested emergency medical help and staff called 911 immediately. The paramedics came and transported her to the hospital.</p>		
Describe any injuries observed: None visible	Describe any action taken by staff: Called paramedics	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took client to hospital	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 10:53 AM Time Arrived: 11:16 AM	Name of Police Officer/Badge No.: Fire engine 71, Kim	
	Where was the client taken: SFGH	
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/27/18	
Person Who Completed Report <i>(please print)</i>	Meg O'Neill	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Meg O'Neill, 415-920-8924	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

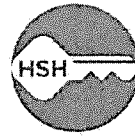
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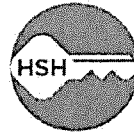
Date of Incident: 11/27/18	Time Incident Occurred: 4:30 AM	Type of Incident:	
		Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Epitacio Cortina		
	Client Witnesses		Staff Witnesses





Names of Witnesses:		
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)		
<p>At approximately 4:30 am I was notified by staff that we had a female in the women's restroom screaming in agony due to severe stomach pains. We immediately reported to the location and found Client A sitting in the stall in severe pain. Staff entered the stall to check in on Client A and asked her if she would like medical attention, Client A responded by saying yes. 911 was immediately called by A1 Security at approx: 4:45 am. Ambulance arrived at 4:47 and were escorted to Client A. After doing their initial check of Client A they transported her to San Francisco General Hospital.</p>		
Describe any injuries observed:		Describe any action taken by staff:
None		Called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Took Client A to hospital
<input checked="" type="checkbox"/> X Check if paramedics were involved Time Called: 4:45 AM Time Arrived: 4:47 AM		Name of Police Officer/Badge No.: C. Berger and Hermosillo, Medic truck #85 Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION		
Date Form Submitted to HSH	11/27/18	
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina	
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center	
Supervisor Name and Phone	Epitacio Cortina, 415-920-8920	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

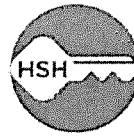
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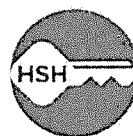
Date of Incident: 11/30/18	Time Incident Occurred: 7:43 AM	Type of Incident: Medical/mental health	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Meg O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was denied service from the Bayshore Navigation Center on 11/29/18 at 8:30 PM for verbally aggressive behavior. This morning, staff found Client A outside sleeping against the fence. Staff approached Client A and asked how he was, and he stated his colostomy bag was broken and all over him. He also vomited while staff were talking to him. Staff asked him if he wanted to get medical attention and he did not give a clear answer. Staff called paramedics and explained the situation and asked them to come evaluate him and see if he would go to the hospital. However, when the paramedics arrived Client A refused to go with them. Client A stated he has his own colostomy supplies. Staff also called SFHOT who came to offer Client A services and help him get cleaned up; however, he refused to avail himself of the services. Staff routinely checked on Client A and SFHOT came back in the afternoon to offer him services, and he finally agreed and was taken to Division Circle Navigation Center.</p>	
Describe any injuries observed: Broken colostomy bag and feces, vomit	Describe any action taken by staff: Called paramedics and HOT team, tried to provide for him
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Offered assistance to client
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 7:43 AM Time Arrived: 7:54 AM	Name of Police Officer/Badge No.: Truck 59, Jerrey Where was the client taken: Not taken by paramedics
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/1/18
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Margaret O'Neill, 415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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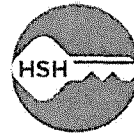
Date of Incident: 11/30/18	Time Incident Occurred: 11:10 AM	Type of Incident: Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Meg O'Neill		
	Client Witnesses		Staff Witnesses





Names of Witnesses:			
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was speaking with a case manager and started having convulsions which may have been a small stroke or seizure. Client A then stopped convulsing and was speaking normally and said she was okay. Staff asked if she wanted medical care and she stated no, but due to the severe nature of the medical issue staff called the paramedics. When they arrived, they ran tests and evaluated her. She has a doctor’s appointment on Monday so she will get further treatment then.			
Describe any injuries observed: Stroke/seizure		Describe any action taken by staff: Called paramedics	
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:		Describe what actions were performed by the Paramedics or Police: Offered assistance to client and ran tests to determine blood pressure, vital signs, heart rate, etc.	
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:10 AM Time Arrived: 11:16 AM		Name of Police Officer/Badge No.: Engine 9 and Truck 88 Where was the client taken: Not taken	
IMPORTANT AGENCY INFORMATION			
Date Form Submitted to HSH		12/1/18	
Person Who Completed Report <i>(please print)</i>		Margaret O’Neill	
Agency Name/Location/Phone <i>(please print)</i>		Bayshore Navigation Center	
Supervisor Name and Phone		Margaret O’Neill, 415-920-8920	





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

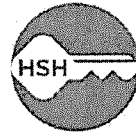
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within 24 hours of the incident preferably by email or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

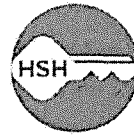
Date of Incident:	Time Incident Occurred:	Type of Incident:	
12/1/18	9:10 AM	Other Emergency Services	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Meg O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
	Meg O'Neill		





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was leaving the Navigation Center and had just checked out his knife. Client A then noticed his skateboard was missing and began screaming angrily about his skateboard being gone and that he would “find out who took it and hurt them.” Client A was acting in a very aggressive manner, banging the tables and pointing and shouting at staff. Client A appeared to be on the edge of physically assaulting staff, and staff were aware that he had a knife on him. Staff were able to move the client out to the front area and calm him down enough that he left the premises. Shortly after he left, several police cars arrived but we explained to them that the client had left after we were able to de-escalate him.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Called police and de-escalated client until he left the premises before they arrived
<input type="checkbox"/> X Check if police were involved Time Called: 8:54 AM Time Arrived: 9:01 AM	Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Car 219, Villalagonos Where was the client taken: Not taken
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/1/18
Person Who Completed Report <i>(please print)</i>	Margaret O’Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Margaret O’Neill, 415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

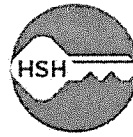
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

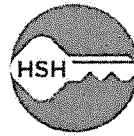
Date of Incident: 12/7/18	Time Incident Occurred: 1:30 PM	Type of Incident: Acts of violence	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
Names of Witnesses:	Client Witnesses		Staff Witnesses





Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was issued an immediate denial of service for physical violence after he grabbed his partner Client B's shirt and pulled her. Client A refused to leave the premises so police were called. Client A then left the premises before the police arrived but remained outside yelling threats at Client B, including "I'm going to [expletive] kill you!" and also threatening staff. Client A also spread his property all over the ground outside. Police arrived 51 minutes after the first call and 13 minutes after the second call. Police spoke with the client outside and then left. The client also eventually left.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Called police, de-escalated client and denied him service, escorted him out
<input checked="" type="checkbox"/> Check if police were involved Time Called: 1:30 PM, 2:08 PM Time Arrived: 2:21 PM	Describe what actions were performed by the Paramedics or Police: Talked with client and then left
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Mayorga, squad car 272 Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/7/18
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Artie Gilbert and Tony Chase, 415-920-8920





San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

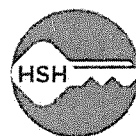
All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within 24 hours of the incident preferably by email or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org
- Email a copy of this form to HSH Data Team at hshdata@sfgov.org

Date of Incident: 12/08/2018	Time Incident Occurred: 6:12 am	Type of Incident:	
		Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Epitacio Cortina		
	Client Witnesses	Staff Witnesses	





Names of Witnesses:		

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

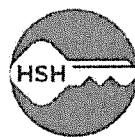
At approximately 6:12 am ambassador Magee notified me that there was a situation in the women’s guest shower. I immediately responded to the location and found Client A sitting on the shower floor with the water running. I asked Client A if she needed medical attention she stated that she did, that she has been throwing up and having severe diarrhea all day. I immediately had Ambassador Magee call 911. The EMT’s arrived and were escorted to the shower area where Client A was located. After speaking with Client A the EMT’s then transported her to the hospital.

Describe any injuries observed: N/A	Describe any action taken by staff: Had staff stay with Client A until emergency personal. 911 was immediately called.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: EMT’s spoke with Client A so as to ensure she can be moved and transported Client A to the hospital.
<input type="checkbox"/> Check if paramedics were involved Time Called: 6:14 am Time Arrived: 6:34 am	Name of Police Officer/Badge No.: Ambulance #86 Where was the client taken: San Francisco General Hospital

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	12/08/2018
Person Who Completed Report <i>(please print)</i>	Epitacio Cortina
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Epitacio Cortina (415) 920-8920





DEPARTMENT OF
HOMELESSNESS AND
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San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within 24 hours of the incident preferably by email or **TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT** and. Please fill in all spaces on the form using N/A if appropriate. When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident: 12/15/18	Time Incident Occurred: 12:15 PM	Type of Incident: Police	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Margaret O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

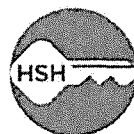
Page 1 of 3

City and County of San Francisco
Department of Homelessness and Supportive Housing
P.O. BOX 7988
SAN FRANCISCO, CA 94103
415.252.3232

<http://hsh.sfgov.org>

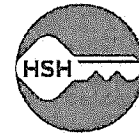


REVISED 12/27/17



Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was angry with her boyfriend Client B and wrote “Poser” in permanent marker on his face. Client A also called the emergency mental health crisis line to report him as mentally unstable. She asked police to come evaluate him so he could be admitted to an involuntary psychiatric unit. Police came and staff explained that the couple had gotten into an argument and Client B seemed to be perfectly stable and fine. Staff allowed police to enter the building to evaluate Client B. They evaluated him and briefly spoke to Client A. It was clear that there was no need for them here, so they left after checking in with staff and ensuring that no further help was needed.</p>	
Describe any injuries observed: N/A	Describe any action taken by staff: Assisted police in speaking with the people that called them
<input checked="" type="checkbox"/> Check if police were involved Time Called: Unsure Time Arrived: 12:15 PM	Describe what actions were performed by the Paramedics or Police: Evaluated clients appropriately and then left
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Squad car 13A, R. Hawkins Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	12/18/18
Person Who Completed Report <i>(please print)</i>	Meg O’Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Meg O’Neill, 415-920-8920





DEPARTMENT OF
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Mayor London
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City & County
of San
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

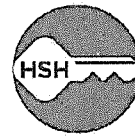
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A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/1/2019	8:23 AM	Medical	
Navigation Center Name	BAYSHORE NAVIGATION CENTER		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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Jeff Kositsky
Director

Names of Reporting Staff	Margaret O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Mona Blake

	Robert Cedillo

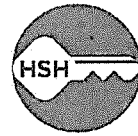
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was observed acting strangely this morning and last night and reported that she had taken the wrong dosage of her Tramadol yesterday. She also has complicated health issues and takes 5-10 medications daily. She was stumbling, talking unintelligibly, and appeared pale and sweaty. Staff were keeping an eye on her and she appeared to be getting more and more ill and unresponsive. Staff called paramedics when her condition was clearly deteriorating.

Describe any injuries observed: Swollen legs, pale and sweaty skin, drooping eyes, unintelligible speech	Describe any action taken by staff: Evaluated guest, monitored her, and called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated guest and took her to the hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 8:23 am Time Arrived: 8:27 am	Name of Police Officer/Badge No.: Engine 9 and Truck 91 Where was the client taken: Unknown

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/1/2019
Person Who Completed Report <i>(please print)</i>	Meg O'Neill



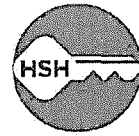
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

Agency Name/Location/Phone <i>(please print)</i>	Bayshore Nav. Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

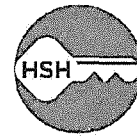
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/1/2019	8:23 AM	Medical	
Navigation Center Name	BAYSHORE NAVIGATION CENTER		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
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Jeff Kositsky
Director

Names of Reporting Staff	Margaret O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Veronda Creasy

	Robert Cedillo

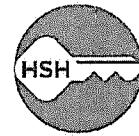
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A requested urgent medical care, saying she believes she has pneumonia. Client A was pale, clammy, was fatigued and weak, and had severe chest pain and shortness of breath.

Describe any injuries observed:	Describe any action taken by staff: Called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medically evaluated client and took her to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:36 AM Time Arrived: 11:44 AM	Name of Police Officer/Badge No.: Engine 9, Ambulance AMR #108
	Where was the client taken: SFGH

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/1/2019
Person Who Completed Report (please print)	Meg O'Neill



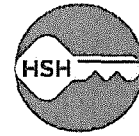
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
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City & County
of San
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Jeff Kositsky
Director

Agency Name/Location/Phone <i>(please print)</i>	Bayshore Nav. Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

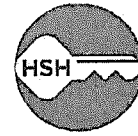
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/5/19	1:15 am	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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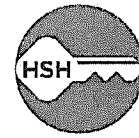
Jeff Kositsky
Director

Names of Reporting Staff	Neal Tremain	
Names of Witnesses:	Client Witnesses	Staff Witnesses

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

At approximately 1:15 am Client A staggered into the front office area on her way out of the facility. Barely able to stand I offered client A a chair and asked her if she needed medical attention. Mumbling incoherently client A sank to the floor and I immediately called 911. As _____ waited we tried to keep client A talking. I retrieved two Narcan inhalers from the locker just to be safe. In seconds client A became non-responsive so I ordered _____ to administer a single 4mg dose of nasal Narcan, client A did not respond so in two minutes I ordered that a second 4mg dose of Narcan be given. In the meantime EMT staff arrived and client A began to revive under the effects of the Narcan. The EMT team stated it was probably a heroin (opioid) overdose and I informed them that I had administered two doses of Narcan to client A.

Describe any injuries observed: Overdose symptoms	Describe any action taken by staff: 911 called, Narcan Administered
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated client and took her to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:16 am Time Arrived: 1:28 am	Name of Police Officer/Badge No.: Medic #86 and SFFD Engine 9 Where was the client taken: Mission Bernal/St. Lukes



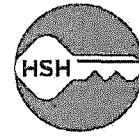
DEPARTMENT OF
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Jeff Kositsky
Director

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/5/19
Person Who Completed Report <i>(please print)</i>	Neal Tremain
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center
Supervisor Name and Phone	Neal Tremain 408-724-0387



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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City & County of San Francisco



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San Francisco Housing and Homeless Division Report of Critical Incident

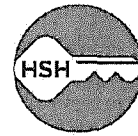
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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/5/19	14:01	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
HOMELESSNESS AND
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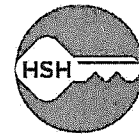
Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez, Mike Romero

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A fell off his bed, hit his head and started convulsing and having a seizure. Another guest called for help from staff. Staff responded and placed Client A in the rescue position. Staff also called 911. Client A continued to seize for over 1 minute and then it stopped. Other guests stated that Client A is epileptic and is supposed to be on medication but has not been had it; he went to the ER several weeks ago for another seizure. Staff kept Client A in the rescue position until paramedics arrived several minutes later. Paramedics evaluated Client A and took him to UCSF hospital.</p>	
Describe any injuries observed: Epileptic seizure	Describe any action taken by staff: Placed Client A in rescue position and called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated Client A and took him to UCSF hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 14:01 Time Arrived: 14:05	Name of Police Officer/Badge No.: Engine 9, M77 Where was the client taken: UCSF
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/5/19
Person Who Completed Report <i>(please print)</i>	Margaret O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center



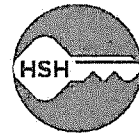
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
Breed
City & County
of San
Francisco



Jeff Kositsky
Director

Supervisor Name and Phone	Margaret O'Neill, 415-920-8920
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DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

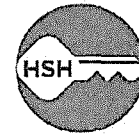
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/12/19	14:14	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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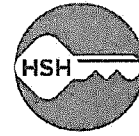
Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Gerrine Washington

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was seen by staff stumbling out of the bathroom with another guest supporting her, sweating and mumbling to herself. She appeared to be in extreme pain and fading in and out of consciousness. Her _____ she takes insulin at the hospital. Her _____ went with her to the hospital.

Describe any injuries observed: Sweating, fading in and out of consciousness	Describe any action taken by staff: Called 911, placed guest in chair with a cool towel on her forehead, gave guest glucose tablet.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated guest and tested blood sugar
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 14:09 Time Arrived: 14:15	Name of Police Officer/Badge No.: Engine 9
	Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/12/2019



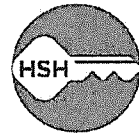
DEPARTMENT OF
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Francisco



Jeff Kositsky
Director

Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

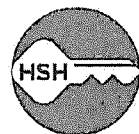
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/16/19	8:45 AM	Police	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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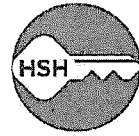
Mayor London
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City & County
of San
Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Britt Creech

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was a former guest of the Bayshore Navigation Center who was exited for being gone for over 72 hours. Client A wanted to come back inside and got very angry when she was told she could not. Client A started banging on the gate, screaming at staff, cursing and using racial slurs. Client A attempted to ram through the entrance gate and refused to leave the entrance area, causing danger to guests and staff trying to enter. Staff had to call the police. After we called the police, the guest left before they arrived.</p>	
Describe any injuries observed:	Describe any action taken by staff: Talked to guest and tried to de-escalate her, called police.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:44 AM Time Arrived: 9:27 AM	Describe what actions were performed by the Paramedics or Police: Arrived after guest left
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Squad car 176
	Where was the client taken:
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/16/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920



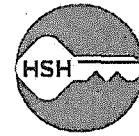
DEPARTMENT OF
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City & County
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Jeff Kositsky
Director

Supervisor Name and Phone	Meg O'Neill, 415-920-8920
----------------------------------	----------------------------------



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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

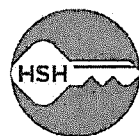
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/16/19	11:32 AM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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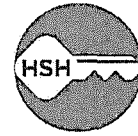
Mayor London
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A is 8 months pregnant and went into labor. She was having contractions less than 5 minutes apart. Staff called the paramedics.	
Describe any injuries observed:	Describe any action taken by staff: Talked to guest, evaluated her status, called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated guest and took her to hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:32 AM Time Arrived: 11:40 AM	Name of Police Officer/Badge No.: Engine 9
	Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/16/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Director

San Francisco Housing and Homeless Division Report of Critical Incident

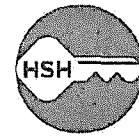
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/17/2019	11:43 AM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Rodney Reese

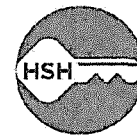
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A had gone to the hospital last night for vomiting and other issues. She came back today but after 15 minutes she vomited again and was unresponsive and in and out of consciousness. We called the paramedics and she went to the hospital.

Describe any injuries observed:	Describe any action taken by staff: Cleaned up vomit, called paramedics, monitored her status until they arrived.
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated client and took her to hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:43 AM Time Arrived: 11:58 AM	Name of Police Officer/Badge No.: Where was the client taken: St. Mary's

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/17/2019
Person Who Completed Report (please print)	Meg O'Neill
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

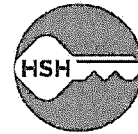
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/19/2019	11:32 AM	Other Emergency Services	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	Meg O'Neill		
Names of Witnesses:	Client Witnesses	Staff Witnesses	

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Client A was found in a bathroom stall by staff. He was unresponsive, blue-faced and not breathing. Staff broke into the bathroom stall and administered three doses (6 milligrams) of Narcan before he started breathing again. There was a needle on the bathroom floor of the stall where he was found. Paramedics arrived and he told them he had taken too much heroin. Client A was informed he was being denied service for drug use onsite, and the paramedics took him to the hospital for monitoring.	
Describe any injuries observed: Not breathing, unresponsive, blue face	Describe any action taken by staff: Broke into bathroom stall, administered three doses of Narcan, called paramedics, monitored guest after Narcan kicked in
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medically evaluated client and brought him to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:36 AM Time Arrived: 12:13 PM	Name of Police Officer/Badge No.: Engine 9 Where was the client taken: Unsure
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/19/2019
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill 415-920-8920



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

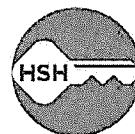
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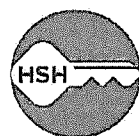
- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:
1/19/19	11:32 AM	Overdose
Navigation Center Name	Bayshore Navigation Center	
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME LAST FOUR:	
Client A.		
Client B.		
Client C.		
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez, Tony Maravilla



Jeff Kositsky
Director

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was found in a bathroom stall by staff. He was unresponsive, blue-faced and not breathing. Staff broke into the bathroom stall and administered three doses (6 milligrams) of Narcan before he started breathing again. There was a needle on the bathroom floor of the stall where he was found. Paramedics arrived and he told them he had taken too much heroin. Client A was informed he was being denied service for drug use onsite, and the paramedics took him to the hospital for monitoring.</p>	
<p>Describe any injuries observed: Not breathing, unresponsive, blue face</p>	<p>Describe any action taken by staff: Broke into bathroom stall, administered three doses of Narcan, called paramedics, monitored guest after Narcan kicked in</p>
<p><input type="checkbox"/> Check if police were involved Time Called: Time Arrived:</p>	<p>Describe what actions were performed by the Paramedics or Police: Medically evaluated client and brought him to hospital</p>
<p><input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 11:36 AM Time Arrived: 12:13 PM</p>	<p>Name of Police Officer/Badge No.: Engine 9</p> <p>Where was the client taken: Unsure</p>
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/19/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

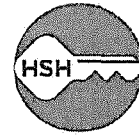
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/22/19	9:31 AM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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Jeff Kositsky
Director

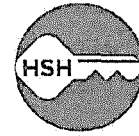
Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Neal Tremain

**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A was found in the dorm shaky, pale, vomiting, and not responding to questions. Client A has a history of psychiatric complications and can be difficult to understand or communicate with. Client A could not answer questions about his health except to say that his stomach hurt and he felt sick and hot. Staff wheeled him to his bed area in a chair. By the time paramedics arrived, he was again talking, responsive, and seemed fine. Paramedics evaluated him and cleared him.

Describe any injuries observed: Pale, shaky, non-responsive	Describe any action taken by staff: Spoke with guest, called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Evaluated client and asked him if he wanted medical care, he refused.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 9:31 AM Time Arrived: 9:49 AM	Name of Police Officer/Badge No.: Truck 71
	Where was the client taken: N/A

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	1/22/2019



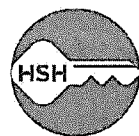
DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Mayor London
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City & County
of San
Francisco



Jeff Kositsky
Director

Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Jeff Kositsky
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San Francisco Housing and Homeless Division Report of Critical Incident

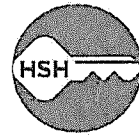
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Date of Incident:	Time Incident Occurred:	Type of Incident:	
1/23/19	1:43 PM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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Breed
City & County
of San
Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Ric Lopez

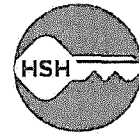
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A is supposed to have a hip replacement and has extreme hip pain. He could not walk or use the bathroom. He requested immediate emergency care. Paramedics arrived and took him to the hospital.

Describe any injuries observed: None	Describe any action taken by staff: Called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Medically evaluated and brought to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 1:43 PM Time Arrived: 1:51 PM	Name of Police Officer/Badge No.: Truck 95 Where was the client taken: St. Francis

IMPORTANT AGENCY INFORMATION

Date Form Submitted to HSH	1/23/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

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City & County of San Francisco



Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

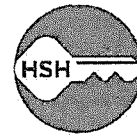
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

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- **Janay Washington, Navigation Centers Program Specialist at 415.355-5331, janay.washington@sfgov.org**
- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/6/19	13:38	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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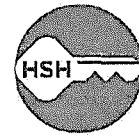
Mayor London
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of San
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Rodney Reese

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
Staff found Client A lying on the floor by his bed. He was pale, breathing shallow and non-responsive. Staff administered Narcan and gave him sternum rubs till he started responding. Staff asked him questions and walked him around to keep him responsive. Paramedics arrived, evaluated him, and took him to Mission Bernal.	
Describe any injuries observed: Pale, shallow breathing, non-responsive	Describe any action taken by staff: Kept Client A safe and awake, called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police:
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 13:38 Time Arrived: 13:49	Name of Police Officer/Badge No.: Engine 9, Ambulance 77
	Where was the client taken: Mission Bernal
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/6/19
Person Who Completed Report (please print)	Meg O'Neill
Agency Name/Location/Phone (please print)	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

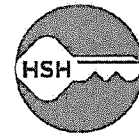
INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/13/19	12:54 PM	Medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Tameika Enis

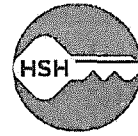
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

Client A came into Nav. Center with extreme swelling and bruising in both arms and was clearly in extreme pain. Client A stated that he had attempted to inject crystal meth in both arms and missed his veins, causing an infection in both arms.

Paramedics took him to SF General.

Describe any injuries observed: Extreme swelling and bruising of arms, pain	Describe any action taken by staff: Evaluated guest then called paramedics
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: Took guest to hospital
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 12:54 PM Time Arrived: 1:02 PM	Name of Police Officer/Badge No.: Engine 9, Ambulance King America 6
	Where was the client taken: SF General

IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/13/19
Person Who Completed Report (please print)	Meg O'Neill
Agency Name/Location/Phone (please print)	Bayshore Nav. Center, 415-920-8920



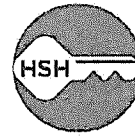
DEPARTMENT OF
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Supervisor Name and Phone	Meg O'Neill, 415-920-8920
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San Francisco Housing and Homeless Division Report of Critical Incident

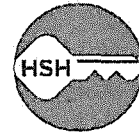
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/13/19	8:46 AM	Police	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME	LAST FOUR:	
Client A.	_____	_____	
Client B.	_____	_____	
Client C.	_____	_____	



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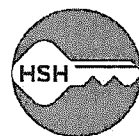
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Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Artie Gilbert

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A and Client B were denied service for drug use onsite. Client B initially refused to leave and was yelling profanity at staff. He eventually left before police arrived.</p> <p>However, Client A refused to leave and was experiencing psychosis, saying she was picking parasites out of her feet, that she was going to call Obama and fire all the Nav. Center employees, etc. When police arrived an hour and 48 minutes later, they attempted to slowly have her leave and then finally had to physically put hands on her and handcuff her. They then 5150'd her, got her stuff that she requested including her heart medication, and waited till the ambulance arrived to take her to the psychiatric hospital.</p>	
Describe any injuries observed: Psychosis including visual hallucinations of parasites	Describe any action taken by staff: Attempted to deescalate then called police. Assisted police with removing guest without force.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 8:46 AM, 10:11 AM Time Arrived: 10:33 AM	Describe what actions were performed by the Paramedics or Police: Attempted to deescalate then removed guest
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Huang Yuyi, 3C11A
	Where was the client taken: Unknown
IMPORTANT AGENCY INFORMATION	



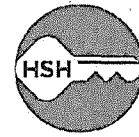
DEPARTMENT OF
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Jeff Kositsky
Director

Date Form Submitted to HSH	2/13/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Nav. Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Director

San Francisco Housing and Homeless Division Report of Critical Incident

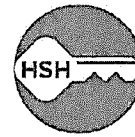
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/22/19	7:08 AM	Other Emergency Services	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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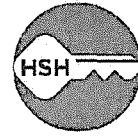
Mayor London
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Francisco



Jeff Kositsky
Director

Names of Reporting Staff	Meg O'Neill	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Darryl Johnson

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was witnessed by guests and staff urinating and defecating in the smoking area. She also did not know what year it was or where she was. She also kept shouting Client A has a history of serious mental illness and substance use and has been to the emergency room for psychiatric/medical emergencies quite frequently.</p> <p>Staff called 911. When the police arrived to do a wellness check, she was back to a relatively normal state and answered all their questions correctly. They left after examining her and ensuring she was okay.</p>	
Describe any injuries observed: Dizzy, confused	Describe any action taken by staff:
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:08 PM Time Arrived: 7:21 PM	Describe what actions were performed by the Paramedics or Police:
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: Squad car 217
	Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/22/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920



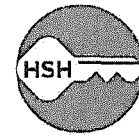
DEPARTMENT OF
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Supervisor Name and Phone	Meg O'Neill, 415-920-8920
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DEPARTMENT OF
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Jeff Kositsky
Director

San Francisco Housing and Homeless Division Report of Critical Incident

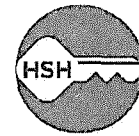
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
2/24/19	7:37 AM	Psychiatric/medical	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



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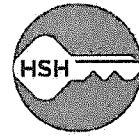
Mayor London
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City & County
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Francisco



Jeff Kositsky
Director

Names of Reporting Staff		
Names of Witnesses:	Client Witnesses	Staff Witnesses
		Jackie Teartt

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>Client A was rambling, tangential and emotionally labile. She stated she had taken meth earlier and also needed methadone and some other prescription medications so she didn't have a seizure. I called the non-emergency number and they sent a dispatch out to do a wellness check.</p> <p>The officer evaluated Client A and eventually called the paramedics after getting more clarity on her medical issues. Officer C. Ritters did an excellent job of engaging the client politely, calmly and professionally while evaluating her needs.</p> <p>The paramedics arrived and took Client A to SF General for a medical evaluation.</p>	
Describe any injuries observed: Sweating, erratic behavior, emotional lability	Describe any action taken by staff: De-escalated guest and made her comfortable till police/paramedics arrived
<input checked="" type="checkbox"/> Check if police were involved Time Called: 7:37 AM Time Arrived: 7:52 AM	Describe what actions were performed by the Paramedics or Police: Evaluated guest and took her to SFGH
<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived: 8:15 AM	Name of Police Officer/Badge No.: Squad Car 217/ C. Ritters Truck 87
	Where was the client taken: SFGH
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	2/24/19
Person Who Completed Report (please print)	Meg O'Neill



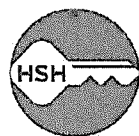
DEPARTMENT OF
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Jeff Kositsky
Director

Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING

Mayor London Breed
City & County of San Francisco



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Director

San Francisco Housing and Homeless Division Report of Critical Incident

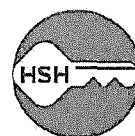
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- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
03.07.19	07:48	Medical/psychiatric	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Names of Reporting Staff	Meg O'Neill		
	Client Witnesses		Staff Witnesses



DEPARTMENT OF
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Director

Names of Witnesses:		Ricardo Lopez
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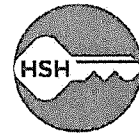
**Summary of Incident – Continue on separate sheet of paper if necessary.
(Please do not include client names below. Refer to Client A, Client B, etc.)**

For the past two days, Client A has been acting erratically and appears to have taken some substances. He defecated on himself last night and kept other guests awake all night moaning, grunting, and shouting nonsensical things. This morning, he again defecated in the shower. When I asked him to come to the front to talk to me, he refused and started yelling and cursing at me.

I called the non-emergency police line and they said they would come evaluate him. I called them again after an hour when they didn't show up. In the meantime, we kept Client A isolated and somewhat calm, keeping him away from other guests. When the police finally arrived, they escorted him out of the building. However, they did not offer him any follow-up assistance.

Twenty minutes later, we noticed Client A was still outside, lying on the sidewalk shivering. He only grunted in response to questions. I called the paramedics to medically/psychiatrically evaluate him. He refused medical care although I explained he would need medical clearance to re-enter the shelter. Client A then left after we gave him his jackets and socks. He will be allowed back in if he calms down or gets medical clearance.

Describe any injuries observed: Defecating on himself, erratic movement and behavior	Describe any action taken by staff: Called police/paramedics, kept client calm till they came.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 07:48, 08:58 Time Arrived: 09:37	Describe what actions were performed by the Paramedics or Police: Police: Escorted guest out and left him on the street Paramedics: Attempted to medically evaluate guest and offered him services
<input checked="" type="checkbox"/> Check if paramedics were involved	Name of Police Officer/Badge No.: Squad car 257



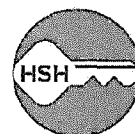
DEPARTMENT OF
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Jeff Kositsky
Director

Time Called: 09:59 Time Arrived: 10:11	Engine 200, King's Ambulance Unit 9
	Where was the client taken: N/A
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	3/7/19
Person Who Completed Report <i>(please print)</i>	Meg O'Neill
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Meg O'Neill, 415-920-8920



DEPARTMENT OF
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Jeff Kositsky
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San Francisco Housing and Homeless Division Report of Critical Incident

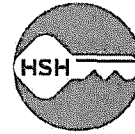
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- **Lisa Rachowicz, Navigation Centers Program Manager at 415.310-3711, lisa.rachowicz@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
3/16/19	11:15 PM	911 Call	
Navigation Center Name	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			



DEPARTMENT OF
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of San
Francisco

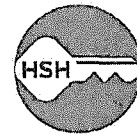


Jeff Kositsky
Director

Names of Reporting Staff	Paul Young - Supervisor	
Names of Witnesses:	Client Witnesses	Staff Witnesses
		James Magee

Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)	
<p>At approximately 11:15 PM I was radioed to the dorm by Ambassador Magee stating a guest was creating a disturbance. When I arrived to bed #119 Client A was rambling very loud straying from one subject to another. I asked Client A to please quiet down as other guests were sleeping and some leaving their bed area because of the disturbance. Client A then stated I don't have to be quiet. I informed Client A a time out was being issued for two hours and please leave the facility. Client A refused and the loud disruptive behavior became more defiant and non-compliant. At that time I informed Client A I would be calling SFPD for an escort from the building. Client A stated I would regret calling the police. 911 non-emergency was called at 11:25 PM and arrived at 11:30 PM. Officers were escorted to the dorm by way of the ramp entrance through the back door as to not alert guests they were present. The officers approached Client A and Client A was escorted from the facility.</p>	
Describe any injuries observed: No	Describe any action taken by staff: Staff monitored guest until police arrived.
<input checked="" type="checkbox"/> Check if police were involved Time Called: 11:25 PM Time Arrived: 11:30 PM	Describe what actions were performed by the Paramedics or Police: Police escorted guest from the facility.

Mayor London
Breed
City & County
of San
Francisco



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

Jeff Kositsky
Director

<input type="checkbox"/> Check if paramedics were involved Time Called: Time Arrived:	Name of Police Officer/Badge No.: 2745 Where was the client taken: Escorted from the facility.
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	
Person Who Completed Report <i>(please print)</i>	Paul Young
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation Center, 415-920-8920
Supervisor Name and Phone	Paul Young - (415) 596-2790

San Francisco Housing and Homeless Division Report of Critical Incident

INSTRUCTIONS FOR REPORTING CRITICAL INCIDENTS

All Navigation Centers should report critical incidents to the Department of Homelessness and Housing as soon as possible. Types of critical incidents include: death, acts of violence, arrests, fire, sexual assaults, suicide attempts or any other critical incidents which require the involvement of emergency services.

A completed Report of Critical Incident form should be forwarded to HSH within **24 hours of the incident** preferably by **email** or TYPE OR PRINT LEGIBLY USING LARGE BLACK PRINT and. Please fill in all spaces on the form using N/A if appropriate. **When a death or serious incident occurs, staff should contact HSH immediately and leave a message detailing the event as well as submit a Report of Critical Incident to:**

- **Scott Walton, Navigation Centers Program Manager at 415.557-5474, scott.walton@sfgov.org**
- **Email a copy of this form to HSH Data Team at hshdata@sfgov.org**

Date of Incident:	Time Incident Occurred:	Type of Incident:	
	2:30pm	Medical	
Navigation	Bayshore Navigation Center		
Names of Clients Involved Last Four of SSN	PRINT FIRST NAME AND LAST NAME		LAST FOUR:
Client A.			
Client B.			
Client C.			
Names of Reporting Staff	John McQueen		
Names of Witnesses:	Client Witnesses	Staff Witnesses	
Summary of Incident – Continue on separate sheet of paper if necessary. (Please do not include client names below. Refer to Client A, Client B, etc.)			
Client A was coming out the showers and had a trail of blood coming behind him ,Client A had an open wound on his upper right thigh.			

Describe any injuries observed: opened wound on upper right thigh	Describe any action taken by staff: called 911
<input type="checkbox"/> Check if police were involved Time Called: Time Arrived:	Describe what actions were performed by the Paramedics or Police: checked client A upper thigh and recommended getting leg checked at hospital.
<input checked="" type="checkbox"/> Check if paramedics were involved Time Called: 2:30pm Time Arrived: 2:35pm	Name of Police Officer/Badge No.:
	Where was the client taken: San francisco general
IMPORTANT AGENCY INFORMATION	
Date Form Submitted to HSH	
Person Who Completed Report <i>(please print)</i>	john McQueen
Agency Name/Location/Phone <i>(please print)</i>	Bayshore Navigation
Supervisor Name and Phone	John Mc Queen 415 920 8920