

This information was taken from molenda.com/accident.html

As motorcycle riders we are all aware of the inherent dangers and risks that we take when we mount our bikes and head out to enjoy a good ride. These dangers and risks become all too apparent when we are faced with situations when a fellow rider is involved in an accident.

The first hour of trauma is termed the "**Golden Hour**" by the Emergency Medical Services (EMS). Trauma victims have the best survival chance if they are in surgery within one hour after the accident. Qualified medical personnel are really the people who should be handling everything, but until they arrive there are things that we, untrained motorcyclists, can do to help the medical professionals before they arrive.

At an accident site, peoples' adrenaline will be going full-blast and the most important thing is for at least one person to keep calm and to think. The first thing you need to do when arriving on an accident scene is to stop and take two deep breaths to help you remain calm. This is especially important if you fit the 'bad biker' image; the sight of you being overly excited would not be terribly reassuring to anyone. All the other people who are pumped and want to help will do whatever they are told to do by a calm person who seems to be in control and knows what he or she is doing. If you're excited and out of control, everyone will run around wasting precious time in an unorganized fashion.

Get to victim, establish communication, reassure

After a person has gone down, they will be in a confused and scared state. They probably don't know what happened when they went down. They may be confused, frantic, etc., and often the only thing on their mind will be their bike. It is important to reassure them and to make sure they will not try to move or get to their bike. Say something on the order of, "You've been in a motorcycle accident. It is important that you do not try to move. An ambulance is coming. My name is _____"

Be careful what you say around the victim, even if they are unconscious. Hearing works in the unconscious state and if you say something like, "Boy, is this dude messed up bad! Maybe we shouldn't call an ambulance after all!", it's going to register at some level with the person and can do nothing but harm. How you say things will be important as what you say; keep (or at least sound) calm and it will reduce the panic of everyone else present.

Safety factors

An accident scene can be a hectic place with a lot of things going on at once. It is important to keep safety in mind; if you are helping someone lying in the middle of the road and a semi comes barreling down on both of you, you aren't going to do that person much good.

Traffic. If people are available, get someone up road and down road to wave down traffic. This is especially important in tight twisties where they may not have time to stop after seeing the accident site.

Hazardous material spills (gas, oil, brake fluid). People and vehicles will slip on this stuff. If ambulance personnel slip on oil while carrying the victim, it is bad. Either clean it off the road or indicate to everyone where it is.

Power lines. If power lines are down around or near the victim, ambulance crews may not be able to get near the person until they are shut off. It is important to call the local utility company to get these live wires turned off at the same time an ambulance is called. If the ambulance arrives and they are still live, they will have to call the utility company and wait for them to come out, wasting a lot of precious time in the Golden Hour.

Fire. People who smoke tend to light up under stress. Ask these people to either extinguish their smokes or move away from the flammable materials and/or bikes. It is easy to forget something obvious like this in a stressful situation like an accident scene.

Safety circle. Establish a few people around the immediate accident scene to help direct traffic, to point out fluid spills, and to warn people who may want to light up cigarettes.

Bike. If the bike is not severely damaged, and looks like it will roll, get a couple people to pick the bike up and roll it to the side of the road. Leave a rock or other marker if necessary to document where the bike was.

Best-trained individual (medically-wise) attends to victim (**U-ABCC**) (**see below for outline**).

The person with the most training (first aid, CPR, etc.) attends directly to the victim. Assuming the victim is lying on the ground, this person should sit behind their head and should stabilize his or her head to avoid unnecessary movement (i.e. hold their head still). Assume the person has a back/neck injury and any unnecessary movement could risk paralysis.

This person should be doing "U-ABCC" at the arrival on the scene and every 5 minutes thereafter

U - Urgency. Try to determine if the person's injuries are (a) minor or (b) major, i.e. urgent. If unsure, it is urgent.

A - Airway. Is there something to impede their airway? Gravel in the helmet, something down the throat? This needs to be cleared immediately, without helmet removal if at all possible.

B - Breathing. Is the person breathing? Determined by listening, watching their chest, feeling for breath, etc.

C - Circulation. Check the pulse on the throat initially and subsequently on their wrist. This is the carotid artery, right next to the wind pipe/adam's apple on either side. If pulse is not present, remove helmet if necessary and begin CPR immediately. When checking pulse on their wrist, do not check with thumb; use the two fingers next to the thumb.

C - Cervical Spine Immobilization. Support the victim's head and make sure they don't move it. Consider every motorcycle accident a head injury, consider every motorcycle accident a cervical/back injury! This is important even if they feel they can move their head normally! When you talk to the victim initially, add on a short bit to reassure them; "You've been in a motorcycle accident. It is important that you don't move."

My name is _____. Answer me without moving your head. We don't know if you have a neck injury or not. An ambulance is on the way."

The three questions: Ask the victim these three questions and document their responses;

Who are you?

Where are you?

What time of day is it?

If breathing is taking place normally, leave the helmet on!

It is very dangerous to remove someone's helmet if they have some type of cervical/back injury. The only time it should be removed is if the airway is blocked and cannot be cleared with the helmet on or if it is necessary to perform CPR.

If the airway is blocked or there's no respiratory action, then you should remove the helmet. The method recommended by the American College of Orthopedic Surgeons requires two people.

Open visor, remove glasses and unbuckle the chin strap. One person should be to the side of the head of the victim and the other person should be directly behind the head of the victim, stabilizing the head to avoid excess movement.

The person on the side puts one hand under the victim's head supporting at the base of the skull. They put their other hand on the jaw bone/chin . They will be supporting the head, so it is important to get a good solid grip. Keep some tension in the arms so that if the person pulling the helmet slips the victim's head won't drop.

The person sitting behind the head will then slowly pull the helmet directly back and off of the head. Watch out for catching the nose on the chin-guard on full-face helmets, as well as ears and earrings. It's normal to rotate the helmet forward as you pull it off, but not this time. Pull straight back so that the head and neck are not rotated.

After the helmet is off, put a leather jacket or something under the head of the victim! If the person supporting their head lets go, their head will drop a good 4 inches or so. This would not be good. If possible, it would be best to have a third person ready with something to place under the victim's head once the helmet is off.

After the helmet is off, the person behind the head should again hold the victim's head to promote cervical immobilization.

After initial evaluation of seriousness of injuries, call for ambulance.

After there has been a quick evaluation of the number of injured people and just the most preliminary guess of seriousness, someone has to be sent to get an ambulance. Remember that one ambulance can only support one truly injured person.

It is important to remember that a lot of the injuries that don't look serious to us could very well be life-threatening and injuries that look fatal are sometimes relatively minor. If you can't tell, assume it's Urgent!

Send one or two bikes to the nearest house. If possible, send a woman. You don't have time to be turned away from someone's house. People are more likely to be receptive to a woman. The person going to the door should be wearing light colors; if someone else has a white jacket trade jackets before heading out for the house. Chances are the person going to the door will look friendlier wearing a light-colored outfit than black leathers.

When you go to the door, remain calm and think! Take a second and a couple of deep breaths. It will not help to be in a very excited state on the doorstep of some person's home. The people will be far more receptive to someone who looks like they have a grip on themselves.

Do not ask directly for entry into their house. Say something like "There has been an accident. Please call 911."

Things to tell Emergency Medical Services dispatcher:

there has been a motorcycle accident

we need an ambulance

the number of injured people and how badly injured they are.

A severely traumatized person will require an entire ambulance to themselves, so it is important to give the EMS dispatcher some idea of the scope of the accident. If they only send one ambulance and there are two people who need one immediately, it will be a problem.

location of accident. Get help from the people whose phone you're using, they should know how to describe their location best.

You (the caller) hangs up last! The EMS dispatchers are well-trained and will get all the information they need from you before hanging up. Stay on the line until they hang up.

Things that may be necessary for victim. It is helpful if you know some special equipment is going to be necessary to tell the dispatcher;
Helicopter - Most rural areas cannot handle severe trauma and they may need to get the victim to a trauma center via helicopter. If they know there may be a need, they can get the helicopter ready to leave for the rural hospital when a doctor establishes the extent of the injuries. Slider says that in Iowa at least, if the helicopter comes out and it turns out it wasn't necessary, there is no charge for the service.

Fire - Should the fire department be called in?

Jaws of life

Utilities - if power lines are down.

Before the ambulance arrives, if possible, document information about the victim. They may become unconscious and it will be helpful to have information like

Full name

Next of kin (plus phone number)

Age, date of birth

Doctor

Current medication

Drug Allergies

Alcohol or recreational drugs in system

AMPLE documentation The way to remember this is to remember that "There is AMPLE time to document this before the ambulance arrives." Again, this will be very helpful to the paramedics if the victim passes out.

A - Are you allergic to anything?

M - Are you on any medications? Street drugs?

P - What's your past medical history?

L - Last meal - when did you eat last? This will help the anesthesiologist if one is necessary.

E - What were the Events leading up to the injury? Document the mechanisms of injury. If the doctors and paramedics have some idea how accident occurred, it will give them better ideas on what kind of injuries to look for. Did the person low-side and slide for a while on one of their sides? Did they go over the bars? Did they head-butt a solid object, such as a car? If they went over the bars, is there any obvious damage to the tank/handlebars which might indicate they hit the lower abdomen/groin area? This kind of stuff could help the doctors/paramedics.

Wallets, purses, rings.

Do not go rooting through personal effects of the person. There should be no need to go through their wallet or purse for insurance information; the hospital personnel will deal with all of that. If there is some important reason that you need something from their wallet or purse, make sure you have at the very least a witness! Preferably a law

enforcement officer if possible. If the person is conscious, ask first and if they say "no" then don't push it.

If the person has rings on, the fingers may swell up and it is important to get them off. Consent is paramount if the person is conscious. Make sure there is at least one witness when removing them.

Have someone check pulse and breathing every 5 minutes and document it. Every 5 minutes the pulse should be checked at the wrist. If the pulse goes away at the wrist, check at the throat. This is a late sign of shock. Write down the number of beats per minute and the time you took the measurement.

Just like the pulse, check number of breaths per minute, the most reliable method being by placing your hand on the person's chest. Obviously if the victim is female it would be best to have another lady do this if at all possible. Try to check their breathing rate without their knowing it. If they know you are counting their respirations, they may unconsciously alter their breathing rate. Record this number along with the pulse every 5 minutes. Also note the type of breathing; fast, shallow, yodelling, gurgling, labored, easy, whatever. Even in layman's terms it may be useful to the paramedics.

Watch for signs of person going into shock
Inability to answer the 3 questions coherently (Who are you, Where are you, What time is it)

Pale, cool, clammy skin

Delayed capillary refill. Press your fingernail so that it turns white. It should turn back to pink in less than 2 seconds. If it takes longer, that is not a good sign. Now press a fingernail on the injured person and compare.

Radial pulse (pulse at the wrist) goes away but there is still a pulse on the neck
There isn't much we can do once someone starts going into shock, but a few minor things that may help:

Assure adequate breathing. This really comes with the AB of U-ABCC.

Loosen restrictive clothing.

Reassure victim.

Keep the person warm (not too hot though).

Elevate the feet ~6 in. This is actually a judgment call since you shouldn't really do that with suspected spinal injuries.

Control bleeding. This is probably obvious but if you don't realize the victim is bleeding and they are rapidly going into shock, this should tell you something.

Immobilize fractures. This helps relieve pain and control bleeding.

Stop bleeding, using sterile bandages/dressings if available

Two important things here are to (a) stop any bleeding as soon as possible and (b) keep the wounds sanitary as much as possible. (a) is far more important than (b). Peripheral limbs are commonly lost to infection, but given the choice between stopping bleeding and using a nonsanitary cover, using the nonsanitary wrapping is preferred. Blood loss is bad. Wounds can be cleaned at a hospital.

If sterile dressings are not immediately available, women in the group may be carrying sanitary tampons, or Kotex napkins. Either can be used as a sterile dressing, although obviously the sanitary napkins would be superior.

EXCEPTION: If there are cuts anywhere on the head, do NOT apply pressure. If there is a bone chip it is possible to push it into the brain. It is also possible that stopping the flow of blood or cerebral spinal fluid can lead to a buildup of pressure on the brain which is not good. You should still bandage the cuts loosely.

In case of femur injuries, check for blood loss. Femur (the "thigh bone") injuries are very frequent. There are huge arteries that run along the inner thigh; if these are opened the person can bleed to death in a very short amount of time. It is important to minimize bleeding in this region! Use a pressure point above the cut to control blood flow out of the femur artery.

When ambulance arrives

Before the ambulance arrives, send people to the intersections in all directions to watch for/direct the ambulance.

When the ambulance arrives, it is important to stay out of their way as much as possible. Meet them and identify yourself as being "in charge" and to be the person to contact if they need anything (bikes moved, people moved, whatever). Make sure you

Provide accessible parking for ambulance

Let EMT's know who's in charge

Give factual account of accident ("And then the car comes along at 154 feet per second and hits our buddy here!" is probably not going to help anything). At 40 MPH, there are 60,000 units of kinetic energy. At 50MPH, there are 120,000. It is IMPORTANT for medical personnel to have an HONEST estimate of the speed and circumstances at the time of the accident.

Give them all of the information that has been written down (periodic vital signs and the three questions from U-ABCC at 5 minute intervals, personal information about the victim, etc.)

Give EMT's an honest evaluation of patient's drug/alcohol consumption

Stay back or leave if told

give EMT's time to work

It is important to give the ambulance people the most accurate information possible! If the person just had 10 beers in the past hour, tell them! They are not the law enforcement officials and their only immediate concern is the safety of the patient. By underestimating, trying to cover up, or not telling the whole truth, you are only keeping important information away from them which may be necessary for the safety of the patient.

If the helmet was removed, send it along in the ambulance. The doctors may use the visible damage to the helmet to assist them in what to look for in terms of injuries.

If there were leaking fluids, let the medical personnel know. The fluids may have gotten on the patient and they need to know if there was oil, gas, brake fluid or something like that on an open wound.

At the hospital

Only have one or two people in the Emergency Room at a time. If the doctors have questions and neither of the people in the ER know the answer, send one of them out to the other people to find out the answer. Crowding everyone into the ER will only make it more stressful and difficult for the ER staff to do their jobs.

Leathers will have to be cut off by medical personnel. Be mentally prepared for it. If they do not cut off your clothes, they will not be able to do a proper assessment of the wounds and you are not being treated properly! If you are conscious and insist that they do not cut your leathers, they cannot by law. If you are unconscious, it is implied consent and they will remove them if in doubt.

Dealing with law enforcement

As with the ambulance, when law enforcement arrives identify yourself as being "in charge". Let them know that if there is anything they need, such as bikes moved or people moved, you are the person to talk to.

For them, walking on to a scene of bikers who are all in a very excited state is intimidating and this will help calm them and give them some easy way to control the bike people. Again, this is the psychological management that Slider talked about.

It is obviously important to do whatever the law enforcement officials ask.