



# Data Report

---

Data Report Prepared: April 14<sup>th</sup>, 2026

Title: Cambria CSD Fire Department – Justification for Retaining ALS Services

Time Frame: 01/01/2020 – 03/31/2026

Source: San Luis Obispo County Emergency Medical Services Agency ImageTrend Repository – NFIRS, NERIS, and ePCR Reports

Pages: 9 Pages

---

## Summary and Method of Data Collection

The Cambria Community Services District (CSD) has recently began considering downgrading it's Fire Department (CMB) from an Advanced Life Support (ALS) provider status down to Basic Life Support (BLS) due to budgetary constraints and potential lack of utilization for the City of Cambria. By making this transition, the Fire Department would potentially save a substantial annual cost due to less equipment being bought and maintained. While the cost savings are important, the need to a potentially isolated and rural community for ALS services through the Fire Department, in partnership with the Cambria Community Healthcare District (CCHD), remains paramount.

To this extent, this report serves as providing evidence of the need for retaining ALS capabilities through actionable intelligence sourced from the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) ImageTrend Repository where CMB currently provides their NFIRS, NERIS, and ePCR documentation. Through this intelligence, arguments can be made for CMB's continuity for providing ALS care like other Fire Departments across the County of their size to be able to better serve the citizens they protect.

## Analysis

The analysis of incident data reveals several key indications for a level of service upgrade:

- Overall Increasing Calls for EMS Service (CY 2020 – 2025 with projected 2026 volume)
- Majority of Incidents CMB arrives first on scene and provides primary patient care
- Large volume of patients requiring ALS interventions with CMB retaining care.
- Use of ALS Treatments by CMB ALS Personnel

## Arguments

Some of the numerous justifications for ALS services can be found through the arguments made below:

### Argument 1: Increasing Calls for Service

When analyzing the EMS incident data recorded in CMB's electronic patient care reports (ePCR) and their National Fire Incident Reporting System (NFIRS) and their National Emergency Response Information System (NERIS) reports, the noted increase in call volume becomes a severe impact to the limited resources available in Cambria. This includes increased utilization in not only CMB's units, but CCHD's units as well.

Shown in Figure 1 below, an overall increase in EMS incident volume can be obviously noted. While there was a notable small EMS incident volume in 2020, most likely due to the COVID-19 pandemic, a notable increase of 26.68% can be seen from 2020 to 2021 and an additional increase in EMS incident volume from CY 2021 to CY 2022. While incident volume stabilized going into 2023 and 2024, an additional increase in EMS incidents of 19.83% occurred from CY 2024 to CY 2025. When projecting incident volume increase, CMB's EMS incident volume could see a potential high of a 20.14% increase, resulting in a jump from a patient population in 2025 of 991 patients to 1,190 in 2026.

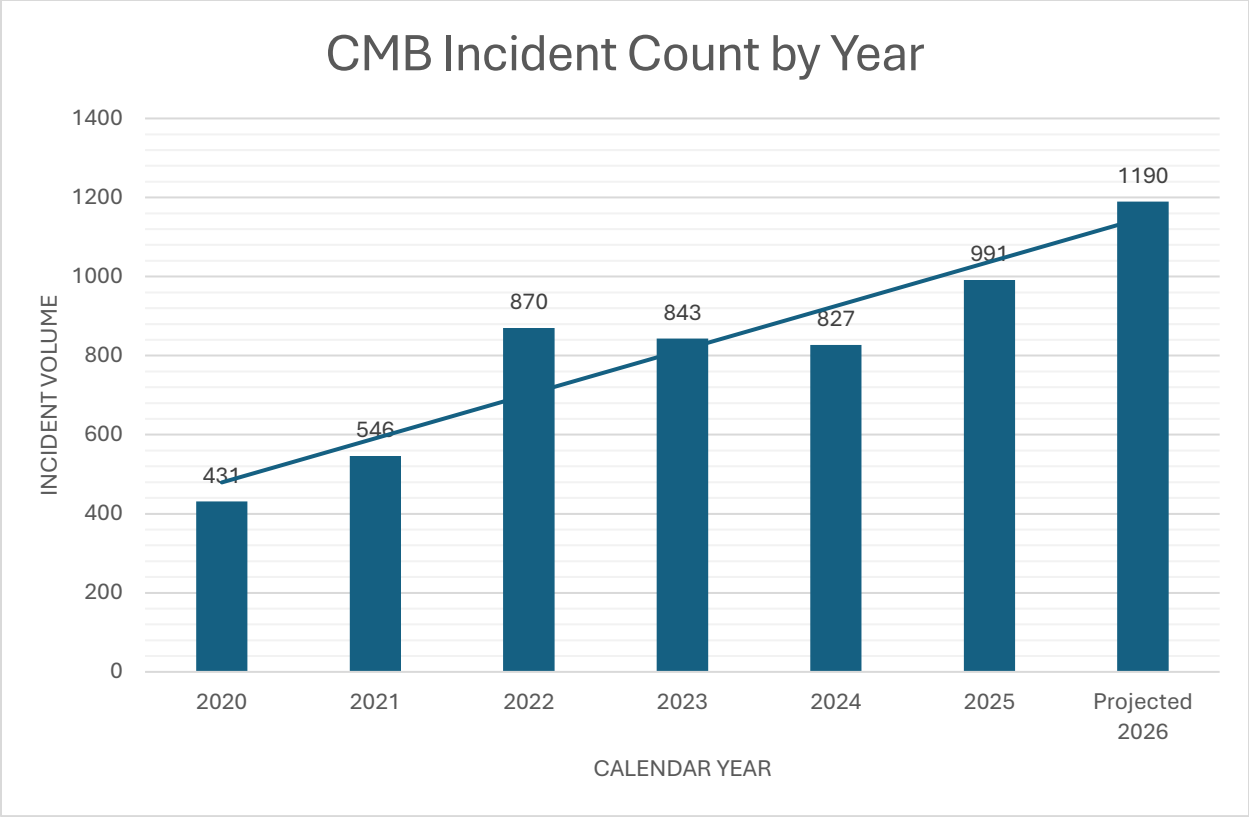


Figure 1: CMB Incident Count by Year

An additional comparison to support a higher patient population can also be seen by comparing incident volume for quarter 1 through the years. In Figure 2 and Figure 3, a notable increase can be seen when comparing quarter 1 2020 to the already established quarter 1 of 2026.

Q1 2020	Q1 2021	Q1 2022	Q1 2023	Q1 2024	Q1 2025	Q1 2026
132	103	184	205	172	225	268
N/A	-28.16%	+78.64%	+11.41%	-19.19%	+30.81%	+19.11%

Figure 2: EMS Quarter 1 Incident Volume Table by Year

With providing ALS care in an increasing EMS system demand, along with the potential for providing mutual aid to surrounding areas serviced by CalFire (SLU) who is a BLS entity, CMB’s ALS Personnel will be able to continue providing life saving measures when other ALS entities such as CCHD are assigned to out of county responses up Highway 1 or having to respond into San Luis Ambulance’s response area to assist with coverage.

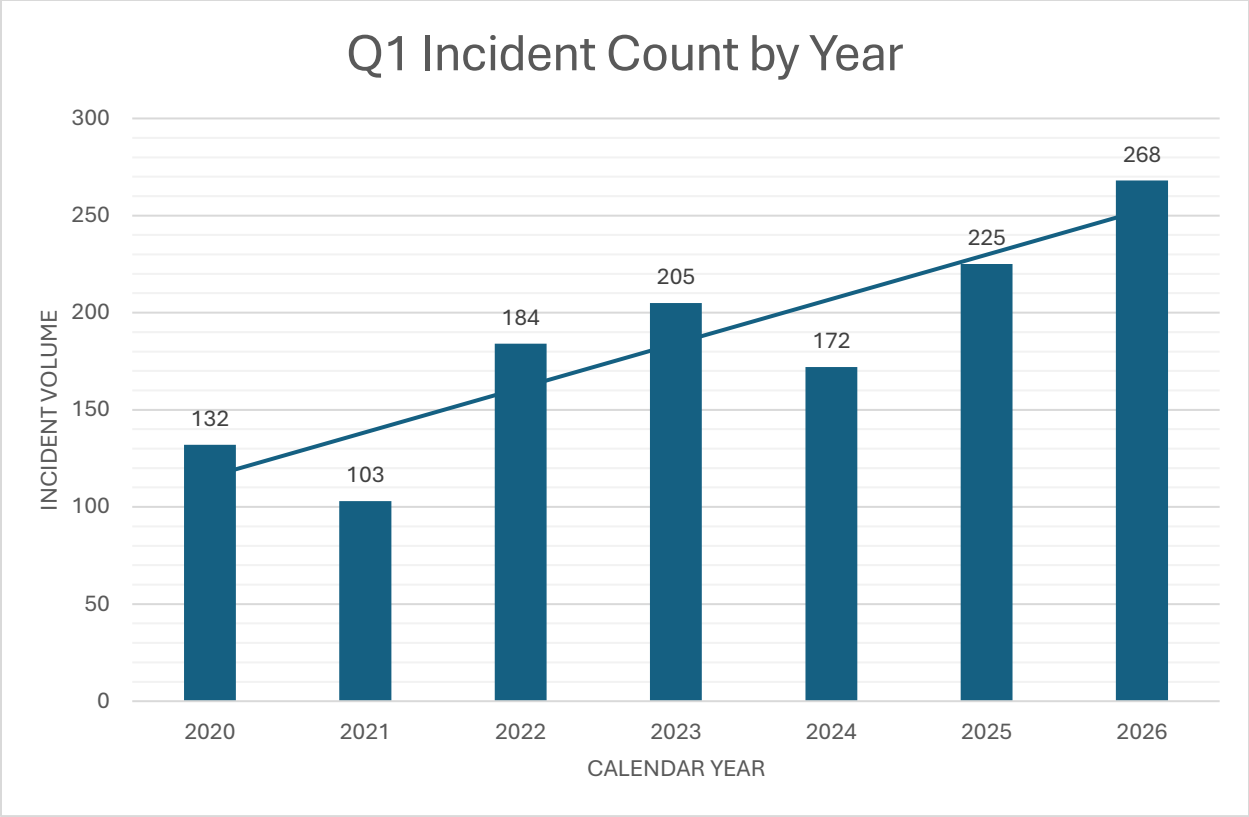


Figure 3: EMS Quarter 1 Incident Volume Graph by Year

**Argument 2: Majority of Incidents where Cambria Fire is First On-Scene and Retaining Care**

During the timeframe analyzed, CMB finds themselves first on scene to a majority of EMS incidents. Reasoning for this is due to CMB’s geographical location within the City of Cambria, longer transport times from CCHD to Cambria’s closest hospital, Sierra Vista Regional Medical Center (SVRMC), which is approximately 35 minutes away, overall EMS incident length for CMB being approximately 20-30 minutes in comparison to CCHD’s incident length of approximately an hour and half, and the potential for CCHD to respond out of County up Highway 1 or being assigned to cover in SLA’s response area due to incident saturation.

Seen in Figure 4, CMB ends up being the unit first on scene 59% of the time, resulting in CMB initiating ALS assessment and treatments while preparing the patient for transport by CCHD or SLA.

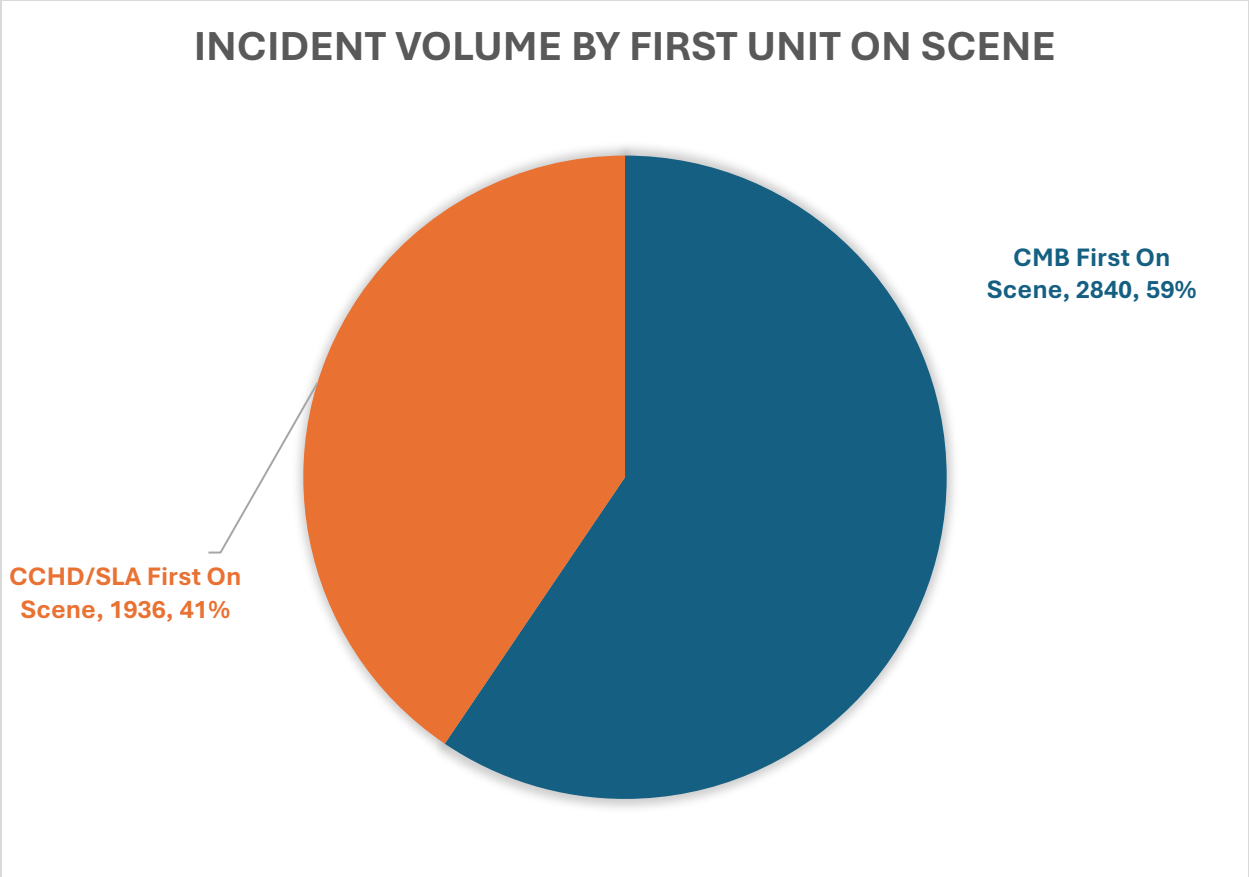


Figure 4: Agencies First On-Scene

Additionally, there is also the consideration of the amount of time CMB personnel are spending on scene holding primary care while awaiting ALS transport. With an ever-growing patient population across the county, CCHD’s resources along with CMB’s resources continue to see an increase in overall system demand.

CMB continues to see increased instances of providing ALS primary assessments and care when first on scene. In Figure 5, the amount of time crews are spending on scene retaining care are organized into time blocks, showing time spent as little as less than 5 minutes to at most 58 minutes. While the chart shows 39% of incidents only retaining care for less than 5 minutes and 18% retaining care between 5 minutes to 10 minutes, 43% of incidents show CMB personnel providing primary care exceeding this timeframe where life threatening conditions could result in the need for life sustaining treatments only provided through ALS care. If capabilities were downgraded to BLS, these patients’ lives could be threatened.

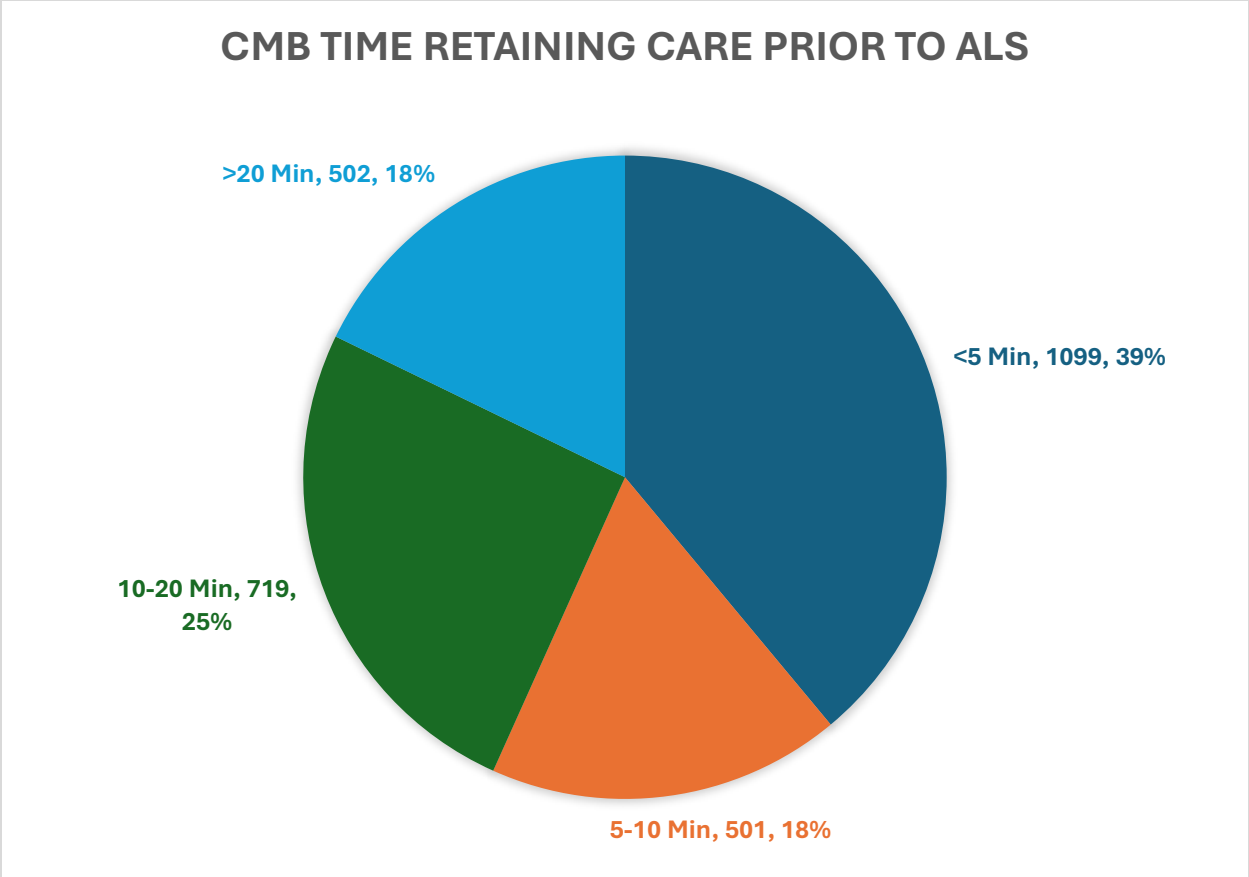


Figure 5: CMB Retaining Care Prior to ALS Arrival by Time

**Argument 3: High Volume of EMS Incidents Requiring ALS Intervention**

Through this analysis, particularly when comparing a patient’s Primary Impression and Secondary Impression, a high volume of EMS incidents requiring ALS Care can be noted. Seen in Figure 6, patients in the City of Cambria experienced a large number of medical emergencies requiring ALS intervention. For the total patient population, 82% of the total of patients encountered an ALS level illness or injury, requiring an ALS Provider, while 18% of patients experienced a BLS level illness or injury which can be treated by a BLS provider. Types of incidents procuring the necessity of SLA interventions include emergencies such as Cardiac Arrests, Traumatic Injuries, Respiratory Emergencies, Cardiac Arrhythmias, Heart Attacks, Overdoses, Strokes, Seizures, and much more. This additionally matches the same percentages as CMB resources being dispatched with lights and sirens due to Emergency Medical Dispatching and recognizing a true medical emergency, shown in Figure 7.

With retaining CMB’s ability to provide ALS level services to their constituents, CMB can continue to provide superior level services to their citizens while awaiting transport.

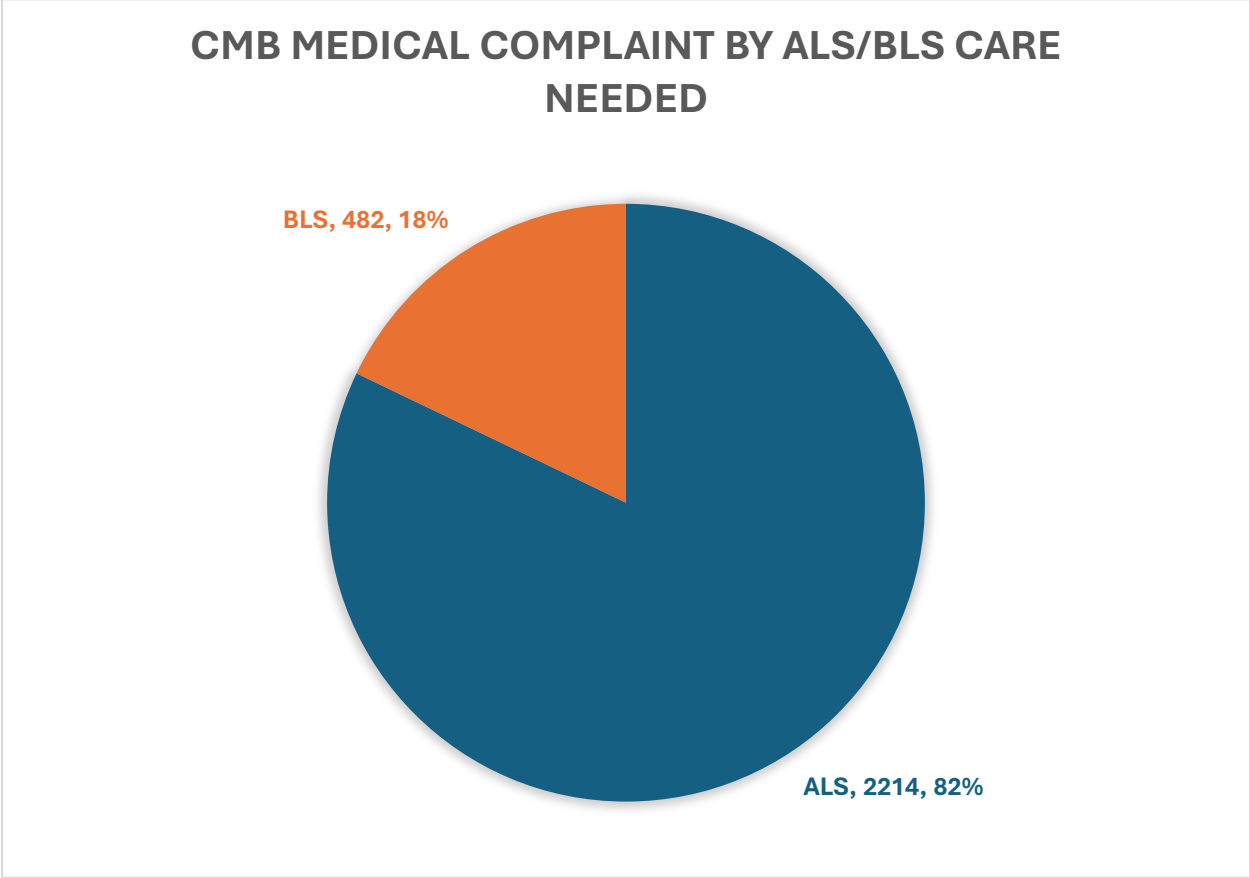


Figure 6: CMB Medical Complaint by ALS/BLS Care Needed

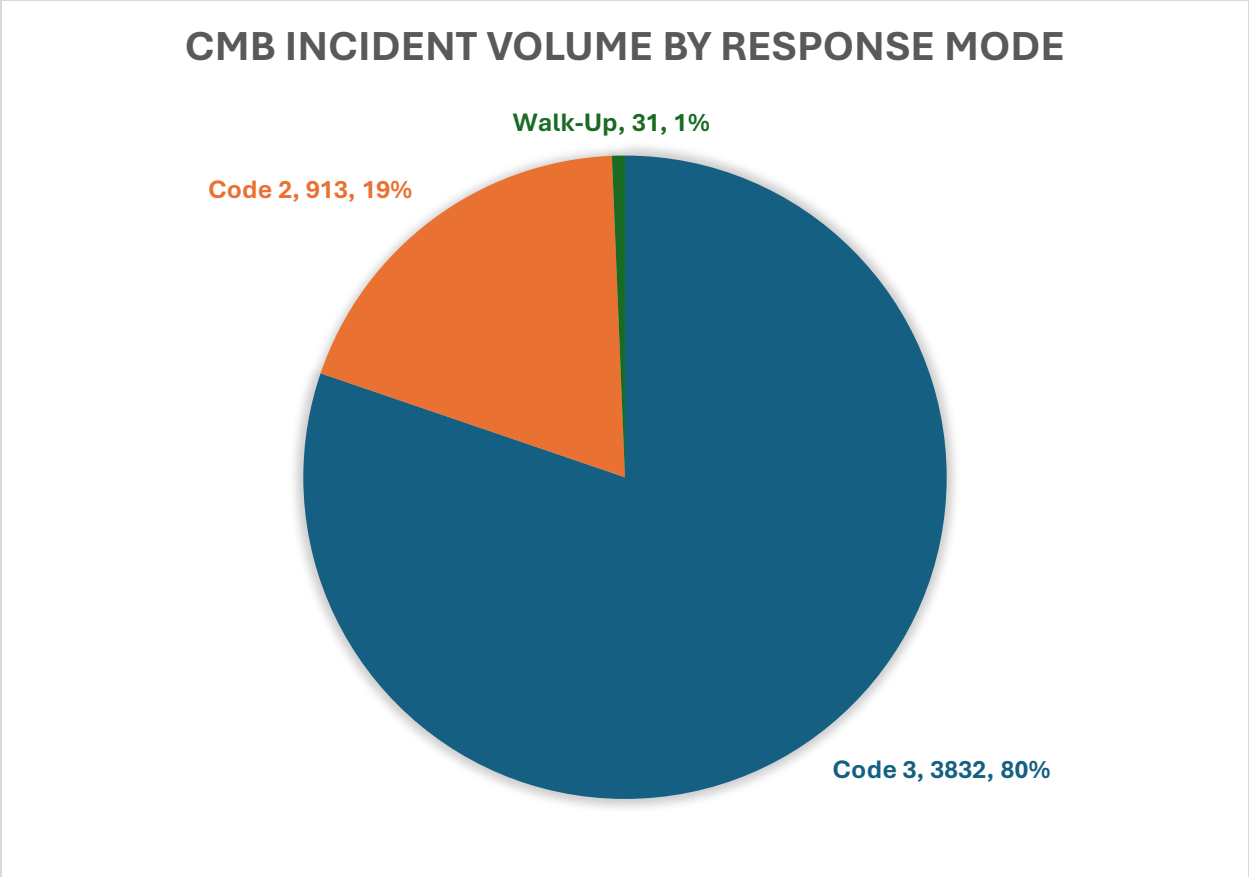


Figure 7: CMB Incident Volume by Response Mode

**Argument 4: Use of ALS Treatments by CMB Personnel**

When evaluating the care and treatments provided by CMB personnel, all aspects of care must be considered. This includes ALS assessments, ALS diagnostics, procedures performed, medications administered, and recommendations for transport to the appropriately recognized facility due to facility capabilities known to Paramedics.

In Figure 8, for the total patient population CMB Paramedics performed ALS Treatments and assessments 42% of the time in lieu of the 18% of BLS treatments. For an additional 40% of incidents where CMB provided no direct treatments, they did assist CCHD with their ALS assessments and treatments with the use of their ALS skillset. Without these ALS providers, a large percentage of Cambria’s patient population would have encountered a delay in crucial treatments.

## ALS/BLS TREATMENTS PROVIDED BY CMB

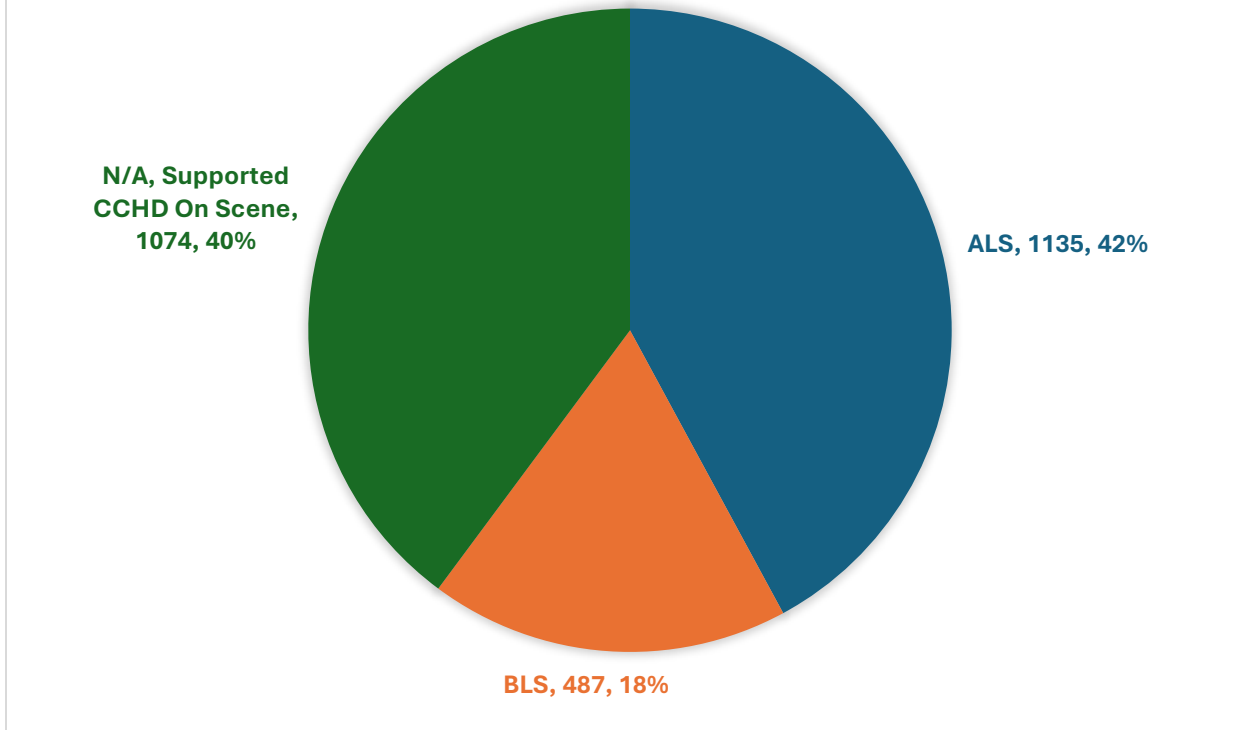


Figure 8: ALS/BLS Treatments Provided by CMB

### Conclusion

With all data and information made available, clear evidence of the need for Cambria CSD Fire Department retaining their ALS capabilities can be shown. To remove CMB's ability to provide ALS level care to their citizens could pose a risk to public safety.