



# ICE RESCUE TECHNICIAN

Presented by the Lakes Region Mutual Fire Aid Training Division



**Dates:** February 18 & 19 2023

**Time:** 08:00—17:00

**Location:** Center Harbor FD

**36 Main St, Center Harbor NH  
03226**

**Tuition:** \$250 per person

**CREF:** 2323ICE3769



Ice Rescue Technician is an intense sixteen-hour program featuring a combination of classroom and practical evolutions, held in the classroom as well as on ice and in the water. Course covers awareness, Operations, and Technician level skills to provide students with knowledge and skills necessary to safely mitigate an ice rescue incident. Students will be challenged both mentally and physically to complete the objectives and scenarios. This course is designed to meet objectives of NFPA 106 and/or 1670, Chapter 9, to the Technician Level. The course covers topics such as rescuer and team safety, pre-planning, personal protective equipment, patient packaging and recovery, self-rescue, and operation specialized equipment. Firefighter III certification available if you are certified in Firefighter II. Firefighter II is not a prerequisite.

Firefighter III certification available if you are certified in Firefighter II. Firefighter II is not a prerequisite.

Registration in advance is required. Please register at [www.lrmfa.org](http://www.lrmfa.org)

Registration Opens: Monday, November 21, 2022 08:00

Registration Closes: Wednesday, January 20, 2023 16:00

**Applications Should be faxed or emailed to Lt. Erin Hannafin**  
[ehannafin@lrmfa.org](mailto:ehannafin@lrmfa.org)

**Class size is limited to 24 students**

To register submit the following:

NHFSTEMS General Admission Application  
NHFSTEMS Medical Release Form  
ICS100 Certificate  
ICS200 Certificate

In person, by fax, or by email to:

Lakes Region Mutual Fire Aid  
C/O Lieutenant Erin Hannafin  
62 Communications Drive  
Laconia, NH 03246  
Phone: (603) 528-9111  
Fax: (603) 528-5989  
Email: [ehannafin@lrmfa.org](mailto:ehannafin@lrmfa.org)

No later than Friday, January 20, 2022 at 16:00.

**Equipment required for the program:**

- Personal Flotation Device (Class V PFD)
- Gloves (water rescue, SCUBA diving, rope, or extrication)
- Thermal protection (wet suit or dry suit highly suggested)

**When complete, submit to LRMFA directly. Do not submit to the fire academy.**



**New Hampshire Department of Safety  
Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305  
Phones: (Toll free) 800-371-4503

Physical: 98 Smokey Bear Boulevard, Concord, NH  
(Local) 603-223-4200 (Fax) 603-271-1091

# General Admission Application

**Section 1: PERSONAL INFORMATION (Please complete Section 1B if taking a DHS, FEMA, or NFA course.)**

First name	M.I.	Last name	M	F	Social Security#: (last 4 digits)	Date of Birth:
HOME mailing address: (Use the next two lines below.)					US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	If NO, country of birth:
PO Box/Street:					Home phone:	Work phone:
Town/City:			State:	Zip:	Cell phone:	Cell phone provider **:

**Section 1A: DEPARTMENT INFORMATION:**

Dept./Agency name:						** Please provide cell provider information if you want to receive text message course confirmations. (Standard text messaging rates may apply.)
Address:						
Dept./Agency phone:		Dept./Agency fax:				Email address:
Applicant Rank or Title in Dept./Agency:	Full Time	Part Time	Call	Volunteer	Other	Preferred method of contact: Email/Text :                      Mail:

**Section 1B: SID NUMBER: (Required for ALL DHS, FEMA, AND NFA classes!)**

Click on or copy and paste the link for information: <a href="https://cdp.dhs.gov/femasid/">https://cdp.dhs.gov/femasid/</a>	➔	SID NUMBER:
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**Section 2: COURSE INFORMATION (See Section 1B if you are taking a DHS, FEMA, or NFA course!)**

Course requested: Ice Rescue Technician	Course date: (mm/dd/yyyy) 02/18-02/19/23
Course Reference # (GREF) or Course Number: 2323ICE3769	Course location: Center Harbor Fire Department 36 Main St, Center Harbor NH 03226

**Section 3: AGENCY / DEPARTMENT PAYMENT**

The signature below, provided by a dept./agency representative, verifies that the dept./agency agrees to be billed for this applicant from the division and is also aware of the division's refund policy on the website:  
<http://www.nh.gov/safety/divisions/fstems/documents/fstemsrefundpolicy.pdf>

Signature of Agency Representative: \_\_\_\_\_ Date: (mm/dd/yyyy)

⇒ NOTE: For personal payment, please fill out the "General Payment Form".

**Section 4: STUDENT SIGN-OFF**

I certify that the information on this application is correct and understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules, policies, and refund policy of the NH Division of Fire Standards and Training & Emergency Medical Services (NHFSTEMS). I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. Unless I am employed by the State of NH, I understand and accept the fact that I am not covered by any insurance provided by the State of NH, the Fire Standards and Training Commission, or any other instructor nor will insurance from any of these agencies be available in the event of my injury or death.

Signature of Applicant: \_\_\_\_\_ Date: (mm/dd/yyyy)

⇒ NOTE: Submitting an application without signing in Section 4 or having met prerequisites will prohibit enrollment.

For further information on the division's refund policy and dormitory reservations, please refer to the NHFSTEMS website: <a href="http://www.nh.gov/safety/divisions/fstems/forms.html">http://www.nh.gov/safety/divisions/fstems/forms.html</a>	STAFF USE ONLY:
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# A Guide to Filling out the NHFSTEMS General Admission Application

(Printing or typing legibly = accurate records for you!)

## **Section 1: (Applicant Information)**

- All applicants must fill out applicable information in this section. Please list your name the way you would like to see it on a course certificate. Nicknames are not recommended.
- Please supply a **complete home mailing address**. Course certificates will be sent to this address unless otherwise requested by an agency and/or department head. Please use your **home** address in this section. (There is a place for your agency address in Section 1A.)
- **US Citizenship:** This information is required for federally funded training programs. If you are not a US citizen, you must list your country of birth.
- **Cell phone service provider name:** If you want to receive text message course enrollment confirmations, this information must be provided in addition to your cell phone number. (You will also automatically receive an email confirmation along with your text confirmation.)
- **Email address:** Please provide an accurate email address if you have one so that you can receive automated emailed course enrollment confirmations.
- **Preferred method of contact:** Checking off one or both boxes tells us how to best communicate with you.

## **Section 1A: (Department Information)**

- Affiliated applicants, being sponsored to take a course by their agency/department, must fill out their agency/department information.
- Please provide the official name of your department/agency as well as the address, phone, fax number, and your rank in the department, if applicable. In addition, check off the appropriate box regarding your status in the department.

## **Section 1B: (SID Number)**

- This number is required for anyone applying for a DHS, FEMA, or NFA course. Click on or copy and paste the link onto your browser in order to obtain your number. SID numbers will be entered into the database as part of your permanent record.

## **Section 2: (Course Information)**

- Applicants must fill out all of the requested information in this section.
- Explanation of CREF numbers / course numbers:
  - ⇒ The term "CREF" numbers, meaning course reference numbers, is used for courses related to the fire service and homeland security. (Example: 12-1-NFA-30)
  - ⇒ The term "course numbers" is used for EMS-related courses. (Example: 30-728)
- Most CREF/course numbers can be found in the division's Course and Exam Schedule or the list of Scheduled Training and Events, both found on the web at:  
[http://www.nh.gov/safety/divisions/fstems/ems/training/documents/course\\_and\\_exam.pdf](http://www.nh.gov/safety/divisions/fstems/ems/training/documents/course_and_exam.pdf) and  
<http://www.nh.gov/safety/divisions/fstems/training/schedtrdates.html>
- Supplying accurate course information helps ensure successful registration.

## **Section 3: (Agency/Dept. PAYMENT) SIGNATURE REQUIRED BY AGENCY REP.!**

- **LEAVE THIS SECTION BLANK IF THERE IS NO CHARGE FOR THE COURSE!**
- This section applies only to applicants who are affiliated with an agency, department, or business.
- The applicant **DOES NOT** sign in this section! It should only be signed by an agency representative.
- A link to the Division's refund policy is also in this section.
  - ⇒ It is the agency representative's responsibility to be aware of this policy.
- **NOTE: If your agency will not be paying for your tuition, please fill out the "General Payment Information Form" located on page 2 of the General Admission Application Form. It is for applicants who will be paying on their own.**

## **Section 4: (Student sign-off) APPLICANT SIGNATURE REQUIRED!**

- **NOTE: This section must be signed by the applicant. Unsigned applications will be considered incomplete and returned to the applicants.**
- **NOTE: Submitting an application without having met prerequisites will prohibit enrollment.**

# New Hampshire Department of Safety

## Division of Fire Standards and Training & Emergency Medical Services

Mailing: 33 Hazen Drive, Concord, NH 03305

Physical: 98 Smokey Bear Boulevard, Concord, NH

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(Local) 603-223-4200

(Fax) 603-271-1091

## Medical Release Form

**IMPORTANT!** Though the medical release form can be submitted at any time, when used for entrance into a course, it cannot be older than three (3) years from the last day of class in which the student is enrolled. When used for CPAT, it cannot be older than one (1) year prior to the scheduled date of the CPAT test.

### APPLICANT INFORMATION:

Name: _____	Last 4 digits of Social Security #: _____
Organization name: _____	Birth date: (mm/dd/yyyy) _____
Course Reference (CREF) #: (if applicable) _____	

**DIRECTIONS:** Only ONE of the sections below needs to be completed.

### (A) FIRE DEPARTMENT SIGN-OFF:

**NOTE:** This section **MUST** be signed by the chief of the department or a designee. In addition, documentation from the applicant's physician or healthcare professional must be enclosed along with this form. (Examples: fit-for-duty sheet or signed letter on healthcare professional's letterhead)

I verify that the student listed above had a physical evaluation on \_\_\_\_\_ and has been determined to be fit for duty.

Printed Name: _____	Position or Rank: _____
Signature: _____	Date: _____
Official name of fire service organization: _____	

**OR...**

### (B) HEALTH CARE PROVIDER SIGN-OFF:

**NOTE:** This section **MUST** be completed and signed by a physician or other licensed healthcare professional.

After referring to the "Essential Job Tasks and Student Activities", on page 2 of this form, I authorize the applicant listed above for full duty status by filling out the information below. (no other documentation required)

Printed Name: _____	
Signature: _____	
Date: _____	Phone: _____
Official Name of Healthcare Agency: _____	
Address: _____	
_____	
_____	

**Appendix A-**  
**Essential Job Tasks (NFPA 1582)and**  
**Description of Student Activities**

1. Performing firefighting tasks (e.g. hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve-type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological(infectious) and non-biological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA
4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more carrying equipment/tools weighing an additional 20 to 40 lbs.
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2 degrees F (39 degrees C).
6. Searching, finding and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.
7. Advancing water-filled 2 ½ "diameter hose lines from fire apparatus to occupancy (approx.. 150'), which can involve negotiating multiple flights of stairs, ladders and other obstacles.
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
10. Operating fire apparatus or other vehicles in emergency mode with emergency lights and sirens.
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.
12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

A student will be required to wear fire protective clothing and SCBA in hazardous, but controlled atmospheres, perform firefighting and rescue operations that expose them to extreme heat, toxic products of combustion and hazardous materials. They will be required to lift and operate equipment and heavy machinery, carry and raise ladders, and climb ladders up to 100' in height. Students may achieve heart rates of 85 to 100% of their maximum capacity during training operations.