



THE RURAL HITCH

FOURTH QUARTER 2010

**A publication of
Lakes Region
Mutual Fire Aid
Association**

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Lakes Region Communications Center Hosts Communications- Centered Table-Top Training



Lakes Region area emergency personnel participate in communications-based table-top exercise at Gilford Community Church on March 16, 2011.

The LRMFA Communications Center hosted an Interoperability Communications Specific table-top exercise on March 16, 2011. The purpose of the exercise was to test existing policies, procedures and capabilities in a multi-incident, multi-jurisdiction, multi-agency setting. The exercise was funded by NH Homeland Security & Emergency Management and was planned by a team consisting of Katya Brennan (NHHSEM), Chief Ken Erickson (LFD), Lt. Chris Adams (LPD), Chief John Beland (GFR), Deputy Charles Roffo (LFD), John Prickett (LRGH) and Deputy Jim Hayes (LRMFA).

The exercise was based on a primary event, which was a corporate jet crash into a residential neighborhood in Laconia. While this event was being managed several other incidents were occurring in

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The Mutual-Aid Chief Officer's Role at Structure Fires – Part 2

This article has been reprinted with permission of Fire Engineering, August 2005 and the author, David C. Comstock, Jr. The content of this article reflects the opinion of the author and not the Lakes Region Mutual Fire Aid Association. This is the final installment.

SAFETY OFFICER

The incident safety officer (ISO) is one of the most important positions to fill at any emergency scene. The ISO is responsible (with the IC) for the overall safety of firefighters operating at the emergency scene. Among other duties, the ISO supervises personnel accountability for all firefighters within the hazard zone; develops, implements, and revises an incident safety plan; corrects safety problems; develops a firefighter rescue plan; and appoints additional safety sector officers as needed.

OFFICER'S ROLE – CONT. ON PAGE 6

other parts of Laconia, Belmont and Tilton. These sub events involved police, fire, EMS and other response agencies. At one point during the exercise, all of the tactical channels available to LRMFA were assigned to an incident.

The debrief after the exercise revealed some weaknesses in the multi-agency communications network, particularly with the Belknap County Sheriff's communication center. There was a need for additional channels to be assigned from the Interoperability Zone (H) to handle all of the tactical communications; however, communications from the incidents to LRMFA could be handled on the existing system.

Participating in the exercise were people from LRMFA, Laconia Police and Fire, Gilford Police and Fire, Belmont Police and Fire, Tilton-Northfield Fire, NH Fish & Game, Laconia Public Works, Belknap County Sheriff, Lakes Region CERT.



LRGHealthcare EMS Appreciation & Awards Dinner

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scaldon1@lrgh.org / jlaroche@lrgh.org
anichols@lrgh.org

*If anyone has photos for the slide show,
please send to Aleda Nichols.*

There will be a spaghetti dinner at the Tilton Diner on May 17 from 6–9 p.m. to benefit the awards ceremony.

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TRAINING DIVISION UPDATE

The role of the LRMFA Training Division is to identify training needs on a system-wide basis and then provide training opportunities to meet the identified needs. The training division also helps individual departments upon request to provide requested training.

Currently the Training Division is coordinating a Firefighter II class that is being held at the Ashland Fire Department. This class is being subsidized by a grant that was received by the New Hampton Fire Department. We are in the planning process for providing a Firefighter I class to be held at the Bristol Fire Department beginning May 18, 2011. The cost for this class will be \$125.00 for a LRMFA department member pending the approval of grant funding from the New Hampton Fire Department.

The Training Division is planning to offer a weekend Fire School on September 17–18, 2011. The fire school will offer a combination of hands on training classes and lecture classes. Offering will include fire and EMS focus programs as well as some fire officer programing.

Firefighter safety is always a high priority to us and as such we are working to offer programs to enhance firefighter safety. We currently have a program on “Calling the Mayday,” which has both a classroom portion and a practical skills portion. This class is designed to teach the firefighter when to call a mayday and then practice that function when involved in several different scenarios. Once a few training props are completed, this class will be ready for field delivery. Due to the increasing number of incidents reported in the fire service news involving maydays and firefighter entrapments we feel this is a class that every department should provide to its members.

The Training Division has many other items in the works so keep checking the LRMFA website on the Training Division page for future information.



THE RURAL HITCH

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Featured department...

New Hampton Fire Department



Chief Michael A. Drake
New Hampton Fire Department

17 — NEW HAMPTON FIRE DEPARTMENT

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Address: 48 NH Rt. 104
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603-744-2735

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New Hampton Fire Department began as a town precinct fire department located on Main Street in the area of New Hampton School, a 350-student private school. The department started in a

two-bay garage. The town took over the department around 1968 and built the metal building it is currently located in at 48 NH Route 104. In 1968, the department had a 1951 Ford engine, a 1963 International and used an army surplus ambulance as a forestry unit!

Big changes are about to occur at New Hampton Fire Department. The town voted at this year's Town Meeting to build a new 23,000+ square foot Fire and Police Public Safety Building, to be located on 95± acres of town land located just behind the current station! This project will give the Fire Department over 16,000 square feet, a large increase from its current total space of 4,200 square feet. Back in 1968, when the existing metal building was erected, New Hampton responded to 20-30 calls per year. Today they handle over 500 Fire and EMS calls and, in addition, average 400+ requests from the public for other assistance! So the department is going to be well positioned to move into the future.



Currently the department has a 35 member roster and 10 Explorers. Once the new fire station is finished, in March 2012, the Chief may consider a live-in program with Lakes Region Community College. Day time coverage is provided 8 a.m.-4 p.m. during the week by department members. The weekends are covered by department personnel who work from 6 a.m. to 6 p.m. Night coverage shifts run from 6 p.m. to 6 a.m. and are covered by department on-call personnel who respond from home. Most department members are cross-trained and can handle the fire-



New Fire and Police Public Safety Building, to be built throughout the coming year.



New Hampton Fire Department

fighter role as well as the EMS side of things.

New Hampton may be small, with a year-round population of approximately 2,300, but like all towns in the area, its summer population swells when camps open and tourists inundate the area. There are numerous small bodies of water in town as well as 12+ miles of the Pemigewasset River, which is a popular tubing and kayaking run. In addition, two very busy roadways run through town: NH Route 104 and Interstate 93. Both keep the department very busy. In past years, the area Chiefs worked out a response system for the Interstate whereby accidents north of New Hampton's Exit 23 are responded to by both New Hampton and Ashland; south of Exit 23 results in a joint response with Sanbornton. Town lines weave back and forth through the area and it is quicker to send a response from multiple towns than to lose time trying to figure out exactly who should be responding.

Chief Drake believes quality training is a very important part of the fire service and in 2010 received an \$112,000 AFG training grant. This money has been used to fund FFI and FFII classes for area firefighters. The department is currently funding a FFII class in Ashland and is hoping to fund another Level I class in May for area departments. This shared training will

allow about 72 firefighters in the area to reach Level I and II certification, something that is much more difficult if people have to commute to Concord to receive their training at the Fire Academy.

Chief Drake has been involved in the fire service over 32 years. He started on New Hampton Fire Department in 1979 after responding to a motor vehicle fire with an Explorer friend on I-93. From then on, he was hooked, and joined the department the very next Monday! He immediately went to work on getting the necessary certifications and training. In 1982, he graduated from the Lakes Region Community College with an Associate's Degree in Fire Science.

He joined Laconia Fire Department in 1983 after participating in a summer program at Concord Fire Department. His co-workers in Concord encouraged him to try for a full time position on Laconia Fire

Department, which he did in 1982 and was hired in January of 1983. He worked his way up through the ranks, retiring at the rank of Fire Captain in the Fall of 2006. During that time, he also worked with the New Hampton Fire Department until he retired as Chief in 1999. Upon retiring from Laconia he came back to New Hampton in 2006 and became Chief of the Department in October of 2008. Chief Drake had juggled working at two departments with raising six children. He finally decided it was time to retire from Laconia and enjoy life! His job as Fire Chief in New Hampton is part time.

Through the years, Chief Drake has been fortunate to have numerous mentors and good influences. He's worked with many men of integrity and has learned a lot from them. He encourages young firefighters just starting out to find a

NEW HAMPTON – CONT. ON PAGE 6

SEND YOUR DEPARTMENT NEWS TO debbiek@lrmfa.org

Please send information and photos of new employees, promotions, retirements and general personnel news.

If you have an idea for an article or would like to send an article about something of general interest, please feel free to do so. Articles will be published as space allows.

Photos are also welcome.

mentor and learn from him. The Chief mentioned Chief Bud Wool, Laconia FD, as one of the best influences he had. He was an excellent leader and was always ready to try something new — even though tradition is very strong in the fire service.

As mentioned earlier, New Hampton taxpayers have generously agreed to build a new Public Safety Building. In addition, they approved money to make repairs to the current building (which will not be done because of the new facility) and funding for new equipment. The Chief feels residents are extremely supportive of the fire department. After many incidents involving fire and/or rescue, people come in with thank-you notes or stop by to personally thank department members.

Like any job, there are good days and bad days. When asked what some of the saddest days in his career had been, the Chief mentioned the loss of Laconia Fire Department diver/FF Mark Miller who drowned several years ago. He and Miller had hunted together and worked together for many years. He also mentioned several fires where people had died. One of his more stressful moments was the occa-



New Hampton's Ambulance 1 and Engine 4.



Newly-arrived gear, unpacked and ready to go.

sion of his first intubation: It was performed on his Mom!

The Fire Department meets Monday evenings. The first Monday of the month is the department/associa-

tion meeting; second is fire training; third is EMS training; and the fourth is company training. If you are interested in joining the department, stop by any time. 

OFFICER'S ROLE — CONT. FROM PAGE 1

The ISO must be part of the incident management system (IMS) and is included within the current National Incident Management System (NIMS) standard. The ISO may also provide technical assistance to the IC and may serve as a liaison to federal, state, or local agencies or companies on safety issues, such as the termination of utilities.

A chief officer is ideal to serve as the ISO for many reasons, among them the years of experience and training that typically come with serving as a chief officer and an IC. In addition, "a chief officer responsible for safety at the command

post also brings a higher level of influence on decision making. A chief-to-chief relationship eliminates the awkward situation of a company officer's acting as a safety officer and challenging the IC."⁴

This very situation occurred in a nearby department when a junior company officer demanded that the IC not undertake a specific course of action on the fireground because of safety considerations and concerns. An argument ensued over rank and responsibility. The challenge by the junior officer ultimately led to a major split within the department. This situation would not have arisen if a department pol-

icy stipulated that a chief from a mutual-aid department provide critical assistance to the IC.

ACCOUNTABILITY OFFICER

Accountability must be employed at every incident. Firefighter safety depends on an organized and well-run accountability system. At the very least, an accountability system requires that the IC (or his specific delegate) account for all personnel on the scene, the officers maintain awareness of all assigned members' positions and functions on-scene, and individuals entering and leaving the structure be specifically tracked.⁵

OFFICER'S ROLE — CONT. ON PAGE 7

In most fire scenarios, the IC will not have time to track all firefighters on the scene. Likewise, a safety officer will be busy ensuring that continual risk assessment of ongoing fire operations is provided, that the IC is assessing and accounting for all potential hazards, that rapid intervention teams are in place, and that an accountability system is initiated. The ISO will not have time to track every fire company operating on the scene, and it is even less likely that the ISO will have the mindset to track individual accountability without making this task a major part of this job. It makes much more sense to assign a MACO as accountability officer to track individual companies and to require the periodic accounting of all personnel on the scene using a personnel accountability report (PAR).

SENIOR ADVISOR

This position is used most often in certain larger metropolitan departments. As the title implies, the senior advisor provides advice to the IC regarding strategy, safety, or other critical issues at the emergency scene. This seldom-filled position should be used to lighten the IC's load and stress level by filtering information sent to the IC or to oversee and address certain strategies that have not been accomplished. The senior advisor can also assist in many critical decisions by serving as a sounding board. The senior advisor, if used, may also serve as a coach and can lead to both the IC and senior advisor learning from each other and from the incident itself.⁶

COMMAND ASSIGNMENTS

As more companies arrive on-scene or as an incident grows in size or complexity, it may no longer be possible for the IC to oversee and control the operations of the individual companies. In that case,

the IC must consider expanding the IMS to include specifically designated command staff. For structure fires, these positions may include an operations chief, sector officers, an attack chief, and a logistics officer.

Operations chief (OC). A single individual, usually the chief in whose jurisdiction the fire occurs, assumes responsibility for the overall control of an incident. NFPA 1561, Standard on Emergency Services Incident Management System, defines the essential elements of the incident command system. Section 3-1.1 provides: "There should be one clearly identifiable incident commander for the duration of the incident, from the arrival of the first unit until the incident is terminated." Nonetheless, the IC may delegate portions of his command. These delegated roles, standardized throughout the IMS, are operations, planning, logistics, and finance/administration. Typically, in the structural fire scenario, planning, logistics, and finance are not needed. However, as more companies are summoned and become involved at the fire, there may be a greater need for an OC. The OC is responsible for managing the tactical activities up through implementing the incident action plan.

When the IC initiates this position, he must review with the OC the strategy and tactics already in place, the outcome desired, and any anticipated problems. The operations position is usually delegated to someone already operating at the scene. "A natural progression to this position can occur when a higher-ranking officer assumes command. The officer relieved of command can be assigned to operations."⁷ For many departments, this is a radical change. In a mutual-aid fireground situation, it may be more prudent to assign a mutual-aid chief to the operations sector. This makes sense when issues other than operations must be

addressed. This permits a mutual-aid chief to focus on the fire at the command post with the IC, who will address other issues including safety, accountability, logistics, and public information.⁸

The IC or the OC may consider assigning sector chief officers. The sector officers may supervise multiple companies operating within their geographic area or "division" or may be assigned by task, such as ventilation or fire attack. These companies are organized by "groups." By using sector officers, the IC or OC maintains a manageable span of control.

In a smaller structure fire, where an OC may not be required to assume command for overall operational decisions or where sector officers are not needed to maintain a functional span of control, the IC may wish to consider assigning an attack chief (AC), a label recently given to chief officers who enter the fire building and operate in the vicinity of the fire. The AC provides critical information to the IC so the IC can determine if his fireground strategies are working or need to be revised or changed completely. In addition to providing and receiving information to and from the IC, the AC also supervises multiple units operating in the interior fire area. As needed, the attack chief can call for additional hose lines for suppression or can direct search operations in the fire area. The attack chief can supervise over-haul, since he should be in the best position to see and know the suppression activity that has occurred, especially where fire attack crews were changed.⁹

Logistics officer. Most fire chiefs will not consider a logistics officer for the typical house fire. However, depending on the mutual-aid companies used, a logistics officer may be necessary to relieve the IC of duties that might otherwise overwhelm him. A logistics officer may serve as a communications coordi-

nator. A logistics officer can address the supplies or resources needed, such as water, foam, spare SCBA cylinders, fuel for apparatus, rehabilitation supplies and needs, and portable toilets. In the structural fire scenario, one MACO can handle these assignments systematically, beginning with initial communications coordination. As the situation progresses over time, the MACO will be able to focus on the other tasks (usually with the assistance of other public agencies, such as emergency management).

MUTUAL-AID OPERATIONS

For fire departments considering using their mutual-aid chiefs for additional assistance, they must be willing to sit down and discuss a common plan all chiefs involved in the response can use. Written standard operating guidelines (SOGs) that address a number of issues must be drafted. As stated previ-

ously, you must establish the criteria to be used in determining when mutual-aid chiefs will respond. From a technical standpoint, you also must determine how the mutual-aid chief will be notified. It is likely that the mechanism will be more difficult in a volunteer department, where individual or battalion tones are not often used. You must write SOGs that address the incident command staff and their duties. Again, these guidelines should be drafted with the participation of mutual-aid departments. SOGs that address general operations, including accountability and rapid intervention team procedures and communication, must also be drafted, reviewed, and adopted. Although SOGs can and should be written specifically for each department, there must also be regional planning. As has been noted in prior line-of-duty fireground deaths: “The complexities of a large-scale incident are already difficult without

the added confusion about differences in coordinating critical operations.”¹⁰ Ultimately, the departments should consider amending their written mutual-aid agreements (or drafting one if one is not already adopted). The agreement would formalize the response plan, liability issues, and insurance coverage, among other topics.

Once the officers have met and agreed on procedures for operating at structural fires or other mutual-aid incidents, they must then place significant energy into training with each other before the incident occurs. Ultimately, the mutual-aid chief officers at the command post operate as a team. They build trust and learn each other’s strengths and weaknesses. You would not bet on any sports team in a playoff situation that did not practice. Homeowners should not risk their lives and property on command teams that have not practiced either.

OFFICER'S ROLE – CONT. ON PAGE 9

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LRGHealthcare Volunteers Raising Funds To Support Local EMS Heroes

National Emergency Medical Services (EMS) Week will be held this year from May 15–21. This special week is dedicated to honoring those who provide daily lifesaving services in their communities.

A devoted volunteer team of employees at LRGHealthcare is working to raise funds to hold a dinner and awards reception in May in order to recognize the heroic efforts of the area's EMTs and Paramedics during National EMS Week. Fundraisers have been held to help support the effort.

Raffle winners were: A Nintendo Wii Game System — Liz Puchacz, MSW, Care Manager at LRGHealth-

care (*donated by Central NH ER Associates*), 4 tickets to the NH Fisher Cats game — Dr. Paul Racicot, LRGH/FRH ER (*donated by NH Association of EMTs*) and 2 EMS First-In bags — Twin Rivers Ambulance Service and Scott Lewandowski, Paramedic, Hooksett Fire Dept./Twin Rivers Ambulance Service (*donated by Boundtree Medical*). The raffles raised \$777.00.

Other fundraisers included: 2 Uno's Dinner Fundraisers (\$133.79); Patrick's Pub Dinner Fundraiser (\$167.65); and an ongoing candy bar fundraiser at both ERs.

For more information, please contact Stephanie Caldon at 934-2060 X8410 or scaldon1@lrgh.org or Jamie LaRoche at 524-3211 X6528 or jlaroche@lrgh.org.

LRGHealthcare is a not-for-profit healthcare charitable trust representing Lakes Region General Hospital, Franklin Regional Hospital, Affiliated Medical Providers, HealthLink, Community Wellness Centers, the Dental Resource Center, the Holistic Health Center, and other community-based services. LRG Healthcare is committed to making health care available, accessible, and affordable to you. 

OFFICER'S ROLE — CONT. FROM PAGE 8

Simulations, tabletop exercises, and full-blown operational exercises are some examples of practice methods. The point is that officers must be able to practice and refine operations in an environment that permits quick feedback and correction without the risk of adverse consequences.

SHORT- AND LONG-TERM BENEFITS

Incident commanders who choose to delegate duties to their mutual-aid counterparts will find many short-term advantages. First, the delegation permits the IC to focus more on the problem at hand. Using additional chief officers also brings more experience and knowledge to the command post. Also, as chief officers share their knowledge and experience with each other, there is a reduced potential for mistakes, since the partnership creates an opportunity for feedback and backup. In addition, from the

technical standpoint, the safety, accountability, and operation functions tend to be run more efficiently.

Using mutual-aid chief officers in the command and staff function also provides each officer with greater "real-world" experience, which is especially important when the number of fires is declining nationally. This additional experience will improve the quality of short- and long- term officer decision making and will result in more efficient and safe fireground operations in the future. In addition, when chiefs practice and work together, political and geographical boundaries break down more quickly. This breakdown usually leads to a greater willingness to have departments work together as a whole in the long run, especially after firefighters witness the cooperation at the command level. Ultimately, chiefs willing to delegate many of these areas of responsibility to their fellow mutual-aid chief officers will find that their own com-

mand performance has improved, as has the safety of their community's residents.

ENDNOTES

⁶Kelalas, James E. and Jonathan S. Smith, "A Coach for the Command Post," *Fire Chief*, April 1998, 52–56.

⁷Smith, James P., *Strategic and Tactical Considerations on the Fireground*, Brady Prentice Hall (2002), 39.

⁸Coleman, Skip, *Managing Major Fires*, Fire Engineering Books and Videos (2001), 17.

⁹Salka, John J. Jr., "The Attack Chief," *Firehouse*, July 2003, 104–105.

¹⁰"Career Firefighter Dies Searching for a Fire in a Restaurant/Lounge—Missouri," *NIOSH Report F2004-10*, July 1, 2004, National Institute for Occupational Safety and Health, 5.

To access this Article, go to:
<http://www.fireengineering.com/fireengineering/en-us/index/articles/generic-article-tools-template.articles.fire-engineering.volume-158.issue-8.departments.volunteers-corner.the-mutual-aid-chief-officers-quo-role-at-structure-fires.htmlhtml> 

EMS Update

CPR — We've Got The Beat!

Shawn Riley, EMS Deputy Chief, Laconia Fire Dept./LRGHealthcare



Guess what? In the ever-changing world of EMS we have upcoming changes! The newest “up-grades” affect one of our most basic and most important skills: CPR. The new standards are being released to area instructors by the American Heart Association (AHA). Once instructors become familiar with the new standards, they will bring them to

EMS providers and civilian classes. For newer providers, the changes may not seem extreme. The more experienced and “veteran” providers (the nice way of saying “you’re old”) may find the changes slightly counterintuitive. Some changes will make us follow the guidelines in a whole new way, changing our priority flow chart. One of the first questions is: “Why?” The same question arose when the CPR and ACLS changes were made in 2005, when compressions were begun immediately following defibrillation and without checking a pulse. This was a paradigm shift for experienced providers. After thinking about it, however, it made sense: A pump that goes from broken to fixed is not going to instantly perform to capacity, it’s going to need a little priming. So resumed compressions made sense. And we saw a huge increase in our save rates. The national pre-hospital cardiac arrest save rate to a “90 day survival from discharge” is 6.4%. Our latest statistics in Laconia are survival to 90 days post discharge of 21%. Our Return of Spontaneous Circulation (ROSC) is 36%.

So why the changes to CPR? The emphasis is being put on the C – the cardio. The greatest chance of survival from sudden cardiac arrest is **QUALITY** Compressions and early defibrillation. I emphasize the word “quality” because this is the focus of the new changes. With the new algorithms, especially the ones geared towards the layperson, the title could almost be changed from **CPR** to **CCR**: Cardiac Compression Resuscitation. This change in emphasis is seen at our very first step in assessment: “The A-B-C’s.” In the new standards, “A-B-C” has changed to “C-A-B.” **Chest** compressions now precede **Airway** management and **Breathing**. I can hear it coming: “Why?” Here’s the reasoning. In the A-B-C sequence, chest compressions are often delayed while the rescuer opens the airway to give mouth to mouth breaths, retrieve an adjunct or gather and assemble airway/ventilation equipment. By

changing the sequence to C-A-B, chest compressions will be initiated sooner and the delay in ventilation should be minimal. By placing stronger emphasis on early *quality* compressions, the “Look, Listen and Feel for Breathing” step has been eliminated. The new guidelines simplify CPR for the layperson by eliminating the ventilation procedure.

Even the standards for what qualifies as quality compressions have been addressed. For the Healthcare Provider, the depth rate for compressions has been re-established. For adults there was the 1.5- to 2-inch depth range. The new guideline gives a compression depth of “at least 2 inches (5cm)” for the adult. Children are now measured at 1/3 their Anterior-Posterior Diameter, about 2 inches (5 cm) for proper compression depth. Infants are also 1/3 anterior-posterior diameter, which is about 1.5 inches (4cm). The rate for compressions has been rewritten from a “rate of about 100/min” to the 2010 guideline of “at least 100/min.” Compression to ventilation cycles remain 30:2 for 1 or 2 rescuer adult CPR and 30:2 for 1 rescuer child/infant, 15:2 for 2 rescuer child/infant CPR.

Ventilation rate (for rescue breathing) across the board is 1 breath every 6–8 seconds, a rate of about 8–10 /min. During resuscitation, breaths are coordinated within the 30:2 or 15:2 cycle. However, with the placement of an advanced airway, ventilations are asynchronous with compressions and should be given once every 8–10 seconds.

So here’s the question: “Are these good changes and, if so, why?” If you look at what we’re trying to accomplished, I think the answer is “yes.” The attempt is to make CPR more effective for the healthcare provider and easier and more manageable for the layperson. The new changes alleviate or remove steps that may cause a delay in care and put emphasis on circulation. Science has proven that if compressions are interrupted for greater than 10 seconds, the survival rates drops exponentially. Ventilation is still important but it’s moved down the list in priority.

Why? Think about this: Remember when advanced airway was the new hot thing? More providers could intubate or place the coolest new adjunct. The sequence was A-B-C and we had that A and B covered. We would put in so much oxygen that we would set records for highest amount of oxygen administered. The problem was it wasn’t going anywhere. We dropped the

EMS UPDATE – CONTINUED ON PAGE 11

A Challenge to LRMFA Emergency Responders

“Shave to Find a Cure for Childhood Cancer”

By Chief John Beland, Gilford Fire Department

I address this message to all my brothers and sisters in Emergency Services. Each and every day one of us is responding to the call for help of someone in need. I would like to bring to your attention a very special group of individuals who need your help as much as anyone else. These people do not dial 9-1-1 to get your help; however, they need you as much as our 9-1-1 customers.

This call for help comes from some of the most courageous individuals I've ever had the honor of meeting: Children fighting the fight of their lives, children battling childhood cancer.

160,000 children are diagnosed with cancer each year. That is one diagnosis every 3½ minutes; every 4 hours, a child with cancer loses their battle. It is also a fact that childhood cancer kills more U.S. children than AIDS, asthma, diabetes, cystic fibrosis and congenital abnormalities combined.

The only way we will ever cure this disease is through treatment and research. This costs money — a lot of money. This is where you

EMS UPDATE – CONTINUED FROM PAGE 11

ball on the C part. So what makes more sense: Having hyper oxygenated blood sitting in the lungs or hypoxic blood circulating to the brain cells?

Over the past 2–3 years, Lakes Region departments have seen dramatic increases in successful resuscitation. Our save rates exceed the national figures. Early and aggressive CPR has definitely had an effect on these outcomes from both the layperson to the pre-hospital provider. So the mantra remains “Harder and Faster” but let's add Better to it also. 

come in. I put out the challenge to every emergency responder, fire department, ambulance service, and police department: Join your brothers and sisters on June 4, 2011 at the largest St. Baldrick's head shaving event in NH, in a solid show of solidarity with the kid's who lose their hair to cancer treatments. Show them they are not alone!

Registering to become a shavee and raise as much money as you can through sponsorships. You may register as an individual or, even better, your agency can form a group and register as a team. All you need is two people for a team. Invite friends and family to join your team.

Past teams have included Gilford, Moultonborough, Franklin, Strafford, Alton, New Durham, Hold-

erness, Exeter, Hampton, Dover, Salem and Laconia Fire Departments just to name a few. How awesome would it be if we had a team from every agency in LRMFA! Just think what we could do for the kids.

It is simple to sign up or get more information. Visit www.stbaldricks.org, click on “find an event” and type Gilford NH or Gilford Youth Center, which is where the event is held. This will bring you to our web site. Check it out. See who has already registered, look at the photos from 2010, check out the entire site to learn about childhood cancer and St. Baldrick's. E-mail me, John Beland, at jsbe@metrocast.net if you have any questions. Above all, sign up now and start raising money; a child's life depends on it!



Historic Siren Back in Service in Center Harbor

On February 19, 2011, after being rebuilt, the Center Harbor Fire Department's historic Thunderbolt Siren at Station 1 went back up with the help of cranes from East Coast Crane and Wetmore Electric. Having been out of service for several years, the siren will be used as an early warning device for severe weather alerts and other emergencies the public needs to be aware of. It will only be used as back-up notification for the fire department on certain calls.

Its location allows it to serve the village area of Center Harbor, the west end of Moultonboro and the east end of Meredith. A steady blast for two minutes would be used to alert citizens to turn on their radio, TV or other device to get more information on action they should take.

The siren will be tested once a month on the first Thursday in the evening. 



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New Apparatus



Plymouth. 18T1

2010 E-One 95' platform tower. Pre-piped water, 2,000 gpm Hale pump, 300-gallon tank, pre-piped air.



Andover. 31E1

1989 Ford L8000, 1250gpm pump, 1000g water. Formerly 32E3. May be converted to a rescue.



East Andover. 32E2

2010 Arens Fox. Six-man cab. Processor controlled 1250gpm pump with 1000g water tank. Primary attack unit. Carries 5 in-seat SCBA with several located in side compartments. 1500' of 4", blitz line, and 1-3/4" attack lines. Onboard foam with 30g foam tank. All hand tools, ladders and suction hose behind roll up doors.



Derek Farrell
Tilton-Northfield Fire & EMS
New Firefighter/EMT



Daniel Leathers
Tilton-Northfield Fire & EMS
New Firefighter/EMT



Laconia. 13E2

1991 Sutphen. 1500gpm pump. 1000g water. 50g foam. 6-person cab. 1600' 4" in split bed. Blitz fire. Water rescue suit. Prepiped deck gun. Paramedic gear onboard.

SEND YOUR DEPARTMENT NEWS TO debbie@lrmfa.org

If you have an idea for an article or would like to send an article about something of general interest, please feel free to do so. Articles will be published as space allows.

Photos are also welcome.

First Quarter Statistics...

From Jan. 1, 2011 through March 31, 2011

Incidents Dispatched:	January 2011	1,653
	February 2011	1,738
	March 2011	1,719
	Total	5,110

Resources Available:

Engines	92	Tankers	15
Ladders	7	Rescues	23
Forestry	36	Ambulances	37
Utilities	5	Fire Boats	25
Towers	6	Air Units	5
ATVs	12	Command Vehicles	21

LRMFA HEADQUARTERS, LACONIA, NH



PHOTO COURTESY BILL HEMMEL. LAKESREGIONAERIALS.COM ©2009

Statistics:

- Began operations in September of 1971. Moved operations to our current facility in June of 2000.
- Dispatches Fire and Medical Emergencies for 36 communities and 36 Fire and EMS Agencies.
- Serves a population of 119,712 residents (2009 Estimate).
- Is spread over 5 NH Counties, covering a geographical area of 1,494 square miles (16% of the area of the State of NH – 1.5 times the size of the state of Rhode Island).
- Protects over \$20.6 billion dollars of property (2009 Valuation).
- Has an operating budget of \$1,099,232 (2011 budget).
- Has 9 full-time and 10 part-time employees.
- Dispatched 21,413 incidents during 2010 (58.67 calls per day).
- Dispatched 19,837 incidents during 2009 (54.35 calls per day).
- Dispatched 21,508 incidents during 2008 (58.92 calls per day).

Training & Education Opportunities

- Trauma Grand Rounds.** First Thursday of each month. Noon–1 p.m. at LRGH, Conf. Room 1B and FRH, Board Room. Lunch provided. For information, contact Shawn Riley at 524-6881.
- ALS Breakfasts — Wednesdays. 0900–1100.** Nurses, EMTs, EMT-Is are all welcome to attend. Please contact Shawn Riley at 524-6881 or Bruce Goldthwaite at 934-2205 with questions. **Please note new time.**
May 4, Laconia — Diabetes, presented by Dr. Mattice
June 1, Sanbornton **July — August, no breakfast**
Sept. 7, Franklin **Oct., watch for Paramedic RTP**
Nov. 2, Gilford **December 7, Laconia**
- LRGHealthcare Paramedic RTP — 0800–1700.** Sept. 19, 21, 26, 28, Oct. 5 and 6. Woodside Room, Taylor Community, 435 Union Ave., Laconia. Free for LRGHealthcare REACT partners. For paramedics outside the LRGHealthcare area: \$400. Lunch will not be included. Includes ACLS, PALS and CPR. Contact Shawn Riley at 524-6881 or Kelley Shastany at kshastany@LRGHealthcare.org.

Association Meetings

Meetings are the last

Thursday of odd numbered months.

May 26, 2011

July 28, 2011

Sept. 29, 2011

Nov. 17, 2011

Check www.LRMFA.org

for locations.



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Lakes Region Mutual Fire Aid Association
62 Communications Drive
Laconia, NH 03246

Paramedic-to-RN Program Planned at LRCC

Lakes Region Community College is planning another paramedic-to-RN program. This 12-month program will begin in late May with graduation in May 2012. At that time, graduates will be eligible to sit for the NCLEX (National RN exam). The schedule for classes are two full days or evenings at LRGH as well as other clinical specialty sites. The theory takes place at the college from 9 a.m.-12:30 p.m.

two days a week. There are no weekend responsibilities. The total time involved would be twenty-two hours a week. Students report there is about that much time also needed to study. If you have graduated with an Associates Degree, you have probably met all the non-nursing requirements. A prior degree is not necessary but would require several non-nursing subjects to be eligible to receive an

A.D. and would require more than twelve months to complete. We now have six paramedics who will be completing the program this spring.

If you have any questions, you are encouraged to call Harriet Redmond, the Director of the Nursing Department. The college number is 524 3207 ex. 6709. We look forward to our next group of paramedics. 

2011 Rural Hitch Deadlines

Second Quarter (Apr/May/Jun) June 9, 2011

Third Quarter (Jul/Aug/Sep): Sept. 8, 2011

Fourth Quarter (Oct/Nov/Dec): Dec. 8, 2011