



SANTA BARBARA BMW RIDERS NEWSLETTER

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BMW MOA CLUB #165
SPEAKING TRUTH TO POWER...136 HP, THAT IS!

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Member News and Rides

Our April meeting, at the Creekside Restaurant, had about 25 attendees, plus 3 members of the Santa Barbara County Fire Department.

Cody, Steve, Fran, Tanja and Lee Husband had a good time camping and riding at Carrizo Plain the weekend of April 10. Pictures are on Pages 10-11.

Stefan took a 5-day trip up the coast to the Redwoods and the Lost Coast. Day 1 was Santa Barbara to Half Moon Bay, via Highway 1. Day 2 was Half Moon Bay to San Francisco, then 101 to Ukiah, then 253 to 1 to Leggett and Fortuna. He enjoyed the Eel River Brewing Company in Fortuna: [Eel River Brewing](#). Day 3 was Fortuna to Eureka, stopping at the Samoa Cookhouse; then back to Fortuna via 299, 30 and 36. Day 4 was Fortuna to Ferndale via Mattole Road to Leggett, then Point Arena. Stefan highly recommends the Wharf Master's Inn in Point Arena: [Wharf Master's Point Arena](#). Day 5 was a return on 1 to the Bay area. Pictures are on Page 12.

On April 26, **Bob P.** led a ride to the Rock Inn at Lake Hughes. He reports: The weather was perfect. The roads were clear. "Oh! What a beautiful backyard we enjoy!" exclaimed **John A.** as he dismounted, grinning, from his Ducati at Ozema Fire Station. He acknowledged what we all know: we luckily relish rides on an almost endless array of back roads in our area's back country.

INSIDE THIS ISSUE

- 1 Member News and Rides
- 2 April Technical Topic: First Aid Kits
- 2 SB BMW Riders Calendar
- 3 May is Motorcycle Awareness Month
- 3 Upcoming Events
- 4-7 More on First Aid
- 8 Beware of Driveways! /K 1200 RS for Sale
- 9 Tech Day Photos
- 10-11 Carrizo Campout Photos
- 12 Stefan's North Coast Ride

On the ride, John was joined by **Leo, Lee Husband, Dan Jaquez, Steve M. and Lee S.** The ride was only 274 miles round trip, but it covered 4 counties and on only two-lane country roads. Encountering vehicles on Hwy 33 mid-day, mid-week is a rarity.

The route: Highway 150 to Ojai, 33 to Ozema, Lockwood Valley Rd. to Frazier Park Rd., through Gorman to 138, leaving at Old Ridge Rd, to Pine Canyon Rd. into Lake Hughes and the comfortably good service at Rock Inn...A good day.

April Technical Topic: First Aid Kits

Phil arranged to have 3 members of the Santa Barbara County Fire Department attend the April meeting and share their knowledge of first aid kits and first aid advice with us. The FD members were Jason (Captain), Tyler and Eric. They brought some first aid kit supplies with them and discussed the use of these. There are a couple types of crashes: one type of crash is one you walk away from, and another type is one with trauma.

The supplies included a Sling 'n Swath (triangular bandage) to make a sling for a broken clavicle. They also showed a small pack containing: gauze, an abdominal dressing, Coban self-adherent wrap, QuikClot hemostatic agent, a tourniquet, scissors, saline rinse, and a SAM splint. This bag is made by MyMedic: [MyMedic first aid kits](#).

A question came up about snake bites: Their response was to isolate the bite area, keep the victim still, and place the effected limb in a stable position to decrease blood circulation in the bite area. Also, mark the bite area and time stamp it.

They said that if you witness a crash, make sure that you are safe before helping the victim. Secure the scene, get the victim off the road if necessary, and talk calmly to the victim. If you have more people available, get up-road and down-road spotters. They mentioned that people who are concussed will repeat themselves, for example, asking multiple times, "What happened?"

SB BMW Riders Calendar

- ❖ Monday, May 16: Monthly meeting at Creekside Restaurant & Bar, 4444 Hollister Ave., Santa Barbara. Meeting starts at 6 p.m. Get there at 5:30 if you want to order dinner.
- ❖ Monday, June 20: Monthly meeting at Creekside Restaurant & Bar, 4444 Hollister Ave., Santa Barbara. Meeting starts at 6 p.m.
- ❖ Any other activities or rides scheduled, let me know! djkrohn1@gmail.com **Note my new email address.**

Another aspect that was mentioned relative to CPR was C-A-B: circulation/compressions, airway and breathing. These are to be attended to in that order. These steps were changed from A-B-C (airway, breathing, circulation) for CPR in 2010. The reason behind the change is that in an adult who has been breathing normally, there is enough oxygen in the blood to supply the heart and brain for several minutes. Compressions are needed to circulate the oxygen in the blood.

Members had concerns about having their expensive gear cut off of them in the case of an accident, but the firemen assured everyone that that is only done if there is obvious trauma and bleeding, for example, an open fracture.

A discussion followed about having a First Aid kit for the club, to be taken on group rides. Steve has made some suggestions for kit components.

Further discussion about first aid is on Page 4. Member Albert Della Fave, an ER doctor, has provided valuable information.

May is Motorcycle Awareness Month



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Upcoming Events

- May 13-15: MOA Getaway at Los Osos, CA. [BMW MOA Getaway Los Osos](#)
- May 20-22: Overland Expo West, Flagstaff, AZ. [Overland Expo West](#)
- May 22: Distinguished Gentleman's Ride. This is an annual world-wide event to raise funds to support men's health. Ride your classic or vintage motorcycle and dress the part! [Distinguished Gentleman's Ride](#)
- May 26-30: 49er Rally, Quincy, CA. This is a favorite rally of our members. [49er Rally](#)
- June 16-18: BMW MOA National Rally, Springfield, MO. [BMW MOA National Rally 2022](#)
- June 16-18: Annual Chief Joseph Rally, John Day, OR. [Chief Joseph Rally 2022](#)
- July 21-24: Top O' the Rockies Rally, Paonia, CO. This is the 50th anniversary of this rally. [Top O' the Rockies Rally](#)
- August 6: 22nd Annual 100,000 Foot Ride, Centennial, CO. [22nd Annual 100,00 Foot Ride](#)
- August 18-21: 24th Annual Beartooth Beemers Rendezvous, Red Lodge, MT. [24th Annual Beartooth Beemers Rendezvous](#)

More on First Aid

Commentary by Steve Miller and Albert Della Fave

Albert Della Fave: Just a couple things to add if any of you are interested. I'm an ER doctor and have worked for years in level 1 trauma centers in Harlem and Newark on the east coast before moving out here. I carry a similar kit with the addition of some things I didn't see in the photo...



Photo of the first aid supplies discussed by the SB County Fire Dept. at our April meeting. This is the photo that Albert is referring to. Photo by John A.

1. C. A. T. Tourniquets (Combat Application Tourniquet: [CAT tourniquet](#)) - for any serious bleeding control these work best. You can make tourniquets out of shoe laces/sticks, etc. but when timing is critical, it's best just to have a rapid deployment system that's easy to use.

A note on bleeding control. QuikClot gauze is great but it's direct pressure that works best. The biggest mistake we see first responders make when bringing us a patient is using tons of gauze. All that gauze acts like a cushion, negating any pressure on the wound which continues to bleed underneath. The first thing I do when the patient arrives to the ER is to remove all the gauze, and often without gauze apply direct pressure with a finger to the area of bleed. Usually, you can see a little vein or artery pumping in the wound. That's the spot to

push down on and hold. Consistent manual pressure for around ten minutes will stop most small bleeds. Then you can tightly wrap it with a single layer of quick clot and an Ace wrap. Ace wraps are best; they hold pressure better.

2. Bottle of antiseptic. I have Betadine.

3. Love the trauma shears but I also carry a serrated knife that you can use to cut branches for larger splints, etc.

4. Mask for rescue breathing during CPR. If you ever have to do mouth to mouth, especially in a trauma setting, you'll be VERY happy to have this.

5. The last two things are occlusive dressings and a needle decompression kit. These are more EMT/ first responder specific tools but are to treat open rib fractures and a collapsed lung respectively.

I wasn't at the meeting so if I'm repeating what was said I'm sorry to waste anyone's time. Hopefully we all get to happily watch the items in these kits sit unused and collecting dust. Ride safe everyone!

Steve Miller: Thanks for the additional info. I struggle with what level of first aid that riders like us can realistically apply in the field. I think the ability to stop significant bleeding is a good addition to our kit. However, I draw the line at an adrenaline needle to the heart :) (ala Pulp Fiction)

I have seen get-offs on the dirt that knock riders out for short periods. Any advice on those situations?

Albert Della Fave: Intracardiac epi is a safe line that I think even I wouldn't cross 😊. For an unconscious rider I'd follow the "ABCDE" of a primary trauma survey. During the survey maintain c spine precautions (*ed. note: C spine is the cervical spine, the neck area of your spine*). So whatever you need to do to address the rider's issues, make sure you are keeping the c spine immobilized as best you can. You can splint the rider's head between your forearms as you grab their shoulders on either side of the head, but if you're alone you may need your hands. In which case, you can use rocks, jackets, your knees, etc. on either side of the head to keep it from rolling. The primary survey goes like this:

A. Airway. For an unconscious rider who is helmeted you'll first need access to the airway/face to look listen and feel for breath sounds. If you can do this with the helmet on I

would so as to limit c spine movement. Open the visor, or if it's a modular helmet, flip up the face. Also undo or cut the chin strap. I've seen ill-fitting helmets rotate back leading to the chin strap compressing and blocking the airway. If it's a sport helmet, you'll likely have to take it off. Once you have access, are there any obstructions? If there's blood on the face or nose wipe it clear. If the nose is bleeding into the mouth and you can hear gurgling with breathing, or if the rider is vomiting, you'll need to rotate him on his side so it will drain out. Rotate the head and body as a unit, never rotate just the head. If you can hear snoring, you can open the rider's airway with a jaw thrust. This is VERY effective in an unconscious patient. (See here: <https://youtu.be/r3ckgEQEE o>). Once you've addressed any obstructions to the airway, it's time to move on to B.

B. Breathing. With all airway obstructions addressed, the rider should now have clear sounding and steady breaths. If they are not breathing despite managing the airway, you'll have to breath for them. This is where having a rescue mask in your kit is helpful. The ratio is 1 breath every ~6 seconds. If they are breathing (thank goodness), the next thing I do is put an ear directly on each side of the chest to listen to each lung. This will tell you if both lungs are inflated and will also help you rule out other causes of breathing difficulty, i.e., wheezing in an asthmatic or an allergic reaction. If the airway is open and they are breathing or you are effectively breathing for them, it's time to move to c.

C. Circulation. This is more than just checking a pulse. If they have no pulse, it's time for CPR. But more than likely they have a pulse, so what you are looking for are threats to circulation, i.e., large bleeding wounds. With airway and breathing secured, this is the time to address any large bleeds. I recommend a CAT tourniquet where applicable.

D. Disability. Most commonly, a rider that was rendered unconscious will quickly come to. Now is the important time to slow things down for them. Before they hop back up, quickly assess for any disabilities that might suggest they stay immobilized. Check their mental status first. Ask name, date, location. If they are answering questions appropriately, then you know the exam you get next will be reliable and accurate. Start your exam with wiggling toes and hands, then on to moving arms and legs. Weakness or loss of sensation in one area could mean cervical trauma. If they are moving all extremities without issue, then run a hand down the back of the neck. If there is no pain or deformity, you can have them slowly touch chin to each shoulder and chest. Still no pain? Now it's ok to release c spine precautions. This survey can be done in seconds and is good to do before the rider pops back up while running off adrenaline and hurt themselves further. The caveat to this is a fracture to one of the long bones of the arms and legs. These are considered distracting injuries, meaning they may be

so painful you can be distracted from smaller injuries in the neck. If they have a terrible fracture, I'd recommend keeping them immobilized while waiting for help if possible.

E. Exposure. The last part of the exam is exposing your patient. If this is truly a severe trauma with an unconscious rider who may have sustained life-threatening injuries, i.e., you are rescue breathing or performing CPR, just cut all clothing off with your trauma shears. (A warning: I'd better not have a pulse if you are going to cut my expensive jacket off and even then, there is no guarantee I won't haunt you from the afterlife for doing that.) In a minor trauma with the patient awake, just open things up. With the jacket open and maybe pants down, do a blood sweep with your hands. This is as simple as you or the rider touching from head to toe and looking for pain or bleeding. Adrenaline will make you miss some crazy things, which is why before the rider hops back on his bike, I like a good pat down, just to make sure nothing was missed. Plus, it gets you closer to your fellow riders.

That was long winded, but the actual primary survey itself in practice takes seconds and you can apply that algorithm to any trauma you might happen upon. In a nerve-racking situation, having that simple ABCDE framework as muscle memory will help you push through the emotions of the event and provide effective treatment. Hope that was helpful.

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For our April meeting, Phil Wilson picked up Chris Lucadello in his sidecar. Phil has brought Chris to many of our meetings this way. Thanks, Phil!

Photo by Dagmar.



Beware of Driveways!

By Steve Miller

Reading the NorCal BMW Club newsletter this month, I was reminded of the danger of driveways on back roads. A driver turned into a driveway in front of a motorcycle rider on a 55-mph speed limit road. The rider did not survive.

This scenario has long been on my list of riding rules that are not in the DMV Handbook. Be aware of all connecting roads/driveways to the road you are riding. We have a local road called Foxen Canyon that has those attributes. One day, I was slowing for blind corner that had a connecting driveway at the apex and a car from around the corner made a turn in front of me. There was no drama and I continued on the way. The next stop, a friend riding behind me asked how I knew there would be a car there. I told him I just assume there is always a car turning there and allow sufficient margin.

Be careful out there!

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BMW K 1200 RS for Sale

It is in great condition. The riding position is really bad for me. I have had it a year. Paid \$4,200 for it but will sell if for \$3,200. It is a steal for that price. I would also be willing to trade for a cruiser bike if anyone is interested. It has 41,000 miles. I love it but my knees and hips do not. Call Phil Sherman: (805) 861-4372.

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*A great ride on April 26.
Photo by John A.*

Tech Day, April 23

Photos by Wayne



Above: The scene at Marten's shop. Below, left: Tanya with her new-to-her F800 GS. Below, right: Randy and his R90S (if Wayne was going to get an old bike this would be the model).



Carrizo Plain Campout

Photos by Steve and Cody



Carrizo Plain Campout, cont.



Stefan's North Coast Ride

Photos by Stefan

