



THE RURAL HITCH

THIRD QUARTER 2012

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

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LRMFA History Night a Big Success



After many months of planning, the Lakes Region Mutual Fire Aid "History Night" was held at the Granite Media Center in Tilton on Saturday, September 29. Over 110 people joined in the celebration!

The goal of the History Night Committee was to celebrate more than 60 years of service to the member communities by bringing together the old and new in one place — a place where members, past and present, could gather to reminisce and celebrate the changes in the fire service within the last sixty years.

The Committee members were: Chief Albert Akerstrom, Belmont FD (ret.), Lt. David O. Huot, Gilford FD (ret.), Dep. Coordinator Rick Heinis, LRMFA (ret.), Dept. Chief Andrew Nadeau, Franklin FD (ret.), Chief Richard E. Plaisted, Moultonborough FD (ret.), Chief Edward Warfield, LRMFA (ret.), Dep. Chief Allan D. Whitney, Gilford FD (ret.), Chief James Hayes, Gilford FD (ret.) LRMFA, Deputy John Beland, Gilford FD (ret.) LRMFA, Chief Harold P. Harbour, Tilton-Northfield FD (dec.), and Lt. Jared McGrath, Center Harbor FD.

The Committee would like to thank Lakes Region Fire Apparatus and HME Fire Apparatus for their generous support, without which the event would not have been possible. A special thanks goes to Bob Callahan of First Call Gear and Granite Media Center for his support of this event and the use of the fantastic Granite Media Center. A thank you also goes out to Suburban Propane who generously donated propane to heat the facility.

Several member departments had set up displays around the room with items from their history, including helmets, badges, SCBA, a rescue net, and scrapbooks. Some also had slide shows running on a laptop computer set up on the table. Lakes Region Fire Apparatus and HME had two pieces of apparatus inside the building and both Franklin and Sanbornton had antique hand tubs on display. LRMFA had one of its command vehicles set up inside also. Meredith FD brought their antique truck down and it was proudly parked in the rear of the hall (shown above).

The evening began with cocktails, hors d'oeuvres, and socializing. A delicious buffet dinner was served at 6 p.m. followed by a

HISTORY — CONTINUED ON PAGE 3



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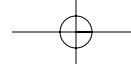
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HISTORY — CONTINUED FROM PAGE 1

presentation by Jeb Franklin (Benjamin's younger brother!). Mr. Franklin was informative and entertaining as he pointed out the numerous important contributions to the fire service that came out of New England in the early years. Jeb was played by Capt. Christopher Rousseau of the NH Fire Academy.

This evening was also a monthly business meeting of the Lakes Region Mutual Fire Aid Association and it was noted that the attendance was outstanding for an Association meeting!

Remarks were made by Chief James R. Hayes, LRMFA; Dep. Chief John Beland, LRMFA; Chief Rene Lefebvre, Chair of the Executive Board; and Dep. Chief Andrew Nadeau, Franklin FD (ret.).

The evening ended with a PowerPoint presentation by Dep. Chief John Beland. Due to technical difficulties, the show was cut short but what we saw was interesting and brought back lots of memories.

Once again, the Committee would like to thank all who helped make the evening possible. It would particularly like to thank all who took time to come and enjoy the evening and show support for the event. 🚒



**More photos on pages
4 and 5.**

THE RURAL HITCH

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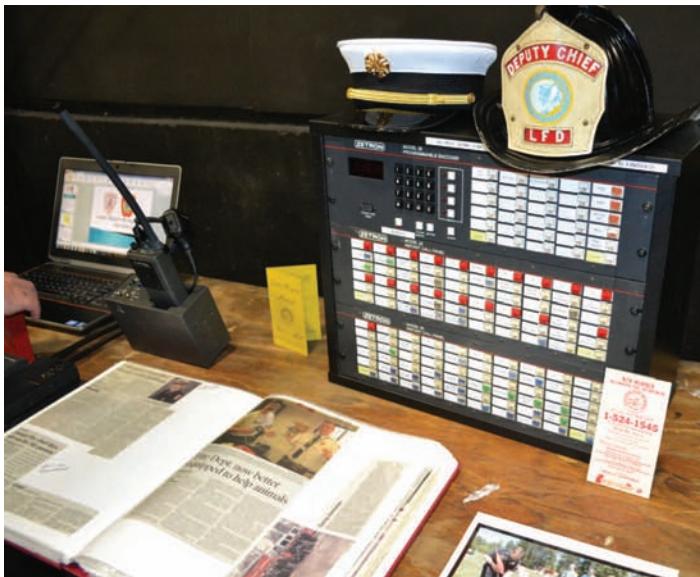
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James R. Hayes

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LRMFA History Night: Celebrating Sixty Years of Service

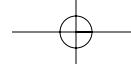




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 Drawing will be held December 21, 2012



ABC Fabricators Hazmat Incident, July 24, 2012

On July 24, 2012, a fire-alarm activation came in from Master Box 12213, 30 Cook Court, Laconia, ABC Fabricators. The company specializes in providing the electronic industry with 24-hour turn printed circuit boards as well as production lots.

13E1, 13L1, and 13A2 responded from Laconia Central with an officer and four firefighters at 0450 to the alarm that was found to have been activated by a chemical reaction. When the units arrived there was nothing showing. A crew entered the building in bunker gear and SCBA, although not on air. There was a slight smell of chlorine in the air which was attributed to the laundry facility nearby. Once inside, the crew encountered a slight haze, which was thought to be from an electrical fire. Further investigation discovered a 275-gallon plastic container that was bulging and releasing vapor. The container was not well marked but appeared to be some form of nitric acid.

At this point, the crew withdrew from the building to contact the owner and research the characteristics of nitric acid. Unfortunately, MSDS sheets for this particular item were not available.

The decision was made to air out the building but as fumes began to



travel through the neighborhood, it became obvious evacuations had to take place. Fans were shut off to give people more time to be notified to evacuate.

Inside the building, the chemical reaction continued, creating heat and the potential for fire. A 3-4' basement was discovered under the floor and it was filling with "boiling" chemicals. At this time, the fire department decided to let the incident run its course and let Clean Harbors handle cleanup as it appeared nothing the fire department could do would make a difference.

During the incident the wind changed direction, thunderstorms passed through the area, and

temps were in the 80s with high humidity. The wind change forced the initial crews on the scene to move. It also changed the evacuation zone, although the perimeter of the zone remained 1/10th of a mile.

There were a number of key things learned during the event. The evacuated residents should have had a place to go after being told to evacuate. We discovered we couldn't rely on the owners/workers to know what was inside the building nor could we count on them to have all the necessary information at hand (MSDS sheets).

Later in the event DES found out hydrogen cyanide salts were in close proximity to the acid container. If the two meet, the resulting reaction would have created cyanide gas.

In reviewing the incident afterwards, we were reminded of the standard eight-step process for hazmat incidents:

1. Isolate and control the area – A minimum 100 feet for responders.
2. Identify the material(s) involved or the problem.
3. Evaluate the hazards and risks.



July 4 Storm Damages Hill Road Area in Tilton

By Bradley A. Ober, Chief

On July 4, 2012, Tilton-Northfield Fire & EMS was dispatched to a report of tree and wires down in the area of Hill Road in Tilton, NH at 1834. On arrival, companies found several trees and wires down and Hill Road to be impassable.

Upon further investigation and size-up, companies discovered several vehicles that had been damaged by fallen trees, utility poles broken, wires down and entangled in fallen trees, and destroyed buildings; one residence was destroyed by a large fallen pine tree.

Fire crews were dispatched on foot to evaluate each residence and advise they should seek alternative shelter. Several vacationers staying at Edge-water Condos were relocated to the Landmark Inn in Laconia. The American Red Cross assisted in relocating these vacationers, which was a great benefit. "Many thanks go to the Red Cross for their assistance," stated Chief Ober. Although many residents decided to stay, each was informed of the long-term power outage and clean-up process.

Crews did evaluate one resident who complained of chest pain; however, they refused transport to the hospital. There were no other injuries reported.

Approximately 30 homes were affected by storm damage. Being a resort neighborhood of Tilton and popular family holiday, there were approximately 200 people in the area at the time of the storm. "We are very lucky there were no injuries," stated Chief Ober "With this type of damage and wires down it becomes a very dangerous and unsafe condition."

Tilton Police and PSNH assisted at the scene. Clean-up and power restoration continued throughout the night and day on July 5. 



Mutual Aid Training and Drills

On Sunday, July 22, 2012, fifty-three firefighters helped burn down a house! These people turned out at 6 a.m. to participate in a mutual aid drill in the town of Center Harbor.

The building where the drill was held was owned by a private citizen who had allowed the department to use it for training during the past year. During that time, Center Harbor Fire Department had held smaller drills on the site.

Center Harbor Chief John Schlemmer said this larger mutual aid drill had been in the works for awhile and he was very pleased with the turnout. "I never expected this many firefighters at 6 in the morning on a Sunday!" he said, but he was very gratified and felt it pointed out the support and enthusiasm for mutual aid drills within the Lakes Region

Mutual Fire Aid system.

The Chief planned the drill for his first alarm companies.

Once everyone arrived, over 40 burns were set and extinguished within the house before letting the building go.

The drill gave Ashland, Holderness, Sandwich, Meredith, and Moultonborough a chance to work with Center Harbor and see how that department handles various situations. In addition to in-the-building fire training, a tanker shuttle operation was set up, as well as a rehab station. This gave everyone the opportunity to train in areas of their own interest. The drill was over by midday.

Chief Schlemmer hopes to see other departments schedule mutual aid drills. "We cannot handle fires on our own anymore..." because of manpower issues. People don't

work locally like they used to and during work days, manpower — or lack thereof — has become a major problem in small towns, especially those with an all-volunteer department.

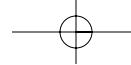
He pointed out that planning a drill is relatively easy. First you decide what training issue your department may need to work on; then you speak with neighboring departments and officers, gathering their input. You may also contact

the Chief or Deputy at the Communication Center for assistance. A "Drill Planning Worksheet" has been added to

the "Member Guide," which will also assist in planning.

Chief Schlemmer would like to see departments in the area join together and plan a mass casualty drill as there hasn't been a drill on this scale in quite some time. The July drill was inexpensive, costing about \$300 for refreshments (pizza, donuts, water, and Gatorade). 





EMS Update

Hypothermia... Baby It's Cold Outside

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



A core body temperature of less than 97°F is the threshold for what is considered mild hypothermia according to NH BEMS Hypothermia protocol.

There are a number of factors that can place a patient at risk for hypothermia. The poor or homeless are certainly susceptible. Many do not want to go to shelters and will try to survive on their own. Elderly are at risk for a number of reasons — they may not sense the cold as well, they may have various medical conditions (thyroid problems, for example) that limit their ability to respond to cold, and they may make a decision to lower their heat due to financial problems.

Any patient with an altered mental status, such as alcohol or drug intoxication, stroke or trauma, is also at higher risk. Clinically, as the body temperature drops, the patient will experience different conditions. Starting with the most common, here are the 3 levels of severity.

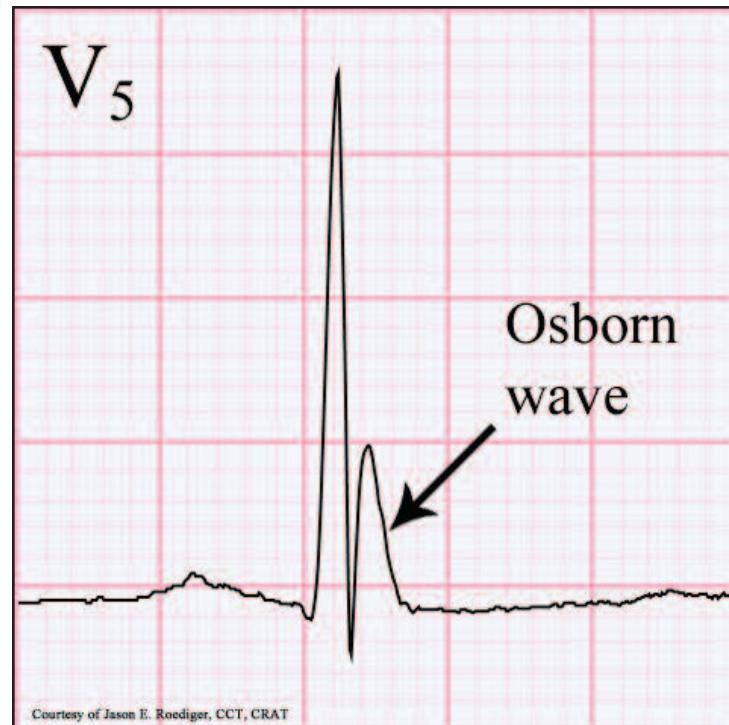
Mild Hypothermia (94 to 97°F):

Increase in respiratory rate and heart rate; shivering is present in an attempt to generate more body heat; speech and fine motor control may become slightly difficult. The blood vessels to the skin are constricted in an attempt to conserve heat.

Moderate Hypothermia (86° to 93°F): Shivering stops and the patient begins to have an altered mental status. Heart rate drops. If a 12-Lead EKG is done, Osborn or "J-

waves" may be noted.

Severe Hypothermia (<86°F): At this point the patient is likely unconscious; they are not able to control their airway and they are at risk for having their heart rhythm degenerate into ventricular fibrillation.



TREATING HYPOTHERMIA

Treatment of patients that are hypothermic is supportive — meaning from a pre-hospital standpoint, we want to make sure things do not get worse, and support their condition until we get to the hospital. This problem did not develop over 15 minutes, and we are not going to solve it in 15 minutes, or even 45 minutes if you're transporting from, let's say, Sandwich.

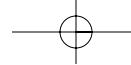
As always, start with the ABCs. Does the patient need to have an oral or nasal airway placed? If they are not breathing, start bag-valve-mask ventilations. Check for a pulse, but understand that the heart rate may be very slow and difficult to detect. Do not delay care. If there are no signs of life, then start CPR. Keep in mind to reduce your ventilations and chest compression rates to 1/2–1/3 of our normal CPR guideline rates for suspected hypothermia-induced cardiac arrest.

In the most recent AHA 2010 Emergency Cardiac Care Guidelines, there is a discussion that it may be better to continue with standard care, defibrillating normally, even in a cold patient.

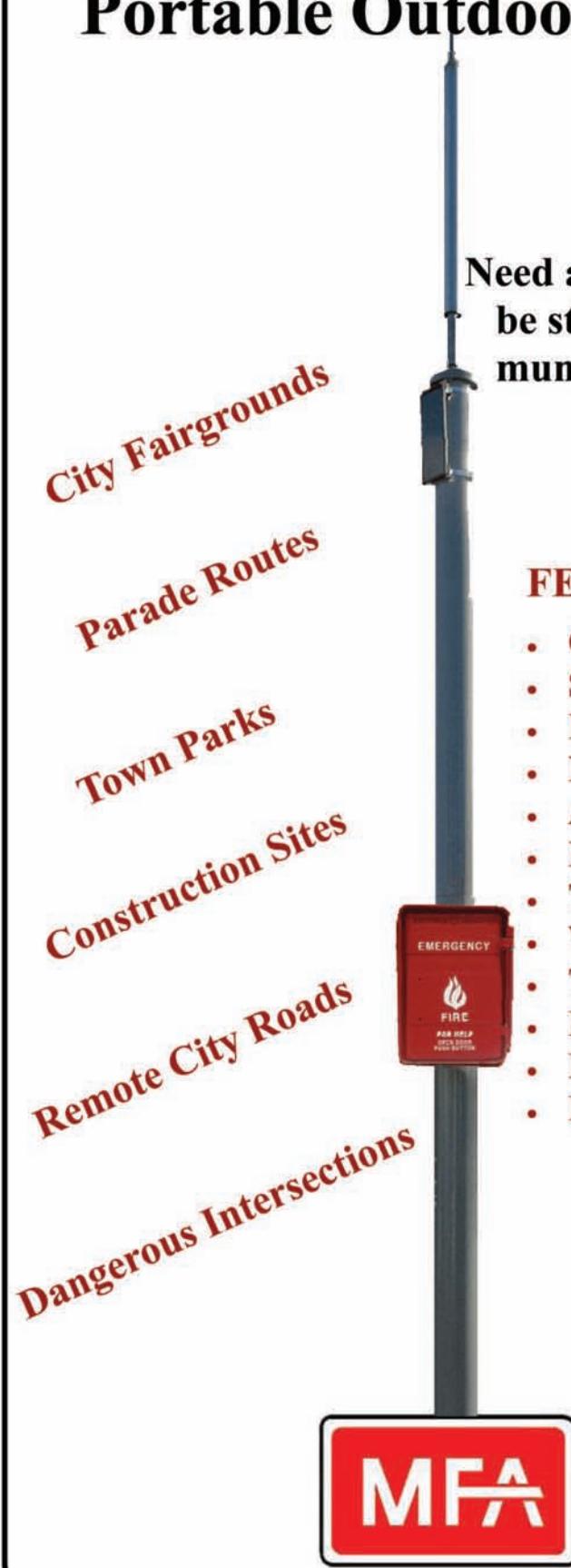
Similarly, for advanced providers, it was previously recommended to withhold emergency medications that are typically used in a cardiac arrest until the temperature is above 86°F. It is thought these medications would not be metabolized normally and could build up to toxic levels if they are administered while the patient is still hypothermic.

The new guidelines also question this approach — to be blunt, we just don't know. The AHA is leaving this as a local decision. In New Hampshire we are directed to withhold medications for a core temp less than 86°F. We are also told to limit defibrillation to one attempt for lethal ventricular arrhythmias until the body temp reaches 86°F, at

HYPOTHERMIA — CONT. ON PAGE 11



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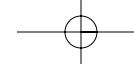
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HYPOTHERMIA – CONT. FROM PAGE 9

which point routine medication/defibrillation is indicated.

My personal opinion is that it is likely better to just do good, high quality (harder, faster, and deeper) CPR while transporting to the hospital that can work to warm the patient.

But let's look at the patient who has not suffered a cardiac arrest. Consider other problems and issues. Did the patient suffer any trauma? We need to get their wet clothes off and do a good assessment looking for injuries. Consider the surroundings – do we need to stabilize the spine because of the possibility of a fall or other cervical trauma? Place an insulating layer between the cold ground and the patient while waiting for more help to arrive. Once we do a primary exam followed by a good head-to-toe exam, cover exposed skin with dry blankets. Provide warmed oxy-

gen and transport gently. The heart is more sensitive when cold and ventricular fibrillation could be caused by rough movement.

You should consider wrapping hot packs in a towel and placing in the axilla (armpit) and groin (as these are where major vessels are near the skin). This measure will not adversely affect their re-warming treatment as this is considered a heat loss intervention this early in the hypothermic condition. Ensure the ambulance heat is turned up – if you are comfortable wearing your uniform or civilian clothes then it is too cold in the back.

There is a concern about warming the extremities before the trunk of the body. The body has constricted the blood vessels to the extremities which acts to maintain the blood pressure in a hypovolemic patient. If we warm the extremities first, these vessels will dilate and blood volume will return to the

extremities too quickly, before the patient's volume status has been addressed. This will cause the blood pressure to drop. So, concentrate on the trunk first, but don't leave the extremities exposed to the air.

It is also suggested we have the breathing patient wear a surgical mask to prevent heat loss via respiration. Hypothermia can occur anywhere and anytime here in New Hampshire (even summer) – certainly outside, but also inside a building that, to us, seems warm. Always consider the possibility, and at least start the process of trying to warm them passively with blankets and heat.

Also ask yourself this...Does your service have rectal hypothermia thermometers? The time to think about them is now...not on the call.

Special thanks to contributing author Paramedic Brian Keyes of Laconia Fire Department. 

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NH Division of Fire Standards and Training & Emergency Medical Services announces...

Training for Rapid Intervention Crews



CREF NUMBER	13-7-RIT-7
WHERE:	Lakes Region Mutual Fire Aid in Laconia 62 Communications Drive Laconia, NH
WHEN:	Thursday (6:30-10:30PM) and... Saturday & Sunday (8:30AM to 5:00PM) November 15, 17, & 18, 2012
COST:	\$115.00 for members of NH Municipal Fire Departments \$470.00 for non-members and out-of-state applicants
PREREQUISITES:	<ul style="list-style-type: none"> Firefighter I
HOW TO REGISTER:	<ul style="list-style-type: none"> Please complete the NHFSTEMS General Admission Application. Only complete applications, signed by the students in Section 4, will be accepted in person, by mail, or by fax. Regarding payment: <ul style="list-style-type: none"> * For affiliated applicants: Department sign-off for payment is required in Section 3 of the current application form. * For those paying on their own: The separate "General Payment Form", on page 2 of the current application, must be completed with information pertaining to your chosen method of payment. Please make checks and money orders payable to NHFSTEMS and submit along with your application. * All payments will be deposited upon acceptance. Applications will be accepted on a first-come, first-serve basis by the following criteria: <ol style="list-style-type: none"> 1. NH affiliated applicants 2. non-affiliated NH residents 3. out-of-state applicants



**APPLICATIONS ACCEPTED NOW...
THROUGH WEDNESDAY, NOVEMBER 7, 2012 AT 4:00PM.**

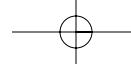
Contact information:

NH Division of Fire Standards and Training & Emergency Medical Services

Mailing address: NHFSTEMS, 33 Hazen Drive, Concord, NH 03305

Phones: (Toll Free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091

Visit the [NHFSTEMS website!](#)



NH Division of Fire Standards and Training & Emergency Medical Services announces...

Rapid Intervention Crews

Train-the-Trainer

Hosted by

Lakes Region Mutual Fire Aid

62 Communications Drive
Laconia, NH

Saturday and Sunday,

November 17 & 18, 2012

COST: **NO CHARGE!**

PREREQUISITES: • RIT
• State and/or NHFSTEMS instructor

HOW TO REGISTER:



- **CREF NUMBER:** [13-7-TtT-8](#)
- Click on the CREF NUMBER above to register on the NHOODLE website.
OR...
- Please complete the [NHFSTEMS General Admission Application](#).
* Only complete applications will be accepted in person, by mail, or by fax.
- Applications will be accepted on a first-come, first-serve basis.
- **Applications accepted NOW through Wednesday, November 7, 2012.**

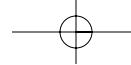
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Visit the [NHFSTEMS website](#)!



Third Quarter Statistics...

From July 1, 2012 through Sept. 30, 2012

Incidents Dispatched:	July 2012	2,223
	August 2012	1,943
	September 2012	1,735
Total		5,901
YTD Total		16,176

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

Statistics:

- Began operations in September of 1971. Moved operations to our current facility in June of 2000.
- Dispatches Fire and Medical Emergencies for 35 communities and 35 Fire and EMS Agencies.
- Serves a population of 115,112 residents (2010 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 \$19.6 billion dollars of property (2010 Valuation).
- Has an operating budget of \$1,059,880 (2012 budget).
- Has 9 full-time and 10 part-time employees.
- Dispatched 21,601 incidents during 2011 (59.18 calls per day).
- Dispatched 21,413 incidents during 2010 (58.67 calls per day).
- Dispatched 19,837 incidents during 2009 (54.35 calls per day).

ABC FABRICATORS – CONTINUED FROM PAGE 6

4. Determine proper protective equipment needed.
5. Develop a Plan of Action and then initiate Protective Actions.



LRMFA HEADQUARTERS, LACONIA, NH



PHOTO COURTESY BILL HEMMEL. LAKESREGIONAERIALS.COM ©2009

6. Initiate control measures: Spill Control, Leak Control, and/or Fire Control. Notify proper agencies, such as Central NH Haz Mat team, DES.
7. Decontaminate and monitor clean-up operations.
8. Terminate the emergency.

Twenty firefighters and two police officers were utilized during the first two hours but additional resources were added as the vapor cloud intensified. A second alarm brought in additional firefighters. CERT provided 7 volunteers and DPW, sewer, water, DES, NH Haz Mat, LPD, LRMFA, and cover crews were all involved.

RESOURCES: Laconia – 3 engines, 2 ladders, 2 ambulances, 4 Chief officers, 1 mobile air trailer; Gilford – 2 engines and rehab trailer; Belmont – 2 engines; Meredith – engine and ladder; Tilton – engine; Franklin – engine; Meredith EMS – 1 ambulance; Holderness – 1 engine; Lakes Region Mutual Fire Aid – 2 Chief officers; 2 Haz Mat trucks

In his After Action Report, Laconia Chief Ken Erickson said it was “A job well done and a very valuable learning experience. A multitude of agencies worked well together with the goal of protecting responders and the public.” 



Fire Apparatus Sales & Service Since 1991

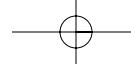
Lakes Region Fire
Apparatus
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History Night



Chris Rousseau (a.k.a. Jeb Franklin) speaks to the audience at the recent LRMFAA History Night sponsored in part by Lakes Region Fire Apparatus and HME, Inc.

PO Box 970, West Ossipee, NH 03890
Phone: 603-323-7117 • Fax: 603-323-7447
Email: info@lakesfire.com • www.lakesfire.com





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

QUICK FACTS — THIRD QUARTER 2012:

Number of Incidents = **5,901**

Radio Transmissions = **56,609**

Emer. Phones = **6,826** Admin. Phones = **8,398**
This breaks down to **64** incidents per day and **10** radio transmissions per incident or **648** per day on average. Along with the emergency incidents, we averaged **91** calls per day on the admin lines.

Training & Education Opportunities

- **Trauma Grand Rounds.** Last Friday of each month. 7:30 a.m. at either LRGH or FRH. 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.

Association Meetings

Meetings are the last Thursday of odd-numbered months.

November 29, 2012: TBA

January 31: TBA

Check www.LRMFA.org for locations and updated information.

LRGHealthcare

care. compassion. community.

ALS Breakfast

November 7, 2012



Trauma...how the body dies!!!

Presented by

Dr. Sam Aldridge

Hosted by

Gilford Fire Department

Time: 0900 to 1100hrs

Nursing, EMT's, EMT-I's and Paramedic's are all welcome

Any Question contact Shawn Riley at smriley@lrgh.org or 524-6881