

Texas Motorcycle Safety Forum

SATURDAY, APRIL 9, 2022

Accident Scene Management



Introduction to: A Crash Course for the Motorcyclist

3% of all registered vehicles are motorcycles yet motorcyclists accounted for 14% of all traffic fatalities (Source: National Safety Council website) In 2020, a record-breaking 5,458 riders lost their lives, the highest number of motorcycle fatalities ever recorded, which represented a 9% increase from 2019



TRAINED BYSTANDERS

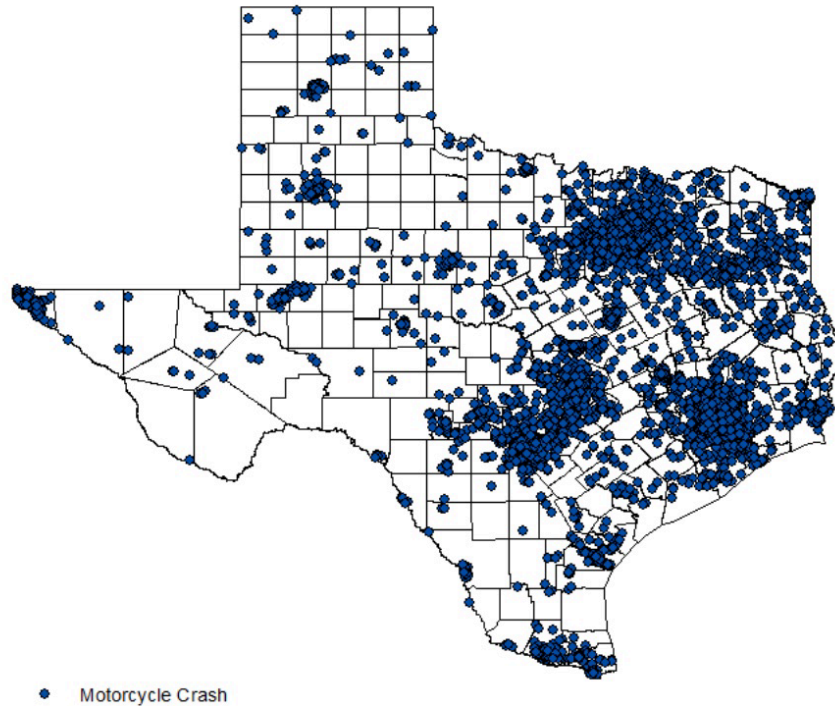


Figure 6. Motorcycle Crashes, 2020.

The motorcycle crash rate per 100,000 driving population was examined (see Figure 7 and Table 2). Accounting for the driving population, the higher rates are in largely rural areas. This is highlighted in Table 2, which lists the top 10 counties based on their annual motorcycle crash rates per 100,000 driving population.

GETTING HELP STARTED
IMMEDIATELY CAN MAKE A HUGE
DIFFERENCE IN OUTCOMES

DIALING 9-1-1 AND WAITING MAY
NOT BE AN OPTION

TRAINED BYSTANDERS ARE MORE
WILLING TO INTERVENE WITH
PROPER TRAINING AND SUPPLIES

“A Crash Course for the Motorcyclist”[©]



Vicki Sanfelipo, RN

Author – Founder – Director

- ASM Established in 1996
- In 32 states and 5 countries
- 45,000 motorcyclists trained
- 1/3 of students use information within 3 years of training



Goals & Objectives

- Reduce Injury & Fatalities
- Reduce Rescuer Injury
- Increase Effectiveness of EMS
- Focus on Trauma
- Address Difficult Subjects
 - Jaw Thrust Rescue Breathing
 - Full Faced Helmet Removal
 - Moving the Injured



Agenda

Prevent Further Injury

Assess the Situation

Contact the EMS

Treat the Injured with Life Sustaining Care
using the ABCSS of Trauma



P = PREVENT FURTHER INJURY

Secure the scene – Make it safe

Protect yourself by taking proper precautions

Moving the bike

Moving the injured





Recovery Position

(puke and drool)



- Keep the head neck and spine straight
- Support the head on the arm
- Put the kickstand down!

A = Assess the Situation

- The way a crash occurs gives you clues about the kind and severity of injuries you suspect
- Mechanisms of Injury give you the clues that you need to look beyond the immediate picture.
- Can you safely leave? Gather information for the EMS

C = Contact

Call 911. Give your name and possibly your phone number. Do not hang up until dismissed by the dispatcher.

- What happened?
- How many vehicles?
- How many injured?
- Possible injuries?
- **LOCATION**
 - Issues with cell phones

T = Treat Life Threatening Injuries

Priorities of Treatment

A = Airway

B = Breathing

C = Circulation (Obvious Bleeding)

S = Shock (Internal Bleeding)

S = Spinal Stabilization

Look, Listen, Feel

Best Position



Look
Learn
Live.org

★ Save a Life™
Texas Department of Transportation

★ Texas Motorcycle
Safety Coalition

Jaw Thrust to open the Airway



Thumb used to hold the head down

Use index finger to lift the jaw

Mandible



Mandible Opens



Jaw moves
when we chew

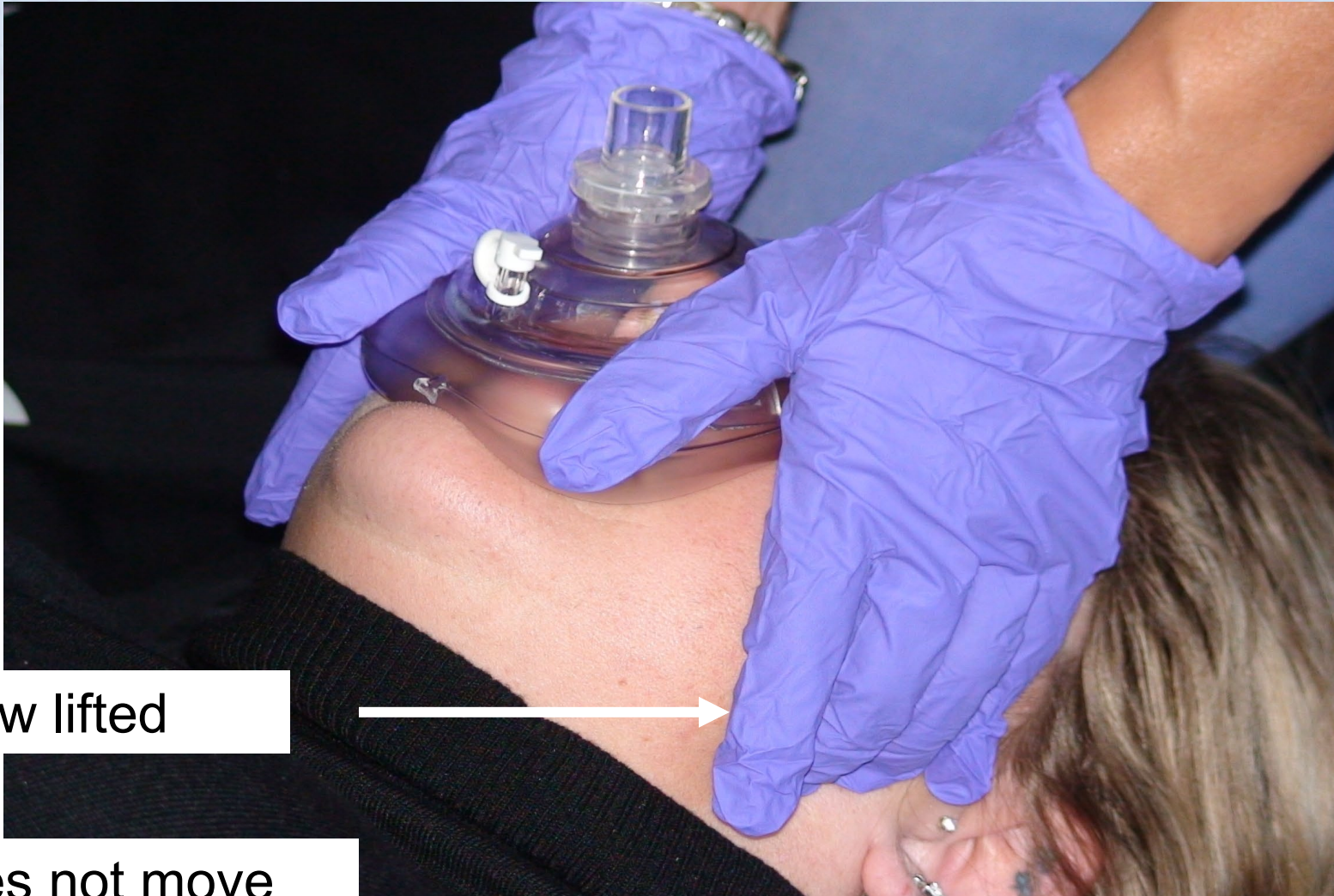


Mandible Slides Forward



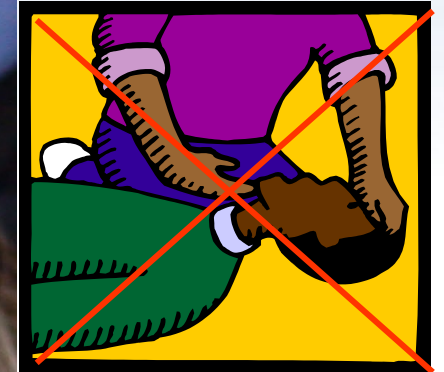
When Jaw slides forward tongue lifts off the throat

Jaw Thrust Rescue Breathing



Hinge of jaw lifted

Neck does not move



Rescue Breathing

- **Make a good seal**
- **Give two breaths initially then give one breath every five seconds**
- **Each breath should last one second**
- **Gauge amount of air you give on the size of the person**
- **Use a barrier!**

Click + Master title style



Considerations

Two conditions must be present:

- 1.) Full Face Helmet
- 2.) Helmet interferes with your ability to control airway

According to the American Academy of
Orthopedic Surgeons:

Two rescuers are needed for SAFE removal



1. Assess Breathing
2. Remove chin strap
3. Move head to neutral position
4. Place one hand at base of skull and the other over the chin
5. Pull helmet straight back while pulling out on sides. Careful of nose.
6. Hand at base of skull moves along with helmet

Rescuer One: Takes control of Helmet

Rescuer Two: Takes control of head/neck



7. Once the helmet is off place hands on either side of head.

C = Circulation

After handling the Airway & Breathing, scan the body for obvious bleeding.

Correct serious bleeding you can see by using General Bleeding Management

- Pressure Dressing
- Hemostatic Dressing
- Tourniquet

Pressure Dressing

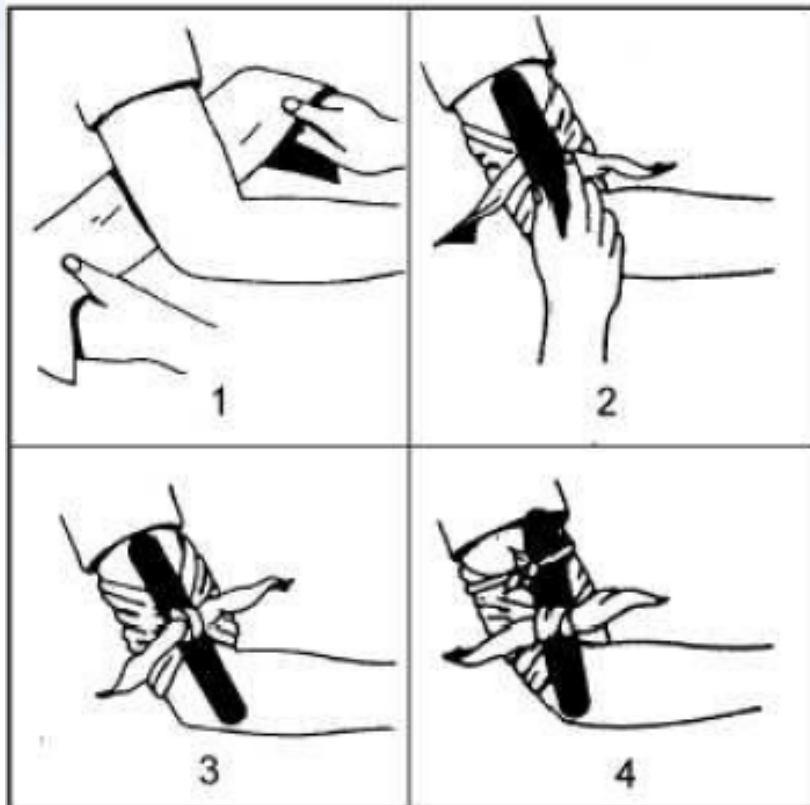
Place sterile dressing directly over the area that's bleeding and hold direct pressure. **DO NOT** remove this first dressing. Add other dressings, bandanas, etc. to provide additional pressure.

Wrap with gauze making sure that it is not so tight that it cuts off all circulation.



Tourniquet

A tourniquet will cut off entire blood supply. Try general bleeding management first



Use a wide band that will not cut into tissue if possible

Once placed, do not remove

Write the time tourniquet was placed on the person's skin.

Apply enough pressure to stop serious bleeding

S= Shock



Lay Person flat.

Cover to keep them warm

Do not allow them to eat or drink anything

Stay Calm

Spinal Stabilization

MINIMIZE MOVEMENT!!!

- Assist them to minimize neck movement but first, tell the person what you are doing
- Approach at eye level
- Do not cover the ears
- Assume a comfortable position



Talk in a calm
controlled voice

S U M M A R Y

P – Prevent Further Injury

First responsibility is to yourself!

Take personal precautions

A – Assess the Situation

Quickly assess – less than 60 seconds

C – Contact the EMS

Call 911

T – Treat with Life Sustaining Care

Airway - **L**ook, **L**isten, **F**eel – Jaw Thrust

Breathing – Give 2 breaths initially, then
one breath every 6 seconds

Circulation - Control bleeding you can see

Shock – Bleeding you cannot see – **Stay Calm**

Spinal Stabilization–Minimize movement



RoadGuardians.org



**ASM is a 501(c)3 nonprofit organization
dedicated to reducing injuries and fatalities
to motorcyclists through education**

**Road Guardians is our social program.
Anyone can join to be a part of our mission**

ASM/Road Guardians

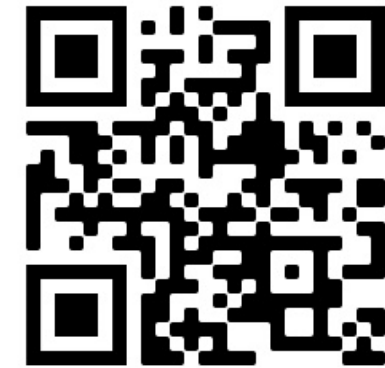
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