

DONORCYCLES?!

Changing a Stereotype:
How the Two Wheel Trauma Program is Educating Riders, EMSs, and the Public
by Anita Bailey, Paramedic

The following story is true, but the names and location have been changed to protect confidentiality.

It was a clear, crisp June morning when Angela and Mark straddled their cycle to begin their 280 mile journey to Jackson Hole, Wyoming. The same six couples had taken this week-long vacation together, every other year, for 10 years. With their bikes packed down, they met at the local truck stop, fueled up, and prayed for a safe excursion and good weather.

After lunch, Mark removed his shirt to catch some early summer rays. Open road, sunshine, and the Stones Greatest Hits combined to make this the holiday of their dreams.

Mark and Angela were 1/4 mile ahead of the rest when the front tire blew. The cycle vibrated violently fracturing both of Mark's legs as it threw him up and over the handlebars. As he continued to roll down the interstate for approximately 40 yards, the pavement ate every inch of flesh it contacted. The roaring motorcycle came to rest across his left lower leg. Fuel dripped from the gas tank and blood poured from his large scalp laceration. His snoring respirations were slow and deep.

Angela could be heard crying for Mark. She had exited the bike first and was thrown into the right ditch. Her helmet was cracked, both forearms were deformed and her right shoulder was dislocated. She kept trying to get out of the ditch, but pelvic pain prevented her from walking. Luckily, the other motorcycles were able to stop without incident.

Imagine Mark is your brother or Angela is your lifelong friend. What would you do FIRST? How do you get help? Where is a phone? What about traffic? Do you know first aid?

The Two-Wheel Trauma concept was formulated in early 1986 with the sole purpose of reducing the morbidity and mortality of motorcycle

accidents through prevention and education. The three components are Rider Responsibilities, Accident Scene Management, and Two-Wheel Trauma continuing education for EMS providers.

Rider Responsibilities

Rider Responsibilities supports the notion that the best approach is prevention of two-wheel trauma injury through early, intense rider education. Motorcycle Safety Foundation rider education programs incorporate defensive driving skills along with information on protective garb. They encourage unimpaired driving and include facts to empower riders to make informed decisions regarding safe motorcycling. The Motorcycle Safety Foundation has designed excellent classes that specifically target both beginning and experienced riders. When it comes to safety, lifelong learning translates into long lives.

Two-Wheel Trauma also recognizes that the public may perceive all motorcyclists as "risk-takers" and all motorcycle accidents as the fault of the two-wheel vehicle. Although it really doesn't matter who is at fault when surgeons are harvesting your organs for transplantation, we can work together to change perceptions. Every motorcyclist must engage in public education programs that promote motorcycle awareness. I have seen and heard many good public education announcements on radio and television, just not often enough. Bumper stickers and posters also are good avenues to increase the understanding that the road is big enough for all of us. But nothing replaces the boost motorcycling receives from one-on-one conversation. We truly must share our love of motorcycling with others to help them comprehend our commitment to this sport. No one wins when accidents occur. Awareness and prevention go hand in hand!

Accident Scene Management

Because seconds count when a trauma emer-

gency occurs, it is of critical importance that every motorcyclist learn basic life-saving techniques. Opening an airway, hemorrhage control, and other first aid can mean the difference between life and death. Dick "Slider" Gilmore EMT-I, facilitates a three-hour first aid course specifically designed for riders and their families.

Accident Scene Management teaches initial assessment, treatment, and stabilization of the trauma victim. Slider also suggests you learn about your local Emergency Medical Services (EMS) system. We all seem to assume that we have the best. Not all EMTs are created equally. In most states there are several different levels of training from First Responders to Paramedics. All levels are important to all systems. Appropriate utilization of skills and resources is the baseline for every good system. The motorcyclist with life threatening injuries needs to be in a certified Trauma Center within the Golden Hour.

The Golden Hour is the first hour following life threatening injury. Your EMS system should use this criteria for system development. Most EMS systems need funding for education and system development. Slider encourages every motorcyclist to get to know their local EMS team and see what you can do to help. While there are many good causes out there vying for funding, it would seem to me that it would be money well spent for all motorcycle organizations to host an Accident Scene Management course and provide support for their local EMS system. Slider's 30 years on motorcycles and 15 years as an EMT make him the perfect facilitator for this course. He truly has seen all sides. His passion for motorcycling coupled with his experience as an EMT lends credibility unmatched by others. The time spent in an Accident Scene Management class may well be the most important three hours of your life! When someone is injured, it is too late to ask questions, seconds count! Ambulances don't save lives — people do!

Two Wheel Trauma

In 1986, the Two Wheel Trauma concept was designed because we could not find continuing education programs for health care providers that dealt specifically with the trauma associated with

motorcycle accidents. This 5-6 hour program provides the healthcare worker with a heightened awareness of the kinematics and mechanism of injury, environmental factors, patient assessment and management techniques, common injuries and hazards associated with two-wheel vehicles and accidents. The goal is to reduce rider morbidity and mortality through proper assessment and treatment by all levels of emergency medical services providers.

The first part of Two Wheel Trauma is facilitated by Slider Gilmore. He spends approximately an hour and a half discussing the mechanisms of injury and acquainting participants with motorcycle parts and potential injuries associated with fuels, pipes and designs. He also discusses the psychological issues associated with caring for severely injured people.

Slider intends to alter stereotypes within the medical community regarding motorcyclists. Many healthcare workers commonly refer to motorcycles as donorcycles. This stereotype is unwarranted and does not promote a good image for motorcycling. One focus of Two Wheel Trauma is to modify existing attitudes among healthcare workers regarding motorcycling safety. Most have never seen a motorcycle fuel switch or kill switch, yet this may be exceptionally important at the scene of an accident.

At each program we invite local motorcyclists to bring their machines to help educate the healthcare workers. We try to have at least eight different types of bikes available. The owner stays with his/her machine to answer questions and promote positive relationships between healthcare workers and motorcyclists.

We have presented this program to over 2000 EMS'rs nationwide and they seem to enjoy the 20 minute motorcycle lab immensely. We also spend considerable time defining proper EMS systems development and asking healthcare providers to assess their systems needs.

While many would have us jump on the helmet/no helmet law issue, we have chosen, as a group, to remain silent. This topic is so emotional that we feel it would distract from our true cause. What we do teach is how to take care of injured riders, with or without helmets! There will always

be both on the road regardless of laws. As health care professionals we must know how to treat both.

I discuss environmental aspects for approximately one hour. I cover highway hypothermia, burns and amputations. Most healthcare workers are really interested in several of the case studies I have collected during my 15 years in EMS.

The last two hours of the program are devoted to the assessment and management of the injured rider. Paramedic Frank Prowant puts it all together emphasizing triage principals that encourage providers to react to certain injuries with greater urgency. He leads class participants through demonstrations of standing spinal immobilization, improved log roll techniques and helmet removal. All three of us monitor skills stations for EMSers that wish to practice these skills.

In conclusion, I would like to suggest that education is the true foundation for safe motorcycling. We must all work together to modify "donorcycle" attitudes. Distorted views are changed one person at a time. The Two Wheel Trauma concept advocates the basic principal that we are all responsible for our thoughts, feelings, and actions. Blending the emergency medical and motorcycling communities will benefit us all.

ANITA BAILEY

Anita Bailey has been a full time staff Paramedic at Spencer Municipal Hospital in Spencer, Iowa for 13 years. She coordinates and instructs initial and continuing education programs for all levels of EMS providers for three area community colleges. She is a Basic Cardiac Life Support Affiliate Faculty member for the American Heart Association for the state of Iowa. She is an Iowa certified EMS Instructor, an AHA ACLS instructor and is the Program Manager for RESCU, the Critical Incident Stress Management team for NW Iowa. She assisted with the development of the Two Wheel Trauma concept and has presented the program to over 2000 healthcare workers nationwide since 1987 with Frank Prowant and Slider Gilmore.

For more information:

ACCIDENT SCENE MANAGEMENT

Three hour first aid program for motorcyclist and their families.

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TWO WHEEL TRAUMA

5-6 CEU/CEH for all levels of emergency health care providers

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