

# THE RURAL HITCH

A Quarterly Publication of the Lakes Region Mutual Fire Aid Association



## TECHNICAL RESCUE AT WELTON FALLS IN ALEXANDRIA

See Page 22

### PROUDLY SERVING:

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|---------------|-------------------|
| Alexandria    | Hebron            |
| Alton         | Hill              |
| Andover       | Holderness        |
| Ashland       | Laconia           |
| Barnstead     | Meredith          |
| Belmont       | Moultonborough    |
| Bridgewater   | New Hampton       |
| Bristol       | Northfield        |
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| Danbury       | Sanbornton        |
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## From the Chief...

Jonathan M. Goldman, CPE



To be honest, I am writing this during a long weekend while camping, in a tent.... For those who know me well, you know that camping in a tent is probably the last thing you would expect me to be doing. It is about 45 degrees at noon time, and I have yet to defrost from the overnight. As I reflect on the third quarter of 2024 it certainly brought its challenges for the organization, as well as its highlights. We continue to work with the State on the design, and RFP process for the new building, and the funds needed for the move. We are continuing to exhaust all avenues for grant funding, and other areas to fund the move. It is difficult to plan to fund a project that is at best two years out, especially when the cost of goods and services continues to rise unchecked.

Back in July we posted the open position for the Deputy Chief Coordinator and hired Hannah Gannon as a Per-Diem Dispatcher. During the Deputy's hiring process, we conducted a resume review of each candidate using a panel of industry professionals from as far away as Indiana. Each candidate then attended an oral board interview utilizing Board and EC members, as well as some Emergency Communications professionals. Following the Oral Board, each candidate had a Chiefs Interview. Throughout each phase of the process Lt. Erin Hannafin scored number one. We are very pleased to announce Erin Hannafin will assume the role of Deputy Chief Coordinator on November 1, 2024. Brian Dumka will be promoted to the open Lieutenants spot, and Hannah Gannon will move into a full-time role to backfill the now vacant Dispatchers position. I want to congratulate each of them, and as an organization we are excited to see how each will excel in their new roles.

During the third quarter we also procured the rest of the equipment for the "TAG Shelter Grant." This inflatable shelter is roughly 16' by 18" and is easily deployed by 2 people, in less than 6 minutes. The shelter itself was provided to Winnepesaukee Public Health during COVID. They did not have a place to store it, so jointly we opted to store it for them in exchange to be able to use it district wide. We then jointly applied for additional equipment to include a large generator, HVAC unit, additional lighting, and two additional large full sided EZ up tents. The equipment is in service and available, and we are working to finalize the trailer needs as the trailer the equipment was stored in had a leak and needs to be repaired or replaced. We want to complete this project fully by the end of November. 

## The Rural Hitch

Is Curated and Published Quarterly by:

**Lakes Region Mutual Fire Aid Association**

Chief Coordinator

**Jonathan M. Goldman, CPE**

Deputy Chief Coordinator

**Erin Hannafin, RPL**

Editor

**Nicholas Bridle**



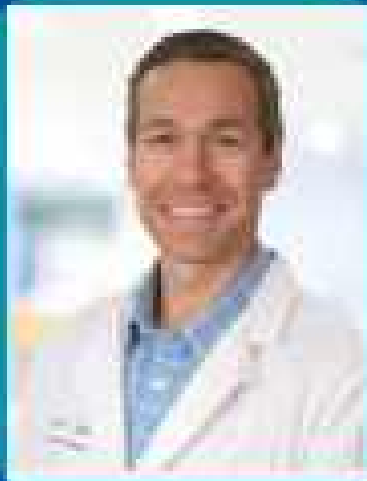


TECHNICAL SPECIFICATIONS

### 1500 GPM MINI PUMPER #2538

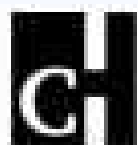
- Ford F-550 4x4 Super Duty Crew Cab Chassis
- 6.7L 4V OHV V8 Turbo Diesel Engine
- TorqShift 10-Speed Automatic Transmission
- Heavy Duty Stainless Steel Body and Stainless Steel Subframe
- Stainless Steel Side Control Pump Module with Stainless Steel Subframe
- LuVerne Stainless Steel Cab Side Entry Steps
- Go Industries Brush Guard with Hitch and Rear Hitch with Winch Wiring
- Front Hose Well for 100' of 1½" Hose
- Hale DSD 1500 GPM Split Shaft Pump with Hale ESP Priming Pump
- FRC InControl Pressure Governor and FRC TankVision Water Tank Level Gauge
- Two (2) 6" Intakes, One (1) Each Side
- One (1) 5" Rear Intake, Adapted to 6" NSTM
- One (1) 2½" Gated Intake Left Side
- One (1) 2½" Discharge, Each Side and One (1) 3" Discharge, Right Side
- One (1) 3" Deck Gun Discharge with Akron 3433 Hi Riser Monitor
- One (1) 1½" Brush Guard Preconnect
- FoamPro 1600 Foam System with 10 Gallon Integral Foam Tank
- Two (2) 1½" and One (1) 2½" Mattydale Preconnects
- Three (3) Single Wheel Well Air Bottle Compartments
- ROM Satin Finish Roll-Up Doors
- 265-Gallon Poly Tank
- 12 Volt Electrical System with NFPA Compliant Warning Light Package
- Progressive Dynamics Charger with Vialr Compressor and Auxiliary Air Tank
- Kussmaul 120V 20A Super Auto Eject, Left Side Above Rear Wheel Well
- Whelen LED Warning and LED Scene Light Package
- Whelen Electronic Siren & 100W Speaker
- Two (2) FRC Telescopic LED Lights, One (1) Each Side Ahead of the Body
- FireTech HiViz 21" LED Brow Light Mounted on the Brush Guard and Brow
- Hard Suction Storage Left Side and Ladder Storage Right Side
- One (1) 10' Attic Ladder, One (1) 12' Roof Ladder with Hooks, One (1) 24' 2-Section Ladder, and Two (2) 10' Lengths of 6" Suction Hose





**EMS PEARL**

**ROB RIX, MD**



**CONCORD HOSPITAL**

**Emergency Medical Services**

**October 3, 2024:**

Thoughts, EMS pearls, and takeaways from the American College of Emergency Physicians (ACEP) yearly meeting: MCI's and the Las Vegas shooting.

I was lucky enough to be able to participate in the 4 day ACEP meeting which ended on 10/2 in Las Vegas and a significant portion of my time there was dedicated to pre-hospital medicine lectures, panels, and committees. While it's all still fresh in my head I wanted to share with all of you some of the latest trends, thoughts, and clinical pearls passed on by some of the leading EMS Medical Directors from around the country and the world. This is a mega mini-pearl series of sorts as we'll be sending these in multiple subsequent emails to make it more readable. Hope you enjoy!

The first set of talks were focused on mass casualty events. Paul Pepe, MD and Kelly Morgan, MD started us off talking about the Las Vegas Route 91 Country Music Festival shooting which occurred in 2017. Dr. Pepe is Medical Director for Dallas EMS, a leading researcher and a pioneer in EMS medicine globally, and just finished the textbook "Mass Casualty Medicine". Honestly you should google his name + "EMS Eagles global alliance" just because after meeting him my previous suspicion that this guy never sleeps was confirmed. The dude is prolific. Dr. Morgan is the Medical Director for Las Vegas Fire/EMS and was working the night of the shooting. Dr. Rob Lowe, MD (EMS Medical Director for Doctors Hospital in Ohio) also spoke on MCI's. A hair raising aspect of Dr. Morgan's talk was that she presented on the 7 year anniversary of the event (10/1) where the shooter was actually perched 30 floors above us in the same hotel as the conference was being held (Mandalay Bay) so a lot of very intense memories were stirred up during her discussion. Some takeaways from the talks:

- Mass casualties should be broken into 2 categories: Static events (the bus crash) where all patients remain on scene, and dynamic events (terrorist shooting) where patients flee and both bystanders and first responders may not be aware of when the threat has actually stopped.
- When assessing any threat during mass gathering events (whether working or just with your family), always look up as the trend is for shooters to be in elevated positions.
- Attacks at mass gathering events (concerts, parades, etc.) tend to occur towards the end of the event.

- There were 500 GSW victims total with an additional 200 injuries related to the above. There were 58 deaths, 31 of which were on scene.
- Out of the 100s of patients arriving to Dr. Morgan's hospital, exactly 0 came into the ED from the event with our traditionally used triage tags. In this and other recent "dynamic MCI" events there is an almost universal non-use of triage tags.
- Dr. Pepe and Lowe believe we need to simplify the traditional MCI triage and consider the process as "patient sorting" vs triage and place them into simplified categories of "red, dead (expectant), or gone". Red patients are usually not difficult to identify. Obviously we still need to have a plan for the walking wounded green patients as they will rapidly overwhelm the system, often arriving first to the hospital since it's easier for them to get there. Green patients should be moved to a separate area of the hospital, away from the main ED at the start of the incident.
- The "homie drop-off" reached new heights in the Las Vegas shooting and should be the expected standard when it comes to future dynamic MCI events as people will rapidly flee the threat, scatter from the scene, and arrive via private vehicle. We cannot discount the public's willingness to help in these situations. Literal truckloads of patients were dropped off at area Las Vegas hospitals obviously without warning.
- As noted above, the majority of triage occurred once the patients were at the hospital as most did not arrive by EMS. These experts recommend that local disaster plans for a dynamic MCI event call for EMS to deploy an incident command response with a Fire/EMS battalion chief to the hospital to set up primary triage to help sort the incoming patients. Recall the vast majority of the patients in a violent event do not stick around the scene for traditional EMS triage. A dynamic mass casualty event will shift the "disaster scene" to the hospital resulting in a minimal notice situation for the ED.

- Patient tracking once at the hospital was a nightmare and future disaster drills need to incorporate the inability to register and track patients on the computer (what we call “downtime” at the hospital).
- Sharpies are a very important necessary addition to disaster kits. In Las Vegas they were used to write directly on patients what their injuries were and allowed for some semblance of identification when it became impossible to register all the patients at the hospital as they arrived.
- Obviously everyone involved in the incident had significant emotional distress and PTSD after the event but what was unexpected was the prolonged and significant guilt experienced by the “relief crew” of first responders and hospital personnel who didn’t even know it was going on (it started at 22:05) and woke up the next day to unanswered messages on their phone calling for help.
- Static vs Dynamic events are operationally very different and this needs to be accounted for in our planning. Dynamic MCIs will result in uncontrolled patient movement and transport with actual numbers of patients being seen by EMS being significantly less than those patients being received by the hospital. The disaster scene and Fire/EMS command in these situations needs to be moved to the hospital.
- We need to practice, practice, practice planning for these events and coordinate our EMS and hospital resources to train on static vs dynamic MCI’s as different entities. It will inevitably be a shit-show and it’s impossible to fully prepare for these events but failure to plan is a plan to fail. At the same time, according to Dr. Morgan, “you have to be ok with building the plane as you fly it”.

Thanks. More to come soon.

Rob Rix

[rrix@crhc.org](mailto:rrix@crhc.org)

# THE VITAL IMPORTANCE OF BODY ARMOR FOR FIREFIGHTERS

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# NEW HIRES



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Firefighter Jerry Suiter



**Meredith Fire**  
Firefighter Keith Makar



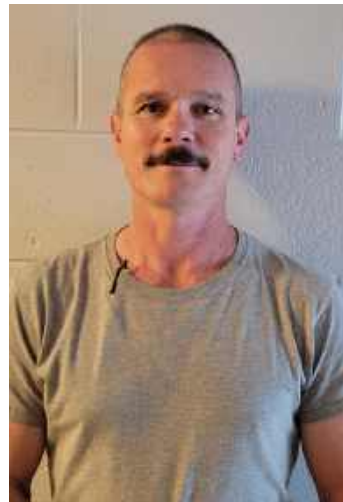
**Meredith Fire**  
Lieutenant Jason Haines



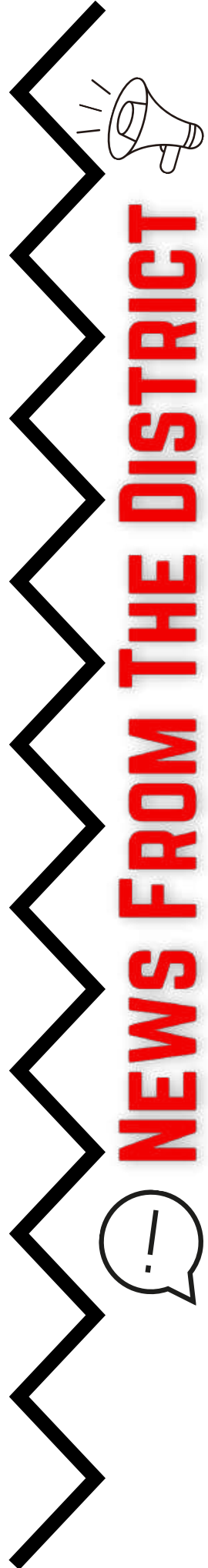
**New Hampton Fire**  
Captain Adam Schaub



**LRMFA**  
Dispatcher Hannah Gannon



**Franklin Fire**  
Inspector Erick Rasmussen



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# Belmont Fire Department

*Congratulations Lt. Ryan*



Effective August 5th, Tom Ryan was been promoted to Lieutenant!! Lt. Ryan is assigned to Shift 3 filling Retired Lt. Murphy's Officer position. Lt. Ryan is not stranger to BFD, he was a student in 2014 and transitioned into a Call Firefighter and has been with Belmont Fire as a full-time Firefighter/AEMT since 2021.

Congratulations on your promotion, Lt. Ryan!!!



LAKES REGION MUTUAL FIRE AID TRAINING DIVISION PRESENTS:

# Res-Q-Jacks

November 9th, 2024

0800-1630

Classroom: New Hampton Fire Station

Practical: Gilpatric Metal Recycling

Cost: FREE to LRMFA MEMBERS

\$30 to NON-LRMFA MEMBERS

**Class is limited to 36 students, first will be filled by LRMFA members**

**NON-LRMFA members will automatically be wait listed**

**Contact Lt. Erin Hannafin to be added to the waitlist**

**[ehannafin@lrmfa.org](mailto:ehannafin@lrmfa.org)**

Register via the [link](#) or the QR Code



# CRUISE IN

On August 21, LRMFA was happy to go to a "Cruise In" hosted by Lakes FM 101.5, 104.9 The Hawk, and US Cellular. There was all sorts of vehicles including antique cars, fire trucks, police cars, and food trucks. All proceeds were to benefit the Greater Lakes Region Children's Auction. We were able to meet a lot of people, and give some SWAG to the kids (and some adults too).



## MOUNT MOOSILAUKE ATV CLUB DONATES SIDE BY SIDE

The Wentworth Fire Department appreciates that the MMATV club was able to donate side by side for Fire/Rescue responses. Chief Jeff Ames said, "This side by side along with the other items that have been donated to expand our rescue efforts is beyond incredible." Wentworth Fire Department members are thankful for this club's hard work to make this happen. It has given them an opportunity that they would not have had otherwise. It truly changes the playing field for the Wentworth Fire Department and their mutual aid partners.

This unit along with the rescue will be made available throughout our mutual aid response areas consisting of approximately 40 communities, for use in back woods rescue operations, forest fire operations and more!



## EXCEPTIONAL CITIZEN WEEK

LRMFA was again invited to attend the Michael T. French First Responder Day at Camp Fatima as part of their exceptional citizen week. Although we started with rain, we were excited to have a parade and "Touch a Truck" during the day. This week every year honors Chief Mike French with first responder day, and each camper experiences a 1/1 staff ratio allowing them to experience summer camp like every other camper. It's a great opportunity to connect with our community.



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# LRMFA DEPLOYS SWIFTWATER RESOURCES TO LITTLETON



On July 10th in the early evening hours, the Town of Littleton NH and its surrounding area was experiencing tremendous rainfall as part of a powerful storm. They were experiencing multiple water rescues, and upwards of 20 civilians were stranded in a Walmart parking lot. Chief Chad Miller contacted Plymouth Deputy Chief Pierce and requested help. LRMFA C1 along with a team from Plymouth, and Campton-Thornton responded to Littleton Fire Department. While enroute, there was a chance they would be diverted to the St. Johnsbury, VT area. Ultimately the Lakes Region Teams were staged at Littleton Fire Department, and were not dispatched any further as the weather seemed to slow down, and the companies were released at approximately 0300 hours.





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# Belmont Fire Department

After 33-years of serving the Belmont Fire Department in many different capacities, Lt. Thomas Murphy retired on July 31st. All of us at Belmont Fire Department 'THANK YOU' for your many years service to the Belmont Community.

Enjoy your well deserved retirement!!



*Congratulations  
Lt. Murphy!!!*



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# MOULTONBOROUGH AND MUTUAL AID RESPOND TO BUILDING FIRE

On September 6 at approximately 12:54 Lt. LaDuke and Dispatcher Olisky received a 9-1-1 call reporting a garage fire in Moultonborough. Moultonborough Fire Rescue and Stewarts Ambulance were dispatched along with Center Harbor and Sandwich Fire Departments Auto Aid. Reports from police on scene and a Center Harbor fire captain indicated a fully involved garage fire, prompting a first alarm response. This brought mutual aid from Meredith, Holderness, and Tuftonboro. Due to heat-related issues, firefighters from Tamworth and West Ossipee were also requested, with Tamworth responding to the scene and West Ossipee covering the Moultonborough Fire Station.

An engine from Center Harbor provided exposure protection for an adjacent structure and extinguished a brush fire caused by the building fire. Firefighters spent an extended time overhauling the building to locate and extinguish hidden pockets of fire due to the dwelling's construction.

The fire originated in the garage, but the cause remains undetermined, and the home was left uninhabitable.



# THANK YOU TO ROCHESTER SCANNER ALERTS FOR THE SWAG FOR OUR TEAM MEMBERS



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# LRMFA ANNOUNCES PROMOTIONS

During October 25th LRMFA quarterly Board of Directors Meeting Chief Jon Goldman announced the following promotions. The promotion of Lieutenant Erin Hannafin to Deputy Chief Coordinator. Deputy Chief Hannafin, of Moultonborough, NH was hired at Lakes Region Mutual Fire Aid in 2013 and promoted to Lieutenant in 2018. Deputy Chief Hannafin has been assigned as the Shift Supervisor on A shift since that time. In her role as Lieutenant, she simultaneously served as the recruiting and retention manager, Quality Assurance/Quality Improvement manager, and Communications Center Training Coordinator. Deputy Chief Hannafin has also worked as the Interim Operations Supervisor and Acting Deputy Chief. Deputy Chief Hannafin is the first female Deputy Chief Coordinator in the history of the Lakes Region Mutual Fire Aid Association.

The process was opened to internal and external candidates and involved an anonymous Resume Review Panel with panelists from throughout the country, an Oral Board style interview process in which the panel was made up of LRMFA Chiefs, as well as industry professionals from around NH. Candidates then participated in a Chiefs Interview, Chief Goldman stated “Deputy Chief Hannafin excelled in all stages of the process and was ranked as the #1 candidate in each independent phase. I have full faith and confidence that she will perform the duties of the Deputy Chief with the level of commitment, professionalism, and passion she has brought to any other roles she has served in at LRMFA.”

With the promotion of a Lieutenant to Deputy Chief, a Lieutenants position is now open. Dispatcher Brian Dumka, of Tilton, NH a two-year employee of Lakes Region Mutual Fire Aid was promoted to Lieutenant. Lieutenant Dumka has served in supervisory roles in several public safety communications centers in the lake’s region over his twenty plus year career. Lieutenant Dumka had previously served LRMFA as a Lieutenant and left to pursue other opportunities. He returned earlier this year as a Dispatcher and will now return to his previous role as a Lieutenant. Lieutenant Dumka has recently taken on the role of managing and overseeing all our Information Technology initiatives and has been instrumental in making our processes more resilient, and efficient. Chief Goldman stated, “Since Lt. Dumka has taken on our IT responsibilities he has done an amazing job at making our systems more streamlined, efficient, and resilient.” Both promotions will be effective November 1, 2024 along with Per-Diem Dispatcher Hannah Gannon moving to the position of Full Time Dispatcher.



**Deputy Chief Coordinator  
Erin Hannafin, RPL**



**Lieutenant  
Brian Dumka**



**Dispatcher  
Hannah Gannon**

# ALEXANDRIA AND BRISTOL RESPOND TO A TECHNICAL RESCUE



On August 26, Lt. Trempe, and Dispatcher Dumka received reports of two people that slid down the rocks to a place where they were unable to move up or down. They were uninjured, but unable to climb up or down from their position at Welton Falls in Alexandria. Alexandria NH Fire Department and Bristol NH Fire Department were dispatched to the scene.

Alexandria Chief Clayman arrived on scene first and assumed command. Bristol Deputy Chief Dolloff headed into the woods on foot to contact the victims. Once contact was made, and he confirmed they were not injured he was able to assess the scene. Both parties were sitting together at the top of the falls approximately 70 feet below the height of the land and 30 feet above water. Deputy Dolloff established contact, and it was determined they were uninjured but unable to get out from their location. An additional crew of six personnel, along with NH Fish and Game arrived and were able to position themselves on the opposite side of the falls which would allow for better anchor points. Two members were lowered down to the victims and were able to get them two life jackets to put on. Once crews were positioned with the victims, they were each placed in a harness and hauled to a safer location. Once their rescuers adjusted the hauling systems, and both victims along with both Firefighters were brought the rest of the way up. The two victims were thankful for the assistance and were able to walk out of the woods on their own. In a social media post, Bristol Fire Department posted: “The teamwork, dedication and training paid off today for a great outcome. Thank you to our town officials and taxpayers to allow us the ability to be equipped and trained.”



# LRMFA TRAINING DIVISION HOSTS TRAINING SYMPOSIUM



On Saturday September 16, 2024, the LRMFA Training Division hosted the inaugural Firefighter Training Symposium. This was all day event with several separate educational tracts for attendees to take. There were attendees from all over New England, and although the attendance was small, we hope to grow it, and possibly make it a multiple day event in the future.



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# NEW SANBORNTON FORESTRY





# E.M.S. PEARL



ROB RIX, MD  
EMS MEDICAL DIRECTOR

**OCTOBER 8, 2024:  
THOUGHTS, EMS PEARLS & TAKEAWAYS FROM THE AMERICAN  
COLLEGE OF EMERGENCY PHYSICIANS (ACEP) YEARLY MEETING: PART 2**



I was lucky enough to be able to participate in the 4 day ACEP meeting which ended on 10/2 in Las Vegas and a significant portion of my time there was dedicated to pre-hospital medicine lectures, panels, and committees. While it's all still fresh in my head I wanted to share with all of you some of the latest trends, thoughts, and clinical pearls passed on by some of the leading EMS Medical Directors from around the country and the world. This is a mega mini-pearl series of sorts as we'll be sending these in multiple subsequent emails to make it more readable. Hope you enjoy!

Shira Schlesinger, MD (Director of Education and Innovation for Los Angeles EMS and Medical Director for Newport Beach EMS) spoke on key concepts from important recent EMS literature.

- First some NEMSIS numbers: out of the 32,448,729 treated and transported 911 calls from 2022 the top 5 chief complaints were: (everyone's favorite...) weakness (14.2%), injury (9.9%), altered mental status (7.4%), acute pain (6.5%), abdominal pain (6.4%).
- Dr. Schlesinger went on to discuss the vital growing importance of the shock index. This was a common theme among many presenters throughout the 4 days, with numerous speakers touting it's use in identifying the potentially critically ill medical or trauma patient. Recall the shock index (SI) is the heart rate/the systolic blood pressure. If it is  $>0.9$  then there is an increased risk for underlying shock. Many pre-hospital blood programs use the shock index as a trigger to give blood. If it's over 1 and there's a traumatic mechanism, blood is given (more on pre-hospital blood soon). Obviously it's hard to do math when you're stressed and if you don't know how to reliably pull up your calculator on your phone, the easiest way to do it is just think of a patient with a HR of 100 and a systolic BP of 100. That's  $100/100 = 1.0$  and that's an elevated shock index. Further, anytime your HR is greater than your BP your SI will be above 1 and the more above 1 it is, the more it correlates with terribleness. In the case of trauma, it is a predictor of needing lots of blood and increased patient mortality.



- In a 2013 study out of Germany of 21,000 trauma patients, if the shock index was  $<0.6$ , the average number of units of blood transfused was 1. When the shock index was greater than 1.4 however, the average number of units of blood transfused jumped to an incredible 21.4!
- **I would strongly encourage all EMS providers to start calculating the SI on all trauma patients and all potentially sick medical patients.** In the case of trauma patients, I would really love for you to include this in your pre-hospital radio communication. If you practice on everyone, its use and calculation will become second nature.
- Dr. Schlesinger also spoke on the "golden hour" of trauma resuscitation where there is a mortality benefit if trauma patients can get to definitive care within that first hour and stressed the importance of the trauma patient not being in the "stay and play" category, even for RSI for those capable services. All interventions on the trauma patient should be addressed en route if at all possible.
- She went on to discuss the EPIC head injury bundle, which is an important intervention when it comes to the head injured patient that all EMS providers should know about.
- From 2007-2015 11,000 EMS providers in Arizona were trained on a traumatic brain injury (TBI) bundle aimed at preventing the "H bombs" of Hypoxia, Hypotension, and Hyperventilation. In moderate, severe, and critical traumatic head injury patients EMS intervened to 1) keep O2 sats above 90%, 2) systolic blood pressures above 90, and 3) ETCO2 between 35-45 (no hyperventilation!!).
- The results showed that when the treatment bundle was instituted (avoiding the 3 H-bombs) the odds of survival doubled among patients with severe TBI and tripled in the severe and intubated patients. TRIPLED!!

- An interesting discussion ensued in that we have been stressing the importance of AVOIDING too much oxygen in some patient populations over the recent years (thinking acute coronary syndrome, ischemic stroke patients) and this is a bit of a shift back to O2 for "everyone" (when it comes to traumatic head injuries at least). It's important to remember that the traumatic brain injury patient is a very different patient population than the medical patient and avoiding low O2 sats and hypotension are such important interventions. Similarly, there has also been this notion that permissive hypotension (allowing BP to run at say 90 in some trauma patients) is acceptable in the short term in some bleeding trauma patients. The important caveat when it comes to permissive hypotension is that a strong exception to this practice is the head injured patient. Given that 25% of all seriously injured blunt trauma patients have an associated head injury, we should not be adopting a universal permissive hypotensive strategy for our trauma patients. An example of someone who I would be comfortable letting a blood pressure of 90 systolic ride for a short term while they are rapidly en route to definitive care would be a neurologically intact penetrating (non head) trauma patient.

Thanks for reading,

Robby

[rrix@crhc.org](mailto:rrix@crhc.org)

# ANNIVERSARIES



**NEWS FROM THE DISTRICT**



**Plymouth Fire**  
Chief Tom Morrison  
34 Years



**LRMFA**  
Deputy Chief Erin Hannafin  
11 Years



**LRMFA**  
Dispatcher Jen Olisky  
1 Year

## PROMOTIONS



**Meredith Fire**  
Captain Tyler Carrier

## RETIREMENTS



**Franklin Fire**  
Firefighter AEMT Bruce  
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# LAKES REGION MUTUAL FIRE AID BY THE NUMBERS

	Month	Admin	Emergency	Incidents
2024 First Quarter	January	1447	2462	2262
	February	1249	2311	2148
	March	1389	2382	2291
	Total For Quarter	4085	7155	6701
	Avg/Day	44.89	78.63	73.64
2024 Second Quarter	April	1839	2678	2203
	May	1295	3558	1834
	June	1691	3525	2148
	Total For Quarter	4825	9761	6185
	Avg/Day	53.02	107.26	67.97
2024 Third Quarter	July	1565	3075	2246
	August	1603	2955	2165
	September	1306	2435	1713
	Total For Quarter	4474	8465	6124
	Avg/Day	48.63	92.01	66.56
2024 Fourth Quarter	October			
	November			
	December			
	Total For Quarter			
	Avg/Day			
2024	Month	Admin	Emergency	Incidents
	Total for 2024	13384	25381	19010
	Avg/Day	48.85	92.63	69.38

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