Valley Riders

March 2015

Volume 2 Number 3

What's Happening

Our pre-Valentine's Day social last month was at the Old Spaghetti Factory. Everyone enjoyed themselves at one of the group's favorite restaurants.

At February's meeting at Yosemite Falls, there were 13 people present. John and Jerry spoke about the upcoming March events like the First Aid/CPR class and parking lot practice and we can't forget the ride to the Blackhawk Museum in Danville. .Wendy reported there are 59 members in our group the Valley Riders. Lynn Massingham won $33 in the 50/50. The group rode to Hilmar Cheese Factory after the meeting. Jim led the 5 bikes and one car through the orchards and wet lands as we made our way to Hilmar. We stopped in Firebaugh to stretch our legs, then through Dos Palos, Los Banos and Stevenson before reaching our destination, the Cheese Factory. We had missed the tour, but still enjoyed our time testing the different cheeses and enjoying a sandwich, salad or just a nice cup of joe. The ride drawing was won by Randy H; unfortunately he was working and missed the ride. Next ride drawing will be $15 for the lucky person whose name gets pulled.

Celebrations

Birthdays: Irv Stout March 13th, Ken Stark March 16th, Larry Mays March 20th,
Kim Grant and Tammy Mays March 26th
Anniversary: Jerry & Jamie Slater March 5th, Randy & Kathy Tanner March 15th, Curtis & Kelly Ray March 27th

Safety

First Aid Tips

There are Red Cross First Aid apps on your mobile phones. The official American Red Cross First Aid app puts expert advice for everyday emergencies in your hand. Available for iPhone and Android devices, the official American Red Cross First Aid app gives you instant access to the information you need to know to handle the most common first aid emergencies. With videos, interactive quizzes and simple step-by-step advice it's never been easier to know first aid. I installed the app on my phone by going to Google Play and typing in the search bar "Red Cross App".

CPR Tips

Scene Assessment/Personal Safety: You must make your personal safety the top priority in any emergency situation. If you become injured or killed you will not be able to do any good for anyone else. You becoming injured will take resources away from the original victim possibly worsening their outcome. Things may not be as they appear. Evaluate the scene to make sure there is no risk to yourself. Never put yourself in a situation you are not comfortable with. Think BEFORE Acting/Responding. After insuring your safety, evaluate the scene for clues, resources, and additional victims as your approach. Having good situational awareness helps you better help others. Remember whose emergency it is. THERE IS NO WAY OF CHANGING THE PAST OR REVERSING WHAT HAS HAPPENED TO ANY VICTIM. YOU WANT TO MAKE THINGS BETTER – NOT WORSE. TRY TO REMAIN CALM.

Assess the Victim: Upon finding a suspected victim of cardiac arrest and insuring your own safety – you should assess the victim for responsiveness and determine the appropriate actions for that person. You must remember that things may not be as they appear. Is every person found laying on a sidewalk or in a public place in need of CPR? They may be simply asleep, or under the influence of drugs, alcohol, perhaps be homeless, or even mentally ill. You must determine what situation you are faced with before taking any other actions.
To assess the victim you should tap and shake the victim physically and yell at the victim "ARE YOUR OKAY?". You want to use enough stimulus that would awaken an average person. The victim may be deaf or hard of earring – by physically shaking and tapping the victim we know with certainty their status. Check for Medical Information Jewelry: Some victims may have a necklace, bracket, or other item on them that details a known medical condition. You should look for medical information jewelry on all unresponsive victims.

Call 911 / Getting Additional Resources: If your assessment of the victim determines that they are unconscious & unresponsive or not acting appropriately you must call 911 and/or obtain additional resources. If you fail to call 911 or obtain additional resources you will be responsible for providing care indefinitely. An ambulance does not magically appear when someone is injured, hurt, or in cardiac arrest. You must remember to activate Emergency Medical Services (or other appropriate resources) as soon as possible.

Checking For A Pulse: Layperson rescuers should not check for a pulse while performing CPR. The average person has little practice in obtaining a pulse therefore it is unrealistic to expect accuracy during an emergency situation. You should assume that unless the victim wakes up during your assessment or shows signs of life during CPR that the person is pulseless and needs CPR to be continued. Healthcare Providers or persons trained in checking for a pulse may do so if they feel comfortable. When checking for a pulse, you should check the carotid pulse (due to sympathetic response). If you check for a pulse and do not feel a pulse or are not sure if a pulse is present begin CPR immediately. If a person is unresponsive, has a pulse, and CPR is performed: no ill effect (other than rib fracture) or cardiovascular damage will occur. Therefore, always err on the side that the victim is pulseless and begin CPR as soon as possible.

ABC's of Life: A = Airway, B = Breathing, C = Circulation

Airway: When a person becomes unconscious, they lose all muscle tone. The tongue being a muscle relaxes and may block the airway (trachea/windpipe) of the victim. The tongue is the most common cause of airway obstruction in an unconscious adult. To mitigate this and reopen the victim's airway, we must perform a physical intervention to lift and move the tongue out of the way. The maneuver used to open a victim's airway is called a head tilt/chin lift**.** With the victim laying face up on a hard firm surface place one hand on the forehead of the victim while grasping the bony portion of the chin with the other. Tilt the head and lift the chin at the same time. This lifts the tongue and creates a pocket for oxygen to travel. When you open the victim's airway you may hear sounds of oxygen or gasses escaping and/or may see fluid, vomit, or froth escape from the victim's mouth. Anything blocked from the tongue in the trachea will potentially escape when the airway is opened. Do not confuse this with breathing or stop CPR if this occurs.

Breathing: While maintaining an open airway, lower your head down and LOOK at the victim's chest, LISTEN for coming out the victim's mouth and nose, and FEEL for movement on the victim's chest. You should Look, Listen, and Feel for 5 to 10 seconds. If the victim is NOT breathing you should consider giving two rescue breaths. Rescue breaths are the process of giving artificial breathing to someone who isn't breathing on their own. When giving rescue breathing, give just enough air (volume) to see the chest rise. Giving too much volume may cause harm to the victim. Simply think of lungs as nothing more than balloons. If you over inflate/hyperventilate a balloon it pops; the same is true with a human lung. Rescue breaths can be given Mouth to Mouth, Mouth to Mask, or with a BVM or Bag Valve Mask. In addition to causing injury to the lung over inflation and hyperventilation may cause air to enter the stomach which may induce or cause vomiting. Vomiting is dangerous as it may lead to aspiration and development of pneumonia if the victim survives.

Breathing: Mouth to Mouth: Breathing is considered the easiest and most readily available option as it does not require any special equipment to perform. Mouth to Mouth breathing is performed by opening the victims airway (head-tilt/chin-lift), covering the victims mouth completely with your mouth, pinching the victims nose (to keep the oxygen from escaping back out the nose), and giving a regular breath for about 1 second into the victim. When giving the breath you should see the chest rise. Let the victim exhale and give the second breath just as you did with the first breath. If you do not see the chest rise and fall with each breath, readjust the head, making sure you have the airway open and attempt the breaths again. If the breaths do not make the chest rise and fall for a second time – move on to circulation and compressions. Despite the typically low risks of exposure during mouth to mouth breath many people are hesitant to provide mouth to mouth breathing to someone who they do not know. Mouth to Mouth breathing risks are real and may expose the rescuer to viral infections such as H1N1, the Flu, or Herpes. Rescuers should use their judgment and internal comfort when considering who and when to provide rescue breathing.

Breathing: Mouth to Mask: Breathing is the delivery of rescue breaths through a barrier mask to protect the rescuer from becoming exposed to the victim's bodily fluids. Barriers devices such as a pocket mask should be used to provide rescue breathing when available and delivering rescue breaths. Pocket Masks are usually made of plastic and contain a one way value designed to limit exposure to the rescuer to exhaled air, bodily fluids, and disease process. To use the mask, place it on the victims face with the pointy end over the bridge of the nose. Place one hand over the top of the mask holding it firmly on the face, Place the second hand on the bottom portion of the mask while grasping the chin; perform a head tilt/chin lift. Deliver breaths as in mouth to mouth

breathing instead place your mouth on the one valve. Deliver each breath for about 1 second; looking for the chest to rise.

Circulation: Chest Compressions: The fundamental principle of CPR is that we want blood and oxygen circulating throughout the body at all times. Circulation equates to potentially prolonging and mitigating cellular injury and death. The primary intervention to be performed for circulation is Chest Compressions. Chest Compressions circulate blood and oxygen. When performing CPR with rescue breathing, give 30 compressions followed by 2 breaths (30:2 Compressions to Breaths Ratio). Transition from compressions to breaths and back to compressions as quickly as possible. Your goal should be not to delay compressions for more than 10 seconds to give breaths.

To perform chest compressions effectively remember:

1.) Push Hard and Push Fast
Pushing hard and pushing fast helps keep circulation moving.

2.) Continue CPR continuously without delay or pause unless needed.
Reasons to stop or pause CPR include: The person wakes up/shows signs of life, someone else takes over, to use an AED, or you can no longer continue.

3.) Aim for the rate of 100 compressions per minute.
Think "Staying Alive"

How to Perform Chest Compressions

Make sure the victim is laying flat on their back, face up, on a HARD FIRM SURFACE. The floor is typically the best option in most situations. The transition of the victim from their location to the floor does not have to be a graceful one. You must get them on the floor (or other firm surface) as quickly as possible. Recognize that if the victim is not on a firm surface compressions will likely move the body up and down and not compress the chest (Visualize doing compressions on a waterbed). Next, quickly remove any clothing covering the chest. This allows us to find the correct location to perform compressions and use an AED when it arrives. Locate the center of the chest, between the breasts and place the palm of one hand on top of the sternum. Place the second hand on top of the first hand in a manner that is comfortable for you. You may overlay or interlock your fingers. Position yourself over the victim and use your entire body to push up and down on the person's chest. Keep your elbows locked and think of moving at the waist. This ensures you use your entire body to perform compressions. If you use your arms and not your body – your arms will become fatigued quickly and you will not be pushing at the right rate and depth. Compress the chest at the rate of 100 compressions per minute. Think of the beat of the song "Staying Alive" by the Bee Gees. The beat of "Staying Alive" is 100 beats per minute. If you match compressions with this song – you will be performing compressions at the right speed. Remember to pace yourself so not to get fatigued. After each compression, allow the chest to return to its normal position before compressing again. This chest recoil allows the heart to refill with blood and provide the most effective CPR possible. If performing rescue breathing, perform 30 compressions, perform a head-tilt/chin-lift, give two rescue breaths (looking for chest rise and fall) and resume compressions as quickly as possible. If performing "Compression Only CPR" simply compress the chest at the rate of 100 compressions per minute without interruption or delay. Remember that when CPR is not being performed, blood and oxygen are not circulating, and cellular injury and death may occur. Two Rescuers Present: If another rescuer is arrives or is present during the rescue effort perform CPR as described above expect you may alternate and switch roles as needed. One rescuer should perform 30 compressions and the second rescuer provides 2 rescue breaths. You should change roles every 2 minutes (or 5 sets of 30:2) or as needed to prevent fatigue. When working with another rescuer counting out loud when doing compressions will allow them to know when to give breaths. Teamwork is very important and each rescuer should evaluate the rescue effort and provide feedback as needed.

Circulation: Rib Fracture: While performing CPR, rib fracture is common. You may feel ribs break, feel or hear bone rubbing on bone, or see free floating ribs on the victims chest. Chest compressions should continue without delay or modification. If the person survives the cardiac arrest their ribs will heal. Saving their life outweighs the risk of rib fracture.

Circulation: Compression Only / Hands Only CPR: If you are faced with a victim in cardiac arrest and you do not feel comfortable providing rescue breaths **"**Compression Only CPR**"** is an available option to provide care without the risks of expose associated with mouth to mouth breathing. Compression Only CPR is as it sounds. Rescuers perform the steps of CPR without giving breaths to the victim. Compression Only CPR works by circulating the

oxygen inside the victim before they collapsed. The oxygen inside the victim will vary based upon the situation but may afford the person a greater chance of survival over doing nothing. In many situations, compression only CPR will be adequate until trained responders arrive. There is little difference in survivability, at least initially, for an out of hospital *witnessed* cardiac arrest with compression only CPR vs. CPR with rescue breaths.

Motorcycle Parking Lot Practice Guide
(Sample Range Exercises from GWRRA)

Range Exercise 1: Cone Weave

What: To have riders learn and practice the correct techniques for weaving their motorcycle why maintaining a steady throttle.
Why: Practicing these drills will help in making quick lane changes in traffic or changes in direction.
Statement: At a speed greater than 15 mph (25 kph) a rider needs to counter-steer the motorcycle to change direction.
How:
• At a speed of 15-20 mph, (25 to 35 kph) Ride counterclockwise around the field, weaving through the cones, going outside the first cone at each end. Keep head and eyes up, looking down the line of cones at least two cones ahead, allowing peripheral vision to guide you through the weave.
• Cones are set 20 feet (6 meters) apart on one side, 30 feet (9 meters) on the other side. Use an odd number of cones on each side.
• Allow up to 4 bikes on the course at one time—more if space permits, in a continuous loop as shown. Exit upon facilitator's signal where shown.
• To weave through the cones Riders should counter-steer their motorcycle. (press right to go right, press left to go left)
• Facilitator positions are marked, facing oncoming traffic
• 2-up is OK, with Facilitator's approval.
Rider Self Evaluation Tips:
• **Swinging too wide away from cones.** Look at the next cone or beyond, decrease the lean angle and push less on the handlebars.
• **Hitting the cones.** Look past the cone, increase lean angle slightly and push more on the handlebars
• **Steering instead of counter-steering.** Speed too slow. Increase speed to 15-20 mph (25 to 35 kph).

Range Exercise 2: Straight Line Braking

What: To have riders learn and practice the principles and techniques of straight line braking.
Why: The smooth controlled application of both brakes is required to ensure the safe operation of your motorcycle.
Statement: Smooth braking techniques are required to maintain maximum control of your motorcycle. Front brakes account for 70- 80% of your braking force.
How:
• Travel down range at 15–20 mph (25 to 35 kph) in 2nd gear maintaining a steady throttle. Do not exceed 20 mph (35 kph).
• When your front tire passes the 1st set of cones, apply both brakes while squeezing in the clutch and downshifting into 1st gear. Come to a smooth stop at the 2nd set of cones.
• Use a smooth, progressive squeeze on the front brake and a steady to decreasing press on the rear brake.
• Head and eyes up, looking straight ahead.
• Use all four fingers on both the clutch and front brake levers.
• Hold your rear brake when stopped with your right foot and put your left foot down to hold the motorcycle in an upright position.
• Have downshifted to 1st gear and performed a mirror check.
• As you repeat the exercise progressively decrease your stopping distance.
Rider Self Evaluation Tips:
• **I am overshooting final cone.** Apply more even pressure to brakes.
• **My engine over revs when using front brake.** Close the throttle before braking. Avoid pulling back on the throttle when applying pressure to the front brake. Squeeze the front brake using all 4 fingers.
• **The bike leans when I stop and I have to put my right foot down first.** Keep the motorcycle on a straight course by keeping your head and eyes up, looking straight ahead, and square the handlebars. Do not release either brake until you come to a full stop.
• **I'm having a hard time downshifting into 1st gear.** Begin braking and downshift at the first cone. Squeeze the clutch, downshift to first gear and apply **both** brakes at the same time. Do not release the clutch.

Range Exercise 3: Braking in a Curve

What: To have riders learn and practice the principles and techniques of braking in a curve.
Why: In normal riding, the rider will sometimes be required to quickly and safely stop in a turn.
Statement: Aggressive braking in a curve with the motorcycle leaned may result in the motorcycle being unstable resulting in a crash.
How:
• Start in first gear, shift to 2nd, ride to the outside of the indicated turn at 12 to 15 mph (20 to 25 kph). As you reach the first cone, turn in the curved path indicated.
• After passing the second cone sequentially do the following:
o Look straight ahead
o Square the handlebars
o Squeeze the clutch and begin braking, using both brakes, while downshifting to 1st gear.
o Do not release the clutch; come to a smooth upright stop, left foot down, right foot remaining on the foot brake.
• All riders start on one side, and then switch to the other side.
Rider Self Evaluation Tips:
• **The motorcycle nearly fell over.** Straighten up the motorcycle and then apply the brakes. Be sure the handlebars are square with the motorcycle.
• **Stopping in too great of a distance.** Apply more pressure to the brakes once the motorcycle is straightened from the lean angle.
• **Rear wheel skid.** Apply even pressure on the rear brake (as opposed to a "panic" application), with a definite squeezing of the front brake. Use both brakes smoothly to stop. Keep pressure on the brakes until completely stopped.
• **Failed to downshift into 1st gear.** As you square the motorcycle squeeze the clutch, then begin braking and downshift. Do not release the clutch.

Range Exercise 4: Sharp Turns (2 parts: while moving, and from a stop)

What: To have riders learn and practice the principles and techniques of how to make sharp turns while moving and from a standing start.
Why: It is necessary to learn how to turn your motorcycle sharply to remain in the correct path of travel.
Statement: Practicing these drills will help to make sharp turns from stoplights or stop signs, pulling out of parking spaces or driveways, and turning into a driveway or onto a narrow street.

How:
• **Part 1:** In first gear, begin riding straight across the lot, increasing speed to approximately 10 mph (15 kph).
• Just before reaching the cue cones, use both brakes to slow and adjust speed for making a sharp turn to your left or right.
• As soon as the front tire has passed the cue cones start the turn. Use the friction zone to control your speed, use proper head turn, and slightly accelerate out of the turn as you smoothly release the clutch.
• **Part 2:** Start at the cue cones. Begin making a sharp turn from the starting point.
• Look though the turn as you lean your motorcycle, and slightly accelerate out of the turn as you smoothly release the clutch.
• 2-up is OK, with facilitator's approval, after rider has shown ability to handle sharp turns.
Rider Self Evaluation Tips:
• **Turning too short or too long.** Slow to a correct entry speed, keep your head and eyes up and look through the turn.
• **Not sure when or where to turn:** Start the turn when the front wheel passes the start cone. As you start the turn, turn your head sharply and look to the exit point.
• **Motorcycle wants to stall or wants to falls into the turn.** Concentrate on controlling your speed by correctly using the clutch friction zone. Turn your head sharply to help initiate the turn looking where you want to be at the end of the turn.

Range Exercise 5: Obstacle Avoidance

What: To have riders learn and practice the principles and techniques of how to swerve their motorcycle to quickly change their path of travel.
Why: It is necessary to learn how to swerve your motorcycle to avoid obstacles in your immediate path of travel.
Statement: Practicing this exercise will help to swerve properly to avoid potential hazards in the road like potholes, rocks and gravel, loose items that may have fallen from other vehicles, etc.
How:

• Begin at the start point, shift smoothly into second and maintain a speed of between 15 and 18 mph (25 to 30 kph). After the front wheel passes the first set of cones, perform a swerve maneuver and exit through the next two sets of cones.
• Maintain a steady speed. Do not roll off of the throttle or apply either brake.
• A swerve is defined as two consecutive counter steers. It is executed by forcefully pressing on the handlebars in the direction you want to swerve and then press in the opposite direction to
return to a straight path of travel.
• Allow the motorcycle to lean independently. Keep your weight off the back rest.
• 2-up is OK with Facilitator's approval.

Rider Self Evaluation Tips:

• **Driving through the swerve.** Press more aggressively on the handlebars in the direction of the swerve, in each direction.
• **Bike is not moving correctly under the rider.** Consciously sit up straight, weight off of the backrest when making the swerve.
• **Speed is varying through the swerve.** Keep wrist straight (as opposed to wrist up or wrist down position) when pressing on the handlebars, especially when swerving to the right. Do not brake during the swerve keeping your speed steady.

Range Exercise 6: Double U-Turns

What: To have riders learn and practice the principles and techniques of how to make a U-Turn in a tight radius.
Why: It is necessary to learn how to U-Turn your motorcycle to reverse the current path of direction.
Statement: Developing the ability to make tight U-turns in as short a radius as possible will require exaggerated use of head turns, the friction zone and counterbalance to the outside of the turn.

How:

• Enter the box on the right hand side. As the rider approaches the far end execute a left hand u-turn crossing back across the box. As the rider approaches the end of the box, execute a right hand u-turn. Proceed along the border, exiting the box.
• Stay in your comfort zone. This is not a competition.
•When making a U-Turn use the following sequence:
o Use your Brakes to slow the motorcycle prior to the turn.
o Shift your weight to the outside of the turn to counterbalance the motorcycle prior to the turn. This also helps you to turn your shoulders.
o Make an aggressive head and shoulder turn looking back to the other end of the box.
o Use your clutch Friction Zone to control and maintain your speed through the turn.
• As you repeat the exercise try to make sharper U-Turns.
• 2-up is OK with Facilitator's approval, after rider has successfully negotiated the U-Turns.

Rider Self Evaluation Tips:

• **Put a foot down in the turn.** Keep head and eyes up. Use more rpm and the clutch friction zone to control your speed.
• **Turning too wide.** Turn head sharply, looking back to corner cone behind you. Allow the motorcycle to lean in the tight turn. Use more counterbalancing by shifting your weight (butt) to outside of seat in the turn.

Rides

Saturday, March 7th: CPR/First Aid Class Clawson's Honda at 9:30 am

Saturday, March 14th: Blackhawk Car Museum in Danville leaving McDonald's (Target Shopping Center) at 8:00 am.

Next Get Together

Friday Night Coffee and Conversation: Starbuck's in Riverpark (near the circle) at 7:00 pm

Thursday Social: Thursday, March 12th: Dickey BBQ 1610 Herndon Ave
Clovis at 6:30 pm

Monthly Meeting: Saturday, March 21st: Yosemite Falls Cafe 4278 W Ashlan Ave Fresno at 8:30 am then Parking Lot Practice and Gunny's in Lemoore

Valley Riders

www.thevalleyriders.com

Find us on Facebook