

First Responder Training for Motorcyclists

I. INTRODUCTION

A. Instructor intro

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B. Acknowledgments

C. Legal Stuff

1. The “Good Samaritan Law”, Red Cross/AHA/50-State AED
2. The “Duty to Act”, “Gross Negligence”

II. PREPARATION AND PREVENTION

A. Basic Anatomy of the:

1. Airway
2. Pulmonary System
3. Cardiovascular System
4. Central Nervous System

B. Prevention of Cardiovascular Emergencies

1. Risk Factors (Preventable vs. Non-Preventable)

C. Recognition of C-V Emergencies

1. Signs and Symptoms of Heart Attack
2. Signs and Symptoms of Stroke (Brain Attack)
3. Mechanism of Injury and Major Trauma

D. Brief Review of CPR

1. Techniques
2. Effectiveness of Traumatic CPR vs. Medical CPR
3. Automatic External Defibrillators (AED's)

E. Riding Specific Concerns

1. Typical Injuries Sustained by Riders
2. The Importance of Good Riding Skills and Practice
3. The Importance and Benefits of Good Protective Gear
4. Your Emergency Information Needed by Medical Personnel

III. ON THE SCENE (Red Cross: CHECK, CALL, CARE)

A. Secure the Scene

1. Protect Yourself, the Bikes, Fellow Riders/Rescuers, Patient
 - a. Traffic, Other Hazards (i.e. Fire, Downed Wires, Fluids)
 - b. Emergency Relocation: Drags and Carries

B. Triage (primary R.P.M., see §1.h. below) and Assess ALL Patient(s)

1. The “Killer Survey” aka “Primary Survey” (ABC’s)
 - a. Conscious? Yes/No (Alert, Talking, Swearing)
 - i. Orientation (Ask Name, Date, What Happened)
 - ii. Follows Commands: “Squeeze My Fingers”
 - iii. Response to Painful Stimulus (Axillary Pinch)
 - iv. Do NOT Shake or Roll Patient Over
 - v. Never Move Injured Pt. Unless Life Threatening
 - b. Breathing? Yes/No (Check the Airway)
 - i. Breathing Rate/Depth/Quality
 - ii. Obstruction to Airway (Bleeding, Facial Damage)
 - iii. Only Remove Helmet if Airway is Not Secure
 - iv. Continually Reassess Airway Throughout
 - v. Rescue Breathing, if Required

- c. Pulse? Yes/No (“Signs of Circulation”)
 - i. A Breathing Pt. Has a Pulse
 - ii. A Non-Breathing Pt. May or May Not Have a Pulse
- d. Bleeding? (Assess and Control Any Bleeding)
 - i. Direct Pressure
 - ii. Elevation
 - iii. Pressure Points (Tourniquets--LAST RESORT ONLY)
- e. Spinal/Neurological Status
 - i. Is Pt. Moving All Extremities Equally?
 - ii. Injury/Deformity to Neck/Spine?
 - iii. Sufficient “Mechanism of Injury” (M.O.I.) to Suspect?
 - iv. Techniques of Spinal Immobilization
 - v. Techniques of Safe Helmet Removal
- h. Signs of Shock? (R.P.M.--Treat For Shock)
 - i. Respirations (>30/min?)
 - ii. Perfusion (Capillary Refill <2 Seconds)
 - iii. Mental Status (Oriented/Follows Commands)
- i. Treat for Shock
 - i. Have Pt. Lie Down and Keep Them Calm
 - ii. Elevate feet/legs 8-12”
 - iii. Maintain Normal Body Temperature
 - iv. Give Nothing By Mouth (possible except: fluids)
 - v. Avoid Unnecessary Movement or Rough Handling

C. Quickly Assess Needs, Call for Resources and Give Dispatcher Info

1. Multiple Patients? (Don’t forget “Triage”)
2. Extrication/Evacuation Required? (Consider Air Medical)
3. Major Trauma? (Get Air Medical on the Way ASAP!)
4. Remote Location? (With Potential M.O.I. Consider Air Medical)

D. Calling For Help

1. Cell Phones (Give Very Specific Location)
2. Considerations Calling 911 on a Cell Phone
3. Landlines (Quickest--If Close By)
4. Runners (May Be Needed in Rural Settings; Out of Cell Range)
5. Always Verify That Help Has Been Called
6. I.C.E. your Cell Phone!

E. The “Secondary Survey” (Including Head-to-Toe Exam)

1. Talk to Patient, Calm and Reassure Them
 - a. Help Is on the Way (Don't Make False Promises)
 - b. Your Bike is Safe (or Being Taken Care of)
 - c. Others in the Group Are Okay
 - d. Family is Being Informed (or NOT, as requested)
2. Find Any Other Hidden Injuries
 - a. Need to Expose Body For Visualization
 - b. Protect/Maintain Proper Body Temperature
 - c. DO NOT Let Pt. Jump Up and Walk Around, Initially!
3. Continually Re-Assess R.P.M. and Look for S/S of Shock
4. Monitor for Signs and Symptoms of a Closed Head Injury
 - a. Confusion (Not Fully Oriented to Person, Place, Event)
 - b. Repetitive Questioning (i.e. “What Happened?”)
 - c. Behavioral Changes (Combativeness, Lethargy)
 - d. Changes in Respirations (Patterned Breathing)

F. Gather Important Information

1. Rider's Personal Information

- a. I.D. (Driver's License)
- b. Past Medical History
 - i. Surgeries
 - ii. Previous Accidents
 - iii. Disabilities/Deficits, etc.
- c. Current Medical Conditions
 - i. Heart condition
 - ii. Diabetes
 - iii. Seizure Disorder
 - iv. Asthma, etc.
- d. Current Medications Taken (especially blood thinners)
- e. Known Allergies (i.e. Drugs or Bee Venom)
- f. Emergency Contact Info
 - i. Names & Phone Numbers
 - ii. Should You Contact, and Whom?
- g. Health Insurance Info (Plan, Subscriber Name, Acct./Group #)
- h. Organ Donor Status (“Can we have your liver, then?”)

2. Involved and/or Responsible Party(s)

- a. Names & Contact Info
- b. Vehicle Make/Model/Color/License Plate/VIN/Year
- c. Insurance Info

3. Witnesses to the Accident

- a. Names
- b. Contact Info

G. How to Share Information and With Whom

1. Don't pass on any information you are not sure of
2. Maintain confidentiality of parties involved
3. Make a copy of pt.'s medical info for EMS (if possible)
4. Make a copy of witnesses' contact info for Police (if possible)

IV. FIRST AID

- A. Basic Anatomy of a 1st-Aid kit (and Body Substance Isolation)
- B. Techniques for Controlling Bleeding
 - 1. Bandaging and Dressing Wounds
- C. Sprains/Strains/Fractures/Dislocations (Treat With R.I.C.E.)
 - 1. Rest (Splinting and Immobilizing)
 - 2. Ice (or cold packs)
 - 3. Compression (ACE wrap, etc.)
 - 4. Elevation (above the level of the heart)
- D. Hypothermia (Shivering, Lost Coordination, Irrational Behavior, Stupor)
- E. Hyperthermia
 - 1. Maintaining Proper Hydration & Electrolyte Balance
 - 2. Recognizing Heat-Related Emergencies
- F. Burns (Including Sunburns)
- G. Bites/Stings
- H. Eye Injuries
- I. Amputations (care of body parts: fingers, teeth, etc.)
- J. Embedded/Impaled Objects
- K. Abdominal Emergencies (internal bleeding and eviscerations)

V. FOLLOW-UP

- 1. After the Accident (Hand-Outs)
- 2. Thanks and Acknowledgements
- 3. Where to Go to Learn More
- 4. More Questions and Answers

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