

A CRASH COURSE FOR THE MOTORCYCLIST™



Author: Vicki Roberts-Sanfelipo, RN

ACCIDENT SCENE MANAGEMENT

Accident Scene Management, Inc. (ASM) was established in December 1996 in order to provide Bystander Assistance Education to motorcyclists after a similar program, Two Wheel Trauma, taught by Dick “Slider” Gilmore, was brought to Wisconsin for the annual Governor’s Conference on Highway Safety. A.B.A.T.E. of Wisconsin hosted the event and invited their members to attend along with professional rescuers. As a motorcyclist and a nurse, Vicki Sanfelipo was struck by the fact that though she had been CPR trained for years and had worked in hospital settings from Critical Care to Surgery, she had never felt properly trained to deal with the unique aspects of motorcycle trauma. Vicki was bothered by the fact that the general public expected her to know what to do at the scene of a motor vehicle crash, yet her RN training had not addressed “field” medicine. She felt further inadequate as she realized that the things she had always been told (never move anyone, never remove a helmet, head tilt chin lift, press on the chest) were **wrong**.

Vicki explained: “A few weeks after taking Slider’s Two Wheel Trauma Program I was traveling around Lake Huron with a nurse friend, Bobbi Comfort, who also rides a motorcycle. We stopped at a Shell station to get gas. I noticed a booklet that said “How to Help the Injured.” As we sat on the curb sipping our soda and talking, I told her about the class I had taken and asked her if she would know what to do if I were to crash. She thought for a moment and then admitted that she was not sure. She agreed to help me teach a class for some of our friends when we got home so they would know how to help us if it was one of us who went down. All the way home I daydreamed about how we could teach such a program. By the time I got home I was so excited that I shared my idea with Tony “Pan” Sanfelipo. He called Ron Thompson at the Wisconsin D.O.T. to tell him what I was planning to do”. It is with great appreciation that we thank the Wisconsin D.O.T. (Don Hagen and Ron Thompson) for their vision and willingness to support this program, the Wisconsin Health and Hospital Association (Carl Templin) for recognizing this great community effort, the State Medical Society (Julie Hein - in loving memory of her brother who was killed in a motorcycle crash) and the Hupy and Abraham law firm. A.B.A.T.E. of Wisconsin has assisted both financially and with promotion of classes since 1999. Chris Hawver co-founded the Road Guardians program in 2010 to give students and supporters a way to connect and help our organization. Since then, many organizations and individuals have stepped forward to make ASM the largest, most organized, and only accredited program in the World. We have expanded to several other countries and continue to grow. Thousands of students have been taught. We hear stories continuously of how our students have made a difference in the lives of those who needed them. Many long hours have gone into developing this program; therefore, my family deserves recognition as well for their support and patience. A very special thank you to everyone involved. This is a group effort that benefits the motorcycling community as a whole.



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Edited by: Dr Michael Butts, MD - Vicki Sanfelipo, RN - Michelle Inzunza, MSN – Steven Holt, Paramedic

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INTRODUCTION TO "A CRASH COURSE FOR THE MOTORCYCLIST"

The goals of this Bystander Assistance Program (BAP) are to reduce injuries and fatalities to motorcyclists through education. We use common sense and adult principles of learning to teach essential skills that connect the motorcyclist to the Emergency Medical System (EMS). Prehospital care can be started immediately by others who are first at the scene and are part of the US DOT Safe Systems initiative.¹ We also educate the participants regarding how Good Samaritan Laws protect them when they provide care. According to the National Safety Council, although motorcycles make up only 3% of all registered vehicles and 0.6% of all vehicle miles traveled in the United States, motorcyclists accounted for 15.5% of all traffic fatalities and 3.4% of all injuries in 2023. The number of nonfatal injuries increased by 0.6%, while the injury rate increased by 19% from 2022 to 2023³

A comprehensive survey of students who had taken ASM's Bystander Assistance Training was done in 2005.⁴ Results revealed that 29% of those responding had used the information since taking the class. Some were motorcycle crashes but others used it in a variety of ways such as the workplace and car crashes. 87% said that they drove more carefully after taking the class, 48% went on to seek further education with 11% going on to become Emergency Medical Responders or EMTs. 98% said that they felt the information was useful and 99% said that they would recommend the program to a friend.

In our classes, we do not address prevention of injury except as it relates to the rescuer. We will not teach motorcycle safety issues since we are limited on time and we believe that while we are the experts at this topic (emergency medical care), Motorcycle Safety instructors are the experts at the topic of safe riding. Because we believe not crashing in the first place is of utmost importance, we strongly recommend Motorcycle Rider Education classes, and we offer free motorcycle safety information on our website. **Topics in this class** will be limited to management of a crash scene. The information presented is based on National EMS Standards for EMR due to the nature of the training, First on the Scene Prehospital Trauma Life Support, and ILCOR recommendations, the international body that oversees CPR and First Aid recommendations.⁵

A full ASM certification class includes large group instruction and hands-on experience for critical skills. You will receive a Certificate of Completion at the end of a full day of training. Those who have completed "A Crash Course for the Motorcyclist" are eligible to take "Advanced Bystander Assistance" within two years, however, classes are best taken as close as possible together. Online and hands-on refresher classes are available for those who have completed Basic or Advanced classes and are recommended every two years. Hands-on refresher classes are the preferred method of refreshing skills with online refreshers as a backup when a hands-on class is not available. ASM strongly recommends that you take CPR and a Motorcycle Safety course to round out your education. To help you find CPR & Rider education classes, phone numbers are provided below. We have a professional class that is 3 hours long for EMS and Law Enforcement.



Prevent Further Injury - page 5
Assess the Situation - page 9
Contact the EMS - page 10
Treat the injured with life sustaining care - page 12



The more supplies you carry the more you can help. Consider both how much space you can dedicate & how much you can afford.

ASM strongly recommends that you carry adequate supplies. Trauma Kits geared toward motorcyclists along with other emergency supplies are available through our partner: <https://cpr-1staid.com>

At a minimum, each kit contains the following essential supplies:

Trauma shears, breathing barrier, 2 pair XL nitrile gloves, emergency blanket, 4 - pkgs. Sterile 4x4 gauze, Gauze roll, Triangular dressing, and Tape in a PVC-lined water-resistant soft sided pack.

ASM patches are only available to those who have completed the Basic 100 series class. An "Advanced" Rucker may be earned by completing the Advanced Bystander Assistance class.

Further Your Education

American Heart Association (800) 242-8721
American Red Cross (800) 733-2767
Motorcycle Safety Foundation (800) 446-9227

COURSE OBJECTIVES

PRESENTATION INFORMATION

MAIN POINTS/TOPICS	CONTENT OUTLINE	TIME FRAME (for live activities)	AUTHOR of enduring materials	LEARNER ENGAGEMENT STRATEGIES
List all main points or topics to be covered in this presentation.	Provide an outline of the content for each main point or topic to be covered in this presentation.	Approximate time required for the content on this topic.	Who is responsible for the curriculum?	How will you deliver the content/engage learners?
Introduction	<ol style="list-style-type: none"> 1. Pre-course Test 2. Who, what, why (includes objectives) 3. Disclosures 4. Legal: Good Samaritan Laws 5. Trauma supplies recommended 	25 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Power Point Presentation with lecture 2. Video 3. Demonstrations
Identify How to Prevent Further injury at a Crash Scene	<ol style="list-style-type: none"> 1. Secure the Scene (Traffic Control) 2. Make yourself Visible (Conspicuity) 3. Take Personal Precautions (PPE) 4. Handle the Motorcycle as necessary 5. How and When to Move the Injured if necessary 	120 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations 4. Practice moving people while providing spinal immobilization
Assess the Situation and Gather information for and contact the EMS	<ol style="list-style-type: none"> 1. Identify 4 kinds of motorcycle crashes and common related injuries 2. Review of Basic Anatomy 3. Identify Mechanisms of Injury as they relate to injuries 	45 minutes	Vicki Sanfelipo, RN Steven Holt Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Discussion with group participation

Contact the EMS	<ol style="list-style-type: none"> 1. Identify issues related to connecting to 911 dispatch 2. Anticipate questions that will likely be asked 3. Give information that assists dispatch to send appropriate help 	30 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Discussion with group participation
Treat the Injured in a Logical Manner using the cABCSS of Trauma	<ol style="list-style-type: none"> 1. Utilize cABCSS of Trauma to prioritize treatment 2. Identify life threatening and urgent injuries 3. Demonstration of a Rapid Head to Toe assessment 	20 minutes	Vicki Sanfelipo, RN Steven Holt Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations with Hands on return demo
Catastrophic Bleeding	<ol style="list-style-type: none"> 1. Identify the difference between bleeding that needs immediate attention vs bleeding that can wait 2. Direct Pressure/wound packing 3. Tourniquet application 	30 minutes	Vicki Sanfelipo, RN Steven Holt Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations with Hands on return demo
Airway Access	<ol style="list-style-type: none"> 4. When, Why and How to remove a helmet 5. Open the airway using the Jaw Thrust method to keep the neck straight 	45 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations
Breathing	<ol style="list-style-type: none"> 1. Perform Rescue Breathing utilizing jaw thrust method of holding the airway open 2. Use of rescue breathing barriers 3. Support of a person with trouble breathing 4. Treatment of an open chest wound 	40 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations
Circulation (Bleeding)	<ol style="list-style-type: none"> 1. Identify whether loss of circulation is from blood loss or cardiac arrest 2. Use pressure dressings and hemostatic dressings appropriately 3. Reiterate use of tourniquets on arms and legs 	25 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations

Shock	<ol style="list-style-type: none"> 1. Address 3 kinds of shock that are likely to be present at any trauma scene. Hypovolemic, Hypogenic, Psychogenic. 2. Able to verbalize what might be happening inside a body that we can't see (bleeding/bruising) <ol style="list-style-type: none"> a. Internal Bleeding b. Closed Head Injury 3. Identify ways to control psychogenic shock at the scene 	25 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations
Spinal Stabilization	<ol style="list-style-type: none"> 1. Able to demonstrate how to properly approach the injured to reduce movement of the neck 2. Able to demonstrate how to provide spinal motion restriction while, sitting, & laying down 	20 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Demonstrations
Post Course Activities	<ol style="list-style-type: none"> 1. Able to verbalize the list of priorities treatment. cABCSS 2. Post Course Test 3. Post Course Evaluation 	20 minutes	Vicki Sanfelipo, RN Steven Holt, Paramedic Michelle Hall, MSN Michael Butts, MD	<ol style="list-style-type: none"> 1. Written Materials – Textbook “A Crash Course for the Motorcyclist” 2. Power Point Presentation with lecture 3. Written Materials – Post Class survey (may complete written or use QR code to complete online) & written evaluation

EVIDENCE-BASED REFERENCES

BEST AVAILABLE EVIDENCE: EVIDENCE-BASED REFERENCES USED TO DEVELOP THIS ACTIVITY	LIST CITATIONS HERE: Include publication date or date information was accessed.
Information available from the following organization/website: (organization/web site must use current available evidence within past 5-7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)	2025-07 - https://www.naemt.org/education/trauma-education/phtls
Information available through peer-reviewed journal/resource (reference should be within past 5-7 years.):	2010-07-31 - https://www.jems.com/training/newly-certified-minnesota-trau/
Clinical guidelines (example - www.guidelines.gov):	2024 – American Heart Association and American Red Cross CROSS https://cpr.heart.org/en/resuscitation-science/first-aid-guidelines
Expert resource (individual, organization, educational institution) (book, article, web site) – if listing people, must list more than one:	2021-09-19 – Medscape https://emedicine.medscape.com/article/1413407-overview?req=1#1 2023-04-12 – Pre-Hospital Trauma Life Support https://www.naemt.org/education/phtls 2015-06-19 – national institutes of health https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744764/
Textbook reference:	2024 – American Heart Association AED CPR First Aid 2025 – American Heart Association BLS 2024 – American Red Cross – First Aid/CPR/AED 2023 – Emergency Medical Responder -12 th Edition

P = PREVENT FURTHER INJURY

First - one person should take charge. This is usually the person at the scene with the most training. If other people are available, give them tasks.

Secure the Scene: #1 rule: Don't hurt yourself while trying to help someone else!

- Someone takes charge of the scene
- Move uninvolved vehicles completely off the road and put flashers on
- Leave room (100 ft.) on either side of the crash for emergency vehicles
- Take a moment to make yourself and the site visible:
 - Activate vehicle flashers
 - Reflective tape and clothing
 - Strobes/flashlights/glowsticks
 - Light-colored clothing
- Control Traffic – you may need several people for this task
 - Send someone at least 100 feet from crash in either direction to slow traffic
 - Send someone around a curve if there is one
 - Send someone to the top of a hill if there is one
 - If you are in town, send someone to the next intersection in each direction
 - Consider the vehicle-stopping distance
 - If able, send two people each direction if highway speed



Notes:

- Consider how you appear to others
- Do not turn vehicles around to shine headlights in the opposite direction since this can be disorienting to oncoming traffic
- 70% of crashes occur at intersections

STOPPING DISTANCES				
mph	Fps	Reaction distance	Stopping distance	Total distance to stop
55	80	60	125	185
65	96	72	174	246
75	110	83	232	315
85	125	94	298	392

Speed x 4
(gets you in the ballpark)

Blood and Disease Transmission:

Transmission of disease can occur when microorganisms from one person enter another person through blood-to-blood contact or by being inhaled. If you have broken skin and are caring for someone who is bleeding you have a path for microorganisms to enter your body and infect you. If you are leaning over someone and they cough, you can become infected if you inhale an infected person's aerosolized secretions.



Surgical Protection

Protect yourself by using things that you have available, such as riding gloves, glasses, and bandanas. Medical exam gloves are best for covering your hands; however, your hands are considered "contaminated" until they are washed **even if you wore gloves!** Antiseptic waterless hand wash can be used on intact skin where no soap and water are present. In addition to wearing gloves and washing your hands as soon as possible, you should also be careful not to cross contaminate the scene by observing the following:



Biker Protection

- Be sure to cover your eyes, mouth, nose, and hands
- Avoid being splashed by blood or other fluids
- Place a barrier between you and the victim's blood or body fluids
- Cover any cuts, scrapes or skin conditions you have
- Avoid drinking or touching your mouth, eyes, or nose while providing care or before washing your hands
- Avoid touching objects that may have been contaminated with blood or other body fluids
- Avoid handling of any of your personal items such as pens or keys while providing care or before washing your hands



Gathering Evidence at the Scene

- Don't disturb potential evidence - even very small items may be significant.
- If you must move a vehicle that was involved, try to mark and describe to the police where the vehicle was before you moved it.
- Gather names and phone numbers of potential witnesses.



A picture tells a thousand words

Write your observations down as soon as possible after the incident. If at all possible, take pictures! Kits are available to help you gather important information right away



Take Photos from all points

Handling of the Motorcycle:

Lifting a motorcycle:

One person: Turn the handlebars to a 90-degree angle. Squeeze the brake if you are able. Squat and use your thigh muscles to lift. Allow the person to move themselves away from the motorcycle if they are able. Be careful not to pinch their leg or ankle between the frame and the ground.



One person Bike Lift

Two- Three people (preferred): **One** person turns the handlebars to a 90-degree angle and applies the brake if able. The second person should help with the leg that is still straddling the motorcycle or help move the person out from under the bike. If a **third** person is available, they should lift from the frame at the back of the motorcycle.



Two -person lift



Two-person move

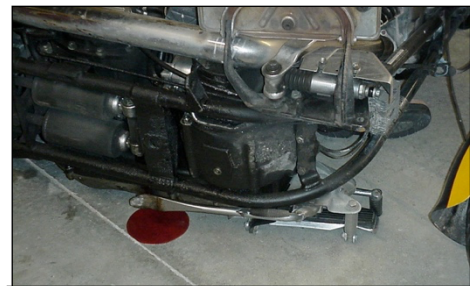


Three-person lift

Leave your gloves on if at all possible! Turn the gas off. Be aware of moving parts and sharp fenders. Both people squat and use thigh muscles to lift. Count out loud “1,2,3” to coordinate the lift. A third person could help with the leg that is still straddling the motorcycle or help move the person out from under the bike.

Consider crushed metal, broken bones, or a possible injured pelvis. You may have to move either the motorcycle or the person. Other considerations are:

- **Heat:** Hot pipes, hot fluid, brake rotors, engine
- **Chemicals:** Battery acid, gas, brake fluid, gas, radiators
- **Sharp Objects:** Sharp metal objects, broken glass and plastic



Protect yourself from spilled fluids and crushed metal

Moving the Injured

Move the injured only if they are in immediate danger:

In most situations the injured person should be left where they are. **Moving someone always risks further injury.** This is a decision that must be made by asking yourself which would cause more harm, leaving the person where they are or moving them. The following are some situations where you must move an injured person so they won't suffer further injury

- Face down and not breathing
- Hot pipe laying on leg
- Lying in a puddle of gas
- Lying in the middle of the road just over a hill or around a curve where the person may be hit by another vehicle
- Night time and you must leave the injured to call for help.



The person may need to be moved

When the decision is made that a move is necessary it is important to move the person while considering **Spinal Stabilization**. Basic principles of movement: **Less movement is better**. Move head first if possible.

The following moves will be demonstrated and practiced:

- **Log Rolling:**

Points of contact: head, shoulder, hip, below knee. The person with the most training takes the head. Once everyone is in place, they will count 1,2,3 before moving so that everyone rolls the person at the same time. Notice that the people at the hips are crossing arms so that they can feel each other's movement.



Log Roll

- **Blanket Drag:** be sure the blanket is under the shoulders and hips. Having the blanket under the head is more important than having it under the feet.



Blanket Drag

Note: If you are alone you may need to “**make them slippery.**” Use the log rolling technique to place something smooth under the person to reduce friction. If you don't have a blanket, you can use a vest or a jacket placed under the hips since the majority of a person's weight is in the hips. Use several people if they are available. If you are the only person trained, you will be in control of the head & neck.

- **Armpit Drag:** Reach under the armpits. support the head and neck with your forearms. Do not use the person's jacket to drag them since this puts traction on the neck.



Armpit Drag

- **Recovery Position:** (puke & drool position) Use the person's arm to support their head. Use their knee as a “kickstand” to prevent the person from falling over. Do not allow the person to roll onto their back since this may cause them to have difficulty breathing. Be sure to keep the head, neck and spine straight.



Leave unmonitored or unconscious person in a Puke and Drool position

General Principles of Movement:

- Keep the head, neck and spine straight
- Move head first if possible
- Use 3-4 people if possible
- Less movement is better
- Slide, do not lift
- Have one person be in charge of supporting a broken extremity if there is one



One person Log Roll
Keep the head, neck and spine straight

A = ASSESS THE SITUATION

“**Mechanisms of Injury**” will give you the clues that you need to look beyond what you can see in order to help determine potential injuries and their severity.

All injuries are the result of rapid **Deceleration and Compression**

- **Kinematics of Trauma** (Kinetics - the study of motion)
Newton’s Laws of Motion: States that a body in motion continues in motion unless acted upon by an outside force.

Force of impact = speed of the vehicle or vehicles as they impact.

Example: cycle @55mph vs. tree = impact of 55mph

cycle @55mph vs. car @55mph = impact of 110mph

- **Collisions:** A minimum of three collisions will occur with each accident
 - Cycle collides with an object
 - Body is thrust forward at the time of impact until collision with an object
 - Internal organs are thrust forward by the impact until they come into contact with something or tear away from ligaments or constraints

Four Types of Collisions

Head On



Head, Neck, Chest, Abdomen, Arms,
Groin, Femur Fractures

Angular (Side Swipe)



Arm, Pelvis, Leg, Ankle, Amputation
Both sides injured

Laying the Bike Down



Shoulder, Ribs, Arms, Leg,
Road Rash, Burns

Ejection



Head, Spinal Cord

Evaluation of possible injuries

- How did the rider exit the cycle?
- Look at the motorcycle for potential mechanisms of injury.
- Look at the distance traveled from the point of impact for clues of possible injuries.
- Look at the object that stopped the motion for further clues.

Note: There is an increased risk of severe injury or fatality with a rider who was ejected from the cycle compared to laying the bike down.

Motorcycle as a Mechanism of Injury

Compare injuries to how the person exited the bike and look for the source of the injury.

- Design - handlebars, windshields, foot pegs, engine guards, pipes, mirrors, wheels
- Special designs – customizing, i.e., gas caps, sissy bars, open primary
- Chemicals and heat – battery, brake fluid, pipes



C = CONTACT THE EMS

Emergency Medical System (EMS)

If you have to send someone to call the EMS:

- Make sure to do a quick assessment of the situation **first** if you are sending someone to call for help
- Send “Lovely Lisa,” not “Scary Hairy”
- Ask the person to return so you know the call has been made

If YOU have to leave to call for help:

Make sure have assessed the person and that they are in a safe position (side lying)
If they have injuries that need your attention, do not leave.

Making the call

- 911 - Central Dispatcher.
- Enhanced 911 - Same as above but if calling from a “land line;” the address will show up on the screen for the dispatcher. Some have cell phone locators.
- Try text to 911 if you cannot get a connection.
- May not be local operator. You may be transferred.

Cell Phones: Most EMS calls are made from cell phones. Problems are:

- The signal may be received over 100 miles away.
- No service area
- Disconnect – be sure they have your number
- Many services now use GPS to locate cell user but this is dependent upon capable equipment on both ends



Satellite Communicators: Examples: Garmin InReach, SPOT device. Increase ability to locate you in remote areas. Paid service provides operators who can get in touch with EMS and give location.

Giving Information: Give your name and phone # right away (or ask if they have your number). This is done in case you lose your signal. **Allow the dispatcher to guide the call.** Be prepared to give the following information:

What happened – Head-on crash? Bike lost control? Be brief.

Numbers of victims / Number of vehicles – This helps EMS dispatch the proper amount and kind of help.

Location - give as many details as you can. Be aware that the first thing the dispatcher needs to know is where the crash occurred. Be ready with the following information:

- Mile markers
- Street signs
- House numbers
- Fire numbers
- Exit signs
- Where you are coming from and where you are headed
- Identifiable landmarks



Give as many details as possible

Possible injuries – This helps EMS prepare equipment and supplies while on the way to the scene. It is OK to guess at possible injuries.

Notes:

Common location names can create a problem: Be specific! Townline Road, Pine Lake, Main Street are not good clues by themselves. More specific information is needed. Do not hang up until the dispatcher tells you to. They may need you to stay on the line for further information!



The Golden Hour – Minimize time on the scene. Goal of the EMS is to get a victim of severe trauma to the care they need within one hour. When this goal is met, fatalities have been minimized. Gather information while waiting for help to arrive:

Conscious: Gather information - Ask the person their name immediately and use it frequently as you talk to them. Be sure to get name and the phone # of a friend or relative. Write this information down! If the person becomes unconscious this may be the only way to get more information. Ask where they live. You can continue to gather information for the dispatcher while you are waiting for the ambulance to arrive.

- S** Record the time of the crash
- S** Signs/Symptoms (i.e.: where does it hurt?)
- A** Allergies
- M** Medications – name or what it’s for
- P** Physician and any pertinent medical history
- L** Last time they had anything to eat or drink
- E** Events leading up to the crash – especially if unexplained crash (i.e., suddenly loses control for no apparent reason)



Look for medical alert bracelets on the neck or wrist

Unconscious: Look for medical and emergency contact information on jewelry, in wallet, or in the injured person’s phone.

When professional help arrives, allow them to take over. Offer information and your assistance, and then stand by in case more help or information is needed. They will know that you have training by how you conduct yourself. You will be taken more seriously if you simply wear gloves!

T = TREAT THE INJURED WITH LIFE SUSTAINING CARE

The following information will deal with **life-threatening and serious injury** at the scene of a crash since the goals of this class are to reduce injuries and fatalities at the scene of a crash. The techniques taught, however, may be used in any traumatic situation. First remember to concentrate on life threatening injuries:

cABCSS of Trauma™

c= Catastrophic Bleeding

A = Airway. B = Breathing. C = Circulation (Bleeding you can see)

S = Shock (Bleeding you can’t see) S = Spinal Stabilization

When dealing with a crash, remember to always keep P.A.C.T. in mind. Address PACT and cABCSS of trauma in order. This will help you determine your priorities.

Prevent further injury (safety)

Assess the situation

Contact the EMS - initiate the system as soon as possible. Do not delay!

Treat Injuries

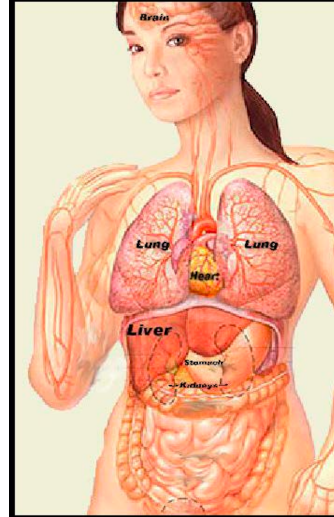
Rapid Head to Toe Assessment

To determine which injuries need your attention first, do a rapid head to toe assessment. Approach at eye level. Ask the injured if it is OK for you to touch them. Methodically and considerately move your hands from their head to their shoulders, checking each arm, and continuing to the toes. Instead of touching the chest, ask the injured to take a deep breath. Watch their face for grimacing and ask them to tell you if touching hurts. Do not press hard.

Box of Life

Injuries that happen to the Head, neck, chest, and abdomen are more likely to be life threatening or fatal due to difficulty controlling bleeding in the “field”




Look first at the arms and legs since this is where bleeding is easiest to control with bleeding control measures that will be covered in detail in the Circulation section of cABCSS



c – Catastrophic Bleeding

It is important that catastrophic bleeding is identified and controlled as quickly as possible. Direct pressure and tourniquets help to keep the blood in the vessels so it can be circulated to the brain. Tourniquets can only be placed on the arms or legs so find and treat serious bleeding immediately, even if you feel the person is also not breathing. You will address breathing next.

HOW TO RECOGNIZE SERIOUS CATASTROPHIC BLEEDING

		
SLOW TRICKLE <i>Abrasions - Road Rash</i>	STEADY FLOW DARKER COLOR <i>Superficial Laceration</i>	SPURTING OR PULSATING BRIGHT RED COLOR <i>Deep Laceration - Gaping Wound</i>
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Capillary bleeding is the most common and usually minor, while venous bleeding involves a steady flow of dark red blood. This bleeding can wait a moment while you assess the entire situation looking for Arterial bleeding.

Arterial bleeding is characterized by bright red blood spurting from the wound due to the high pressure of blood flow from the heart. In general, you have about 3 minutes to get this bleeding under control.

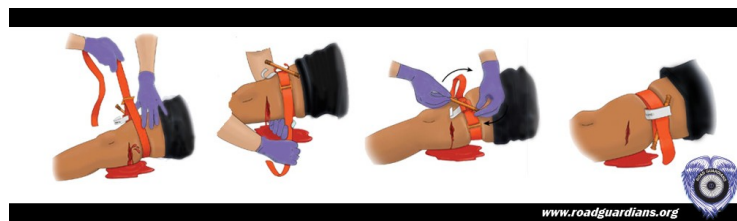
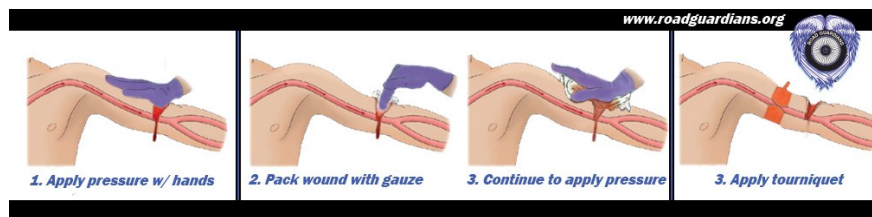
- **Direct Pressure**

Start Here. Place direct pressure over where the person is bleeding with your gloved hand while you retrieve gauze from your kit. Tuck the gauze into any open wound to fill the gap and then press firmly with the palm of your hand.

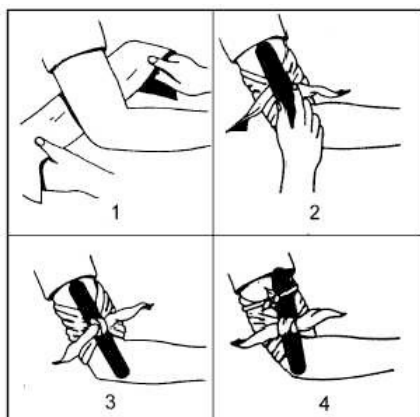
- **Tourniquet**⁸

If bleeding does not stop AND it is coming from an arm or a leg, you should apply a tourniquet. Tourniquets are used to squeeze the artery against the bone and are designed to cut off all blood flow. They can remain on for hours without causing tissue death. A commercially prepared tourniquet works best. The most popular is the Combat Application style tourniquet. The tourniquet should be 1.5-2 inches wide with a soft band and include a windlass

If you do not have immediate access to a commercially prepared tourniquet (careful, there are many substandard tourniquets being marketed), you may need to apply an “improvised tourniquet.”



Improvised Tourniquet



- Use a tourniquet on arms or legs only
- Choose a “long bone” – above the elbow or above the knee whenever possible but stay at least two inches above the area that is bleeding.
- Apply snugly and then turn the windlass until the bleeding stops.
- Record the time the tourniquet was applied on the tourniquet or on the victim’s skin near the tourniquet.
- DO NOT loosen the tourniquet once it is in place no matter what!
- If a 2nd tourniquet is needed, place it above the first tourniquet.
- Assess and treat for shock

AIRWAY

The Problem: Breathing is essential to life. All body systems are sustained by oxygenation through breathing and circulation. Trauma that results in CPR results in a poor chance of survival. Head tilt/chin lift and pumping on the chest is great for heart attack but not for trauma. CPR is a last resort in trauma. Because CPR is the recommended treatment for heart problems and **might** have to be used in trauma, we **STRONGLY** encourage ASM students to take a CPR class in addition to this trauma-based training. Because the most common problems at a crash scene that **can lead to cardiac arrest** are breathing and bleeding, we will address the issue of breathing and bleeding emergencies in the hope that if these life-threatening problems are recognized and addressed so the chance of cardiac arrest will be greatly reduced.

Assess: Make sure the person is breathing by asking them if they're O.K.

- if the injured rider answers you, they are breathing. Moaning also indicates breathing.

Note: Breathing must be restored within 5 minutes or cell death will begin to occur

- Look, Listen and Feel for breathing.³ The chest must be exposed in order to see if there is a rise and fall in the chest.

Look at the chest to see if it rises and falls with breaths.

Listen closely at the mouth for breathing.

Feel the chest for movement.

Feel at the nose and mouth for air escaping.



Treat:

- If no breathing is detected, open the airway using the **Jaw Thrust**⁶ method since neck or spine injuries should be suspected in **all** non-breathing traumatic injury victims. Re-assess breathing after opening the airway. Jaw thrust is used to lift the tongue from the back of the throat, creating a passageway for air. If the person has **not** lost their inherent ability to breathe, they will breathe on their own when the tongue is lifted and you will see a rise and fall of the chest



BREATHING

Assess: After the jaw has been lifted and you have done a Look, Listen, Feel assessment; If there is still no sign of breathing:

Treat:

- Use a rescue-breathing barrier if you have one available.
- While performing the Jaw Thrust, make a good seal over the mouth and nose.



Note: if you do not have a barrier, you are not expected to put your mouth over another person's mouth.

To give breaths: Blow just enough air to make the chest rise. Give two rescue breaths initially. If the air doesn't go in the first time, reposition and try again. Once the two breaths have been given, continue with one breath every six seconds for an adult or one breath every three seconds for a child.

- Adequate breaths are determined by a gentle rise and fall in the chest.
- Do not stop unless breathing returns, someone else takes over, or you are too exhausted to continue.

Common Problems:

- Not a good seal
- Too much or not enough air!
- Gastric Distension (air in the stomach)
- Vomiting or blocked airway - turn on the side, sweep the mouth, place them onto their back again and continue rescue breathing
- Helmet may prevent access to manage the airway

Pocket Mask Technique



Flat Barrier Technique



Note: Rescue breathing takes priority over spinal immobilization. If you are unable to get air in using the jaw thrust you will need to do a head tilt, chin lift as taught in CPR.

Full Face Helmet Removal for non-breathing victim

Technique as recommended by the "American Academy of Orthopedic Surgeons" ⁷

Note: In most circumstances the helmet should remain on.

The helmet should be removed only if it interferes with the ability to control the person's airway. In most circumstances this would be the result of the injured person not breathing or vomiting. Since the only helmet that interferes with access to a person's mouth and jaw is the full-face helmet, this is the one that we will be learning to remove. As you approach the injured, you can make the following observations:

- Full Face Helmet on
- Person is not responding to you verbally (assess breathing immediately)

If the helmet is full faced, look to see if the chin bar can be lifted or removed. Even with the chin bar lifted, the helmet may still prevent you from performing a jaw thrust. Remember that *if the helmet prevents you from being able to control the person's airway* – you will need to remove it.

Principle: The helmet must be maneuvered over the nose and past the ears while the head and neck are held as still as possible.

According to the American Academy of Orthopedic Surgeons, two people are necessary to safely remove the helmet. A full assessment of breathing must be complete before



helmet removal is attempted. Be sure to lift the face shield. If no breathing is detected and jaw thrust is ineffective, the head should be **pivoted** to a neutral position. If resistance is met at any time while moving the neck, you must stop at that point and continue removing the helmet with the head in that position. Reassess breathing after each step before continuing.

Rescuer One: Controls the Helmet

Rescuer Two: Stabilizes the Head and Neck

- **Rescuer ONE** stabilizes the helmet by placing hands on each side of the helmet with the fingers on the victim's jaw. This prevents movement as the strap is loosened.
- **Rescuer TWO** loosens or cuts the strap and hands the straps to rescuer ONE.
- **Rescuer TWO** places one hand under the neck near the helmet and the other hand on the jaw with the thumb on one side of the jaw and the index and middle finger on the other side. Note: be sure your grasp is on the jaw, not the neck.
- **Rescuer ONE** pulls the helmet off straight back pulling out on the helmet at the straps to clear the ears. Rescuer TWO moves the hand at the back of the neck along with the helmet as it is removed in order to accept the weight of the head. Note: support your forearm on the ground to help support the weight of the head.
- **Rescuer ONE** returns to place hands on either side of the head once the helmet has been removed.
- **Rescuer TWO** assists by filling the space between the head and the ground, or to lower the head to the ground before rescuer one removes their hands. Rescue breathing may now be initiated if needed. ...

		
<p>1. With Visor up: Look, Listen, & Feel for breathing</p>	<p>2. Remove or cut chin strap</p>	<p>3. Slowly rotate the head to inline position</p>
		
<p>4. Remove glasses & other items</p>	<p>5. Rescuer Two gets into position with one hand on the chin and the other at the neck</p>	<p>6. Helmet is removed by pulling straight back while watching the nose</p>

		<p>Notes: As each step is completed, assess for breathing</p> <p>If you meet resistance while rotating the head into inline position, stop and take the helmet off in that position.</p> <p>As you pull the helmet off, be sure to visualize the nose so you do not get caught on the nose</p>
<p>7. Once the helmet is off, fill the space left between the ground and the person's head</p>	<p>8. Be sure to implement airway treatment once helmet is off.</p>	<p>There is no safe way to push the helmet back on the head. Once you begin taking it off you must complete the procedure.</p>

Additional hints:

- Look to see if chin bar can be removed or flipped up.
- Some helmets have a fog guard that needs to be removed before taking the helmet off.
- Helmet straps can be found in several styles: clip, push button, and D-Ring.
- If cut, do so with a trauma shear using care not to poke the skin as the strap will likely be pulled tight from the impact.
- Be aware of earrings. Do not attempt to remove the earrings. Do not pull on them unnecessarily.
- Eyeglasses must be removed.
- Look for microphones on the inside of the helmet.
- Helmet may need to be tilted back slightly to clear the nose. Be careful not to catch and pull on the back of the neck.
- If a shirt or other item is available you may fill the space that is left between the head and the ground but don't lift the head to place anything underneath and don't waste time looking around for something to fill the space. Rescue breathing is the priority!
- Send the helmet with the EMS
- "Do not Remove Helmet" stickers are meant to keep people from needlessly removing a helmet. If you are trained and the person is not breathing – removing the helmet is the only way to access the airway.



"Do not remove" stickers may also contain medical information. They are located on the left rear of the helmet, left inside windshield, or left handlebar. There are several variations of the "Do Not Remove" sticker, and Medical Information Stickers, including QR codes.

Chest Injuries:

Lungs, Heart, Major Vessels, Diaphragm, Ribs.

Trauma to the chest can cause a broken rib or an object to puncture a lung or even the chest wall. If air is allowed to enter the chest cavity it may cause a lung to collapse.

Assess: The person may have one or all of the following symptoms

- Coughing or spitting up blood
- Have difficulty breathing
- Have an uneven rise and fall in their chest with breaths
- Have blue lips or nail beds
- Appear anxious or distressed
- Confusion from lack of oxygen

Treat:

- Attempt to calm the person but do not ask too many questions since answering them will be difficult due to trouble breathing.
- Encourage slow deep breaths.
- Do not lay the person down if they're able to sit.
- Prepare for the fact that the person may lose consciousness. Sit behind them, Prepare supplies and review (silently) rescue breathing.



The person will appear anxious



Allow person to sit



Support broken ribs. No pressure!

Flail-Chest - If broken ribs are suspected use something to support the area. Do not apply pressure since this can cause a broken rib to puncture a lung.

Sucking Chest wound – New treatment as of 2024: Cover the wound with a clean dressing. Do not apply an occlusive dressing since that can trap air in the chest cavity.

Note: Do not attempt to give rescue breaths to someone who is still conscious!

CIRCULATION = Bleeding you can see

Assess:

Once Catastrophic Bleeding and the Airway and Breathing have been addressed, you will look for and correct significant bleeding that you can see. Since blood carries oxygen to the rest of the body, you will want to be sure that the person doesn't lose so much blood that they have none to circulate! Scan the body from head to toe looking for obvious bleeding. Correct the most serious bleeding first.

Treat:

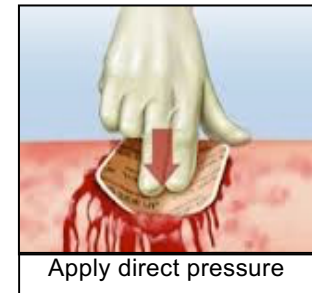
General Bleeding Management ⁴

Direct Pressure

While wearing medical gloves, use a piece of gauze to place direct pressure over the site that is bleeding. You can add more gauze if desired but you should not remove the first piece of gauze since this will disturb the clotting that has begun. Folding the gauze can help put more pressure directly where you need it. It is OK to pack gauze into a wound if needed.



Hemostatic Dressings can be applied to severely bleeding wounds to assist with clotting. Pack the wound with the dressing. Use sterile roll gauze to pack if necessary. Hemostatic dressings have a powdered substance that aids in clotting. Two popular brands are QuikClot and Celox. An inexpensive alternative is Calcium Alginate which is classified as a medium hemostatic



Note: Do not use pressure or elevate if there is an obvious broken or dislocated bone. You would skip directly to tourniquet to control bleeding

Refer to Catastrophic Bleeding section if bleeding can not be controlled



Once bleeding has been controlled, you can apply a pressure dressing. After applying the dressing, be sure to check that the dressing has not cut off the circulation. Do this by having the person wiggle their fingers or toes. Look at the color – the fingers and nail beds should be pink, not pale or blue tinged.

Orthopedic Injuries – (Broken Bones):

Orthopedic and soft tissue injuries are the **most common** motorcycle-related injuries.

Assess: Use trauma shears to expose the suspected area of injury. Suspect a fracture or dislocation if:

- The injured area is deformed
- The injured area is cold and numb
- The person is unable to use the extremity normally
- The person heard popping or a snap
- The person complains of moderate to severe pain



Types of fractures:

Closed Fracture - No outward sign other than pain and swelling. Extremity may be deformed. There is potential for internal bleeding. Keep a close eye on the swelling.

Open Fracture - Broken skin with bone protruding. A severed bone may rupture arteries, which increases concern of bleeding, especially if it involves a femur or pelvic fractures.

Dislocation – The bone is not broken but has pulled out of the joint. There may be soft tissue damage and this can be either open or closed.

Treatment: Life-threatening bleeding must be treated immediately. Since you should not elevate or put pressure on a broken bone, a hemostatic dressing or tourniquet may be necessary

- Restrictive clothing and jewelry must be removed ASAP to allow for swelling.
- Address any serious bleeding
- Cover gaping wounds with sterile gauze.
- Support the broken or dislocated bone with a splint or simply by holding the bone on either side of the break or dislocation. Ask permission (i.e., “Would you like me to help you”?). Elaborate splinting is not necessary. Splinting is mainly for comfort.
- Keep a person warm and calm.
- Assess for other injuries.



Remove restrictive clothing & jewelry



Support the break and apply an ice pack

SHOCK = Bleeding you can't see

You may not be able to determine the cause of shock. The body releases adrenaline which often masks the underlying cause. Example: A person with a broken leg is up walking around dazed.

Types of trauma-related shock:

Hypovolemic	Loss of blood (volume)
Neurogenic	Injury to the brain or spinal column
Psychogenic	Psychological response to trauma (hearing is the last sense to go.)

Note: More than one type of shock may be present. The more types of shock that are present the greater the emergency. You can assume that Psychogenic Shock exists. Regardless of the cause of shock – the symptoms and treatment remain the same.

Hypovolemic Shock⁹: Hidden Blood can be the most life threatening

Abdominal Injuries:

The abdomen (belly) houses the major organs of the body, which are all very vascular meaning that they bleed easily. Always suspect internal bleeding when trauma to this area has occurred. The severity of these injuries is often underestimated. Two liters of blood can be lost in the abdomen and pelvis.

Note: The normal human body has about five liters of blood in it. A one liter of blood loss is considered serious and two liters is considered critical (unlikely to survive).

Assess: Surface trauma may be minimal or non-existent. Observe for:

- Guarding of the abdomen
- Vomiting
- Rigidity (round firm belly)
- Signs of shock
- Consider mechanism of injury



Look for bruised or round firm belly



Protruding organs must be covered

Treat:

- Lay the injured person flat and elevate uninjured legs. Treat them for shock covering to keep them warm.
- Watch for a change in the size and firmness of the belly
- Abdominal Evisceration (organs are protruding). Cover wound with moist sterile gauze and an occlusive dressing to keep moisture and heat in. Do not replace protruding organs. Treat for shock.
- Do not give the injured anything to drink since this person will be very likely to need surgery.
- Remain calm
- Gather information for the EMS



Cover exposed organs. Keep warm and moist

Note: You cannot control bleeding in this area by using general bleeding management. Time is of the essence since this person needs things you cannot provide such as IV fluid, blood, oxygen, and surgery. Do not delay calling for EMS.

Assess: Symptoms: Shock can be difficult to assess but you will see most or all of these symptoms. Look for the **big picture**:

- Restlessness or irritability
- Altered consciousness (confused)
- Pale, cool, moist skin
- Rapid breathing
- Rapid pulse
- Nausea
- Excessive thirst

Treat:

- Keep a person calm and still. Be reassuring.
- Control external bleeding.
- Have injured lay down and bend their legs. If leg injuries are suspected, leave the injured leg flat.
- If they complain of thirst, do not give the injured anything to drink since they may need surgery.
- Watch breathing carefully since the person may deteriorate rapidly.



Shock position: Lay flat and bend or elevate uninjured legs



Cover to keep warm

- Gather information early for the EMS.
- Cover the person to keep them warm.

Hypothermia (low body temperature) will make shock worse. ³ The skin is our body's largest organ and may not work well in a trauma situation. Road rash and other injuries may damage the skin, making it difficult for the skin to heat or cool the body. Head injury can also affect the body's ability to heat or cool since our "thermostat" is located in the brain. Even if it's 70-75 degrees outside, hypothermia should be suspected.

Contributing factors are:

- Wind chill
- Rain
- Clothing
- Conduction
- Age
- Alcohol/Drugs
- Health status

Riding Speed (MPH)	Air Temperature (degrees Fahrenheit)															
	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	
5	27	32	37	43	48	53	58	64	69	74	79	85	90	95	100	
10	16	22	28	34	40	47	53	59	65	71	77	84	90	96	102	
15	9	15	22	29	36	42	49	56	63	69	76	83	90	96	103	
20	4	11	18	25	32	39	47	54	61	68	75	82	89	97	104	
25	0	8	15	22	30	37	45	52	59	67	74	82	89	97	105	
30	-3	5	13	20	28	36	43	51	58	66	74	82	89	97	105	
35	-5	3	11	19	27	35	42	50	57	66	74	81	89	97	105	
40	-6	2	10	18	26	34	42	50	57	65	73	81	89	97	105	
45	-7	1	9	17	25	33	41	49	57	65	73	81	89	97	105	
50	-7	1	9	17	25	33	41	49	57	65	73	81	89	97	105	
55	-8	0	9	17	25	33	41	49	57	65	73	81	89	97	105	
60	-8	-1	9	17	25	33	41	49	57	65	73	81	89	97	105	
65	-9	-1	9	17	25	33	41	49	57	65	73	71	89	97	105	

Treatment:

- Provide shelter (move only if necessary)
- Dry the skin and cover them with something dry.
- Place hot packs under arms, on the neck, or in the groin area

Warning: Do not place medical grade hot packs directly on the skin since they get so hot that they can cause burns!

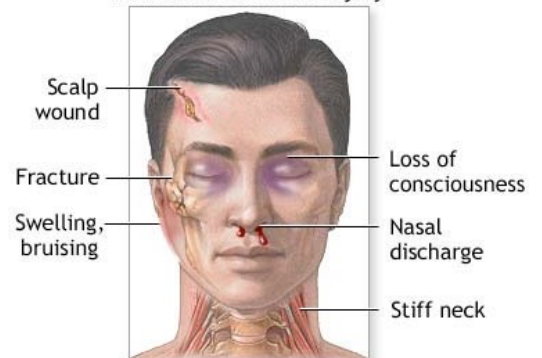
Neurogenic Shock: (Head Injury)

Head injuries should be suspected in all motorcycle crashes. The brain is contained in your skull. There is no "give" to the skull if swelling occurs. The brain controls major autonomic functions of the body such as breathing.

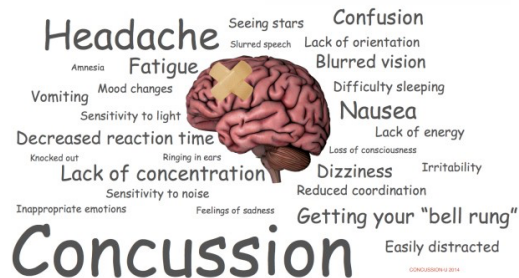
Assess:

- Airway – bleeding inside the head can put pressure on the brain stem, which controls the drive to breathe.
- Bleeding can be significant
- Condition may deteriorate rapidly
- Bruising around eyes
- Bleeding from ears or nose that apparently weren't injured
- Headache
- Visual disturbance
- Nausea or vomiting
- Confusion or unusual behavior
- Seizures
- Mechanism of injury

Indications of a head injury



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Treat:

- Keep the person calm and reassure them by staying with them and talking to them. Touch is comforting to most people.
- Watch for changes in level of consciousness or breathing.
- Keep the person warm and treat them for shock. Do not move them unless absolutely necessary.
- Seizures: Protect from further injury but do not attempt to restrain. **Do Not** place anything between the teeth. Watch for breathing issues. Reassure, respect dignity.
- Do not place anything under the person's head
- If fluid is noticed from ears or nose, do not apply pressure or attempt to block drainage. Do not apply pressure to any bleeding head wound. Though head wounds tend to bleed profusely, a bone shard pushed into brain tissue could cause more damage.



SPINAL STABILIZATION

Because spinal cord injuries should be suspected in all motorcycle crashes, spinal stabilization (often referred to as Spinal Motion Restriction¹⁰) will be required regardless of symptoms.

Note: Once you assist by providing spinal stabilization you should not let go unless a higher priority manifests itself. Perform all other tasks first or give the task of reducing spinal motion to another person at the scene as long as you are able to give direction and monitor their activity.

Spinal Injury:

Assess: The symptoms you see will be dependent upon where the spinal cord is injured. A low back injury will affect just the legs while a high cervical spine injury may affect vital functions such as breathing.

- Assess for difficulty breathing.
- May complain of numbness or tingling in their extremities.
- Ask the person to wiggle their fingers or toes. Check the feeling in their fingers and toes.
- They may lose control of their bladder or bowels. Treat:
- If the person must be moved, do so keeping body in alignment, supporting the head and neck. See moving the injured in “Prevent Further Injury” section. Enlist as much help as possible to accomplish this task without twisting the body or neck. Less movement is better!
- Do not lift the head to place anything underneath it.
- Remain calm and reassure the injured. Be aware that they are very frightened. Be careful that your conversation does not make this worse.
-



Be sure that you are simply supporting the neck. Do not cover the ears.
Do not apply traction.



Spinal Stabilization - sitting



Spinal Stabilization- lying

SUMMARY:

P = Prevent Further Injury - Think safety first
A = Assess the Situation - Taking less than 60 seconds
C = Contact the EMS- At the same time you assess if you can!!!
T = Treat with Life Sustaining Care with the **cABCSS of Trauma**

c=Catastrophic Bleeding A=Airway B=Breathing C=Circulation (Bleeding) S=Shock S= Spinal Stabilization

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ASM instructors offer five classes and seminar sessions.
Continuing Education Credits are awarded to professionals.

100 series: Instructor Led “A Crash Course for the Motorcyclist” Basic

Our most popular course, this class teaches the basics of motorcycle trauma using P.A.C.T. and cABCSS of trauma. This one-day (7 hours of instruction) course is geared toward the lay rescuer but is a great review for the EMS as well. Moving the injured, Jaw Thrust rescue breathing and helmet removal are skills that are taught and practiced. An ASM logo patch is earned.

200 Series: Blended Learning – Basic (also used as a refresher)

This class combines a 2.5-hour interactive online class with a 3 to 4-hour hands-on skills lab. The skills lab can be completed in person (recommended) or virtually via Zoom for those who do not have access to an in-person class and wish to complete their certification. Blended Learning certification requires completion of both online and hands-on skills lab. Refresher students can complete either online or hands-on. If it has been more than 2.5 years since you completed a Basic class, you should consider taking the full instructor-led or the full blended learning Basic class rather than attempting to refresh your knowledge through hands on only.

300 series: “Advanced Bystander Assistance” Advanced

This class is only available to those who have completed a 100 or 200 series class within the past two years. It is a one-day (7-hour) class and best taken as close as possible to Basic training. This course will prepare the student for roadside medical concerns and to be a better assistant to the EMS. Hands on stations give emphasis to hands-on skills. An Advanced “rocker” is earned; to be placed over the round ASM patch earned in the Basic training.

400 series: Blended Learning – Advanced (also used as a refresher)

This 4-hour hands-on skills lab can be taken by those who have completed Basic certification and online Advanced training. It can also be used as a refresher to keep ASM skills current and is recommended every two years. If the student has not received ASM training for more than two years they will need to repeat Basic and Advanced classes.

500 series: Instructor Led “Anatomy of a Motorcycle Crash” Professional

This 3-hour skills lab assumes that the participant knows treatment of injuries. It focuses on professional rescuer safety, psychosocial concerns, helmet removal, jaw thrust breathing, and features a motorcycle lab.

For information on seminar sessions or to find an instructor in your area please visit our website at www.roadguardians.org or call ASM at (262)706-3278.

All Lead ASM instructors are EMT or higher in medical training, are motorcyclists, and have completed ASM instructor certification training.

If you use any of the information you have learned from taking this course, please share your story with ASM.



Once you are trained, then what? ASM has a social program called Road Guardians program keeps us in touch and that gives you three Rs:

Resources, Rewards, Recognition



RoadGuardians.org is a website that every motorcyclist should bookmark! Sign up for classes, purchase safety merchandise, and sign up for our free e-newsletter. Our newsletter has snippets of the latest safety, technical and educational news. We feature our partners in motorcycle safety. Our website features safety resources for riders. Our database-driven resources make your search fast & easy. Why sift through Google's 18 million motorcycle safety resources when we have done the research for you? We put resources in six categories of motorcycle safety topics to make them easier to find. Do you see something that is missing? Let us know and we will add it!

Our Road Guardians Membership Program is a way for you (or anyone) to join our efforts to reduce injuries and fatalities. For only \$25/year you can join our efforts to make motorcycle safety more comprehensive by featuring six areas of motorcycle safety, all with a common goal. Once you join Road Guardians you will not only get a recognition patch but you will receive over 1000 discounts good for ASM classes, online refreshers, motorcycle rentals, Disney, Best Buy and More! Proceeds of the program are used to fund our non-profit 501(c)3 organization. RG merchandise is available where you can proudly show your support and have the opportunity to explain your commitment to others who ask about Road Guardians. We encourage RG members to continue their education by attaining the *certified* RG level of membership. Certified members get a gold foil label for their membership card and a Certified Rocker. This level can be attained at any time once you have completed training and can prove that you are current with educational requirements. Questions? Visit www.roadguardians.org/membership or Call Road Guardians at 262-706-3278. Want to become a partner? Let us know and we will visit with you about that. Together we can make a difference.

Accident Scene Management (ASM) 501(c)3; DBA – Road Guardians

Donations to ASM/Road Guardians are tax deductible #39-1956579

