

Is it a Heart Attack or a Motorcycle Crash?

Vicki Sanfelipo, RN/EMT – Director Accident Scene Management, Inc.

Note: Vicki distributed this by email on April 16, 2008

I am very concerned about motorcyclist's well-being. I've been riding for well over 20 years and used to be able to enjoy the ride without knowing how vulnerable I was. I'm not talking about protective gear or the fact that we are not surrounded by metal. I'm talking about what happens in the event we go down. Bikers are at much higher risk of dying in the event of a crash.

According to NHTSA's 2007 Recent Trends in Motorcycle Crashes: "In 2005, motorcycles made up 2.5 percent of all registered vehicles in the United States and accounted for only 0.4 percent of all vehicle miles traveled (VMT). However, in the same year, motorcyclists accounted for 10.5 percent of total traffic fatalities. Per 100,000 registered vehicles, the fatality rate for motorcyclists (73.12) in 2005 was 5.4 times the fatality rate for passenger car occupants (13.64). Per vehicle mile traveled in 2005, motorcyclists (42.27) were about 37 times as likely as passenger car occupants (1.14) to die in motor vehicle traffic crashes."

While NHTSA statistics can be in question without other stats to point to, their statistics show an alarming trend. Even if slightly off this is STILL alarming! We (motorcyclists) must not accept the fact that 10.5 % of motor vehicle fatalities are motorcycle related. I have been tracking these statistics for 12 years and they have not changed significantly. While we have put all of our eggs into one basket by concentrating on avoiding the crash in the first place, treatment after the crash occurs has largely been ignored. It not only has been ignored by motorcyclists, it's been ignored by the Emergency Medical System (EMS) as well! While avoiding the crash in the first place is extremely important, all of our efforts have not significantly changed the number of motorcycle related crashes. (NHTSA - 93Motorcycles{1}).

I recently toured a 911 dispatch center. I asked what advice they would give for a motorcyclist who was not breathing and had a full face helmet on. They said they would recommend that the caller pump on the chest, up to 300 times per minute. I asked a group of 50 motorcyclists how they would treat a motorcyclist who wasn't breathing and was unconscious. They said THEY would open the airway (head tilt/chin lift) and do chest compressions. I polled EMTs. 75% were not "comfortable" with the jaw thrust method of opening a person's airway while keeping the neck straight and 60% had not learned helmet removal as part of their training.

So much needs to be done in the area of Motorcycle Trauma Treatment that I am dumbfounded we have actually survived! While motorcycle rider training and share the road programs should continue in order to prevent the crash in the first place, proper care and treatment after the fact must be addressed in order to reduce the 10.5% of serious injuries and fatalities motorcyclists suffer. The most likely person to be at the scene of a motorcycle crash is another motorcyclist. Treatment can start right away if we are trained in proper care. In the event that another trained motorcyclist is not there, we want to know that advice given by the 911 dispatcher is correct. When professionals arrive we want to rest assured that they can provide proper care as well.

The American Heart Association recently came out with the recommendation that Chest Compressions only with minimal interruptions has increased survival rates in victims of witnessed cardiac arrest. This has sparked much media attention. For years, CPR was thought to be the "cure all" for anyone who collapsed for any reason and was not thought to be breathing. There was no clear distinction between trauma and heart attack/cardiac arrest

other than an occasional mention of using jaw thrust for someone who might have a neck injury. In the past few years, the American Heart Association has obviously moved away from trauma and is concentrating more on their actual purpose (survival rates of cardiac arrest) vs. survival rates of Trauma. The problem with this is that the general public and even medical professionals have not made the separation.

Both Head Tilt Chin Lift and pumping on the chest are the wrong things to do in a trauma unless Jaw Thrust and Bleeding control measures have not been effective. A Motorcyclist who has crashed so significantly that they are no longer breathing should be highly suspected as a person with high cervical spine neck injury. Jaw Thrust Rescue Breathing keeps the neck straight while lifting the tongue off the back of the throat which is the most likely reason that they are not breathing. Once breathing has been established, circulation should be considered. In trauma, the most likely reasons for loss of circulation is bleeding, not pump failure like in cardiac arrest. Imagine that you have someone who is bleeding and you now start pumping on the chest. You will just help them bleed out faster!

So what can we do? It's time to take control of our own fate. Helmet removal training is not enough, CPR is not enough, and First Aid is not enough.

- 1.) Bystander Assistance Trauma training by motorcyclists is the BEST way to start proper care immediately. See www.accidentscene.org to find classes or get more information.
- 2.) We need to get the attention of the EMS and insist that they give proper advice as well as being certain that they are properly trained in motorcycle specific care from First Responder level to Paramedic. Write to your legislators asking them to contact the US DOT to request that they work with Accident Scene Management, Inc. (ASMI) to develop a module on motorcycle trauma as part of Basic EMT training (currently they only mention helmet removal, but even that is not required).
- 3.) Get this word out. Reprint this article in your newsletters.
- 4.) Help get ASMI training in all states and available to all bikers. Encourage Motorcycle groups and organizations to make a donation to ASMI which is leading the way in this topic. ASMI is in 26 states but our goal is to be in every state some day. Because we are so motorcycle specific we are not eligible for most grants. We depend on motorcyclists to help us achieve our goals.

Questions? Contact ASMI. info@accidentscene.org or 877-411-8551

Vicki Roberts-Sanfelipo, RN/EMT

Director **Accident Scene Management, Inc.**

President of **SOS & Conspicuity Inc.**

W246 S3244 Industrial Ln. A

Waukesha, WI 53189

www.accidentscene.org

info@accidentscene.org

(877) 411-8551 - toll free

(262) 521-2880 - local

(262) 436-0286 - fax