

# November 2007



## **GWRRRA RIDER EDUCATION NEWSLETTER**



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May we all take time to be thankful for all we have. We wish all our troops everywhere be safe and come home unhurt. Can you believe it is already November! Where did the season go. It seems like just yesterday we were enjoying our big party in Billings, MT and here it is November. In most parts the weather has been great and riding has continued with much enjoyment.

Now's a good time for all the Chapters to set up their seminars for the membership. The Chapter Educators are eager to make the seminars happen. CPR/First Aid instructors are willing and waiting to teach their classes. Several Districts will have their Safety Sundays where the membership will come and spend a day with their friends and learn different safety issues. Those who are seminar certified can teach our co-rider, trailering, MCSR and other important seminars. It is all there for everyone. We have great educators out there so let's use their knowledge and enjoy the upcoming winter months.

#### **The Rider Education Staff**

On behalf of the Rider Education Team, I would like to welcome the following Educators to their new positions.

#### **New Region F Educator**

Ace and Penny Peterson have accepted the Educator position for Region F, taking over for Tom and Barb Jefferies.

They have recently relocated to Colorado from Arizona where they previously held the District Educator position for four years. Ace and Penny are looking forward to their new position and working with the different districts in Region F.

#### **New District Educators**

Sean and Virginia McCarthy  
Massachusetts District Educators

Terry Huffman  
Oregon District Educator

James and Pamela Swart  
Washington District Educators

**Mark & Mary Zingery**

Below is a very interesting article that we all can relate too. When we hear some of our members say GWRRRA officers never do anything for us, or you hear "why can't you officers get things done on time?" They do not realize we too have other things going on in our lives that sometimes bring our operation to a halt. One thing that is important is that we never stop making sure we get it done.

#### **THE WORK BEGINS**

First an apology, then some explanation and lastly some news about the future. The apology. Since I took over this summer from Gordon I have been somewhat remiss in some cases, in acting on things as quickly as they deserved. This has caused problems in some cases and I regret any stress this may have placed on you as an Educator. I had a lot of "getting up to speed" to do in some areas and this required me to check with those who had the answers. They had to take time to respond to my requests so that I could reply to theirs. This added to the delay in some cases.

I regret that this happened. The Educator's job is so vital that I did not want to steer anyone in the wrong direction. This same process also revealed that we were experiencing some problems in the areas of qualification and course content. Last month I addressed that and hope that we are all back on track in the few areas where we had drifted away from the required standards. This all has taken time, and will take increasingly less time as we progress. I also apologize for this as well.

I fixed the computer and the printer is now working properly. Memo to self, DO NOT buy any more "refills" for the cartridges.

On top of all these problems I also get called out at work for several days at a time, on occasion, for special duties. They included the 3 weeks for the Cops For Cancer Tour that just ended. The end result is that I have been frustrated in my efforts to address the areas of concern. We have now reached the end of the crazy season for a while and I have spent the last 3 days totally immersed in catch up. Details below on some of the main areas. I may be able to find a way to access the net and my mail through a local library and I'm looking at that as soon as I get back to work next week. That might help. I am also looking at seeing if I can find some more shoulders to help heft the weight a bit.

Through this all I have been wonderfully supported by many great folks who are reading this right now. I thank you for your patience and help. I also thank my wonderful wife Anne for putting up with the extra load this has placed on her. I will likely be retiring next October and will be able to devote more time to all areas.

I will continue working but it will be on my terms and from home here in Campbell River, as before. As one of my workmates often says....."suck it up buttercup!" I will continue to do so and I thank you for your understanding. Life is still wonderful, just requiring a different approach to a new challenge or two. On this year's Tour de Rock someone said something at one of the meetings that we had, with kids and families suffering from the devastation of Cancer. He said that God gives us Mountains to climb so that we can spread our Wings and see the beauty below. This is more a molehill than a mountain but a slight change in altitude and attitude was required anyway.

News about the future. I spent yesterday printing off all the new Seminar Presenter and Rider Course Instructor cards. I have them in my hand now. Here is what we will do short term. If you are currently qualified by taking a recent course and do not have a number or card yet you can present the seminars and courses as required. Until you get your new number simply use your name and GWRRA Member number in it's place. I will be starting a brand new series of numbers for both Seminar Presenters and Rider Course Instructors. The numbers will be like.....RCI-0809 SP-0804. RCI will mean Rider Course Instructor and the 0809 means that you are the 9th number for the year 2008. Your certification will have to be renewed at the end of each year. SP-804 means you are seminar Presenter # 4 for the year 2008. This way we will all be able to quickly see if you are renewed and currently qualified, at a glance.

To speed things up for this one time I will ask each CE to forward basic name and your qualification areas on to the DE. They will check it with their records and forward it to the RE for final check & approval. The Region Educator can then e-mail me the names and I'll forward the cards to the RE for distribution by mail or in person.

I will ask that the proper application/renewal forms be filled out and sent up through the chain, arriving here with me at my home address by mail. I'll then take the detailed info and get it into our electronic database. The sooner we get 'er done the sooner you will actually have your card in hand. The card you get this time will be good till December 31st 2008, a little longer period than normal but we are almost at the end of October now.

I have been spending a lot of time answering questions on varying areas of GWRRA Rider Education policy and it has been a learning experience for me also. The one thing that kept jumping out at me was that many of the answers were available if either of us had looked at the Rider Education Handbook and Officer's Guide. Both are available on the GW website for download or reference. I find that the paper copy is easier for me to follow but it is a rather large download. Whatever way works best for you?

There were also some situations discussed that could have been possibly headed off at the start. I have always felt that a face to face conversation with someone can help a lot in developing understanding on both sides. If you are concerned about something that someone else is doing sometimes they might not at all be aware of the situation OR your concern. This is not always the case but dialogue is better than simmering discontent.

If things can't be resolved at that level then you go from CE to DE to RE etc. Some of the areas of concern arose because of departure from required and agreed-upon protocols. A reading of the job descriptions posted on the web page will be a big help to all. <http://www.gwrro.org/regional/ridered/REPHandbook.html>  
<http://www.gwrro.org/regional/ridered/programs/duties.html>

Anyone of us who agree to accept a position in Rider Education must be prepared to accept the requirements of that position. This applies from Chapter Educator to National Director and all in between. I explained the reasons in last month's newsletter as to why we must be all working towards the same goals. Speaking of Educator positions. If you are in an Officer position now wouldn't you like some help? Have you asked anyone in your Chapter/District/Region for some assistance? You might be surprised who is interested. If you are a CE who feel you lack the confidence to complete some part of an event, look around you. You likely have someone who can help you accomplish both your goals. Whenever I ran a course/presented a seminar/staffed a booth/ran a Top Gun/skill course etc I would have been completely unable to do anything all by myself. Wing Ding 2007 would NOT have run without our Canadian Educators and members who helped me fry in the sun at Billings.

A good manager is always grooming a replacement and the best training for someone wanting to step up into a position in the future, is on-the-job training. Take the time to ask. We have untapped resources all around us. We are all volunteers and are all in the Rider Education (volunteer) Business because we care. We just have to be on the same page. We don't always approach the page from the same direction but need to be reading the same paragraph to those we "teach". Sometimes we might just have to agree to disagree. As my wife is not slow to remind me on occasions, "if everything else fails, read the instructions". This not only works with assembling IKEA furniture and children's toys, you know?

### CONCLUSIONS

I can never say it enough. Thank you. Your volunteer time and input has allowed us to share a very valuable thing. The knowledge and skills that save lives. I'm involved in a project at work now. We have had a 300% increase in motorcycle fatalities in the riding season this year. Part of the problem is educating the 'mature' riders that have never been trained to "brake, swerve or corner". The Hurt report is still as valid today as it was when done decades ago. I have quoted the value and results of the GWRRA Rider Education programmes as an example of how to get better trained riders. I wish the 92% of the crashing riders out there without training, HAD OUR training. So does the Traffic Safety Commission and my employers. Be safe out there at the end of the season. Our Wing starts winter sleeping on Nov 1st. SSSSHHHHHH !

**Dave & Anne Hay**

### Prepare to Survive

Preparedness is the key to survival. Those that are prepared to act quickly and positively, in an emergency, will have greater success than those that are not prepared. Our goal is to ensure that quality "first responder" care is delivered, when needed, by qualified personnel. We will be looking for dedicated volunteers to become CPR/FA instructors in all Districts within the Region. We will work, diligently, to certify every member in CPR/FA and ensure that certifications remain current. We are Tim and Anna Grimes, your newly appointed CPR/FA Coordinators. Together, we have over 30 years experience as Nationally Registered Emergency Medical Technicians and Paramedic.

Tim is a certified CPR instructor for the American Heart Association and a certified CPR/FA instructor for Medic First Aid. We look forward to working with the Region B Staff, District Directors, CPR/FA instructors and all Members to elevate Region B to the status of "Premier Region" within GWRRA.

Every year at least 250,000 heart attack victims die within one hour of the onset of symptoms and before they reach the hospital. Heart attacks remain the single largest killer of Americans. Other causes of sudden death include drowning, suffocation, drug overdose and electrocution. It is estimated that in the United States 100,000 to 200,000 lives could be saved annually by properly performed CPR.

### What Is a Heart Attack?

A heart attack occurs when blood flow to a section of heart muscle becomes blocked. If the flow of blood isn't restored quickly, the section of heart muscle becomes damaged from lack of oxygen and begins to die. Heart attack is a leading killer of both men and women in the United States. But fortunately, today there are excellent treatments for heart attack that can save lives and prevent disabilities. Treatment is most effective when started within 1 hour of the beginning of symptoms. If you think you or someone you're with is having a heart attack, call 9-1-1 right away.

### Overview

Heart attacks occur most often as a result of a condition called coronary artery disease (CAD). In CAD, a fatty material called plaque (plak) builds up over many years on the inside walls of the coronary arteries (the arteries that supply blood and oxygen to your heart). Eventually, an area of plaque can rupture, causing a blood clot to form on the surface of the plaque. If the clot becomes large enough, it can mostly or completely block the flow of oxygen-rich blood to the part of the heart muscle fed by the artery.

### The most common heart attack signs and symptoms are:

- Chest discomfort or pain—uncomfortable pressure, squeezing, fullness, or pain in the center of the chest that can be mild or strong. This discomfort or pain lasts more than a few minutes or goes away and comes back.
- Upper body discomfort in one or both arms, the back, neck, jaw, or stomach.
- Shortness of breath may occur with or before chest discomfort.

Other signs include nausea (feeling sick to your stomach), vomiting, lightheadedness or fainting, or breaking out in a cold sweat. **If you think you or someone you know may be having a heart attack:**

- Call 9-1-1 within a few minutes—5 at the most—of the start of symptoms.
- If your symptoms stop completely in less than 5 minutes, still call your doctor.
- Only take an ambulance to the hospital. Going in a private car can delay treatment.

Take a nitroglycerin pill if your doctor has prescribed this type of medicine. Put an aspirin under your tongue. Aspirin reduces blood clotting and can help a heart attack from getting worse. But don't delay calling 9-1-1 to take an aspirin

During a heart attack, if the blockage in the coronary artery isn't treated quickly, the heart muscle will begin to die and be replaced by scar tissue. This heart damage may not be obvious, or it may cause severe or long-lasting problems. Severe problems linked to heart attack can include heart failure and life-threatening arrhythmias (irregular heartbeats). Heart failure is a condition in which the heart can't pump enough blood throughout the body. Ventricular fibrillation is a serious arrhythmia that can cause death if not treated quickly.

### Get Help Quickly

Acting fast at the first sign of heart attack symptoms can save your life and limit damage to your heart. Treatment is most effective when started within 1 hour of the beginning of symptoms.

### Outlook

Each year, about 1.1 million people in the United States have heart attacks, and almost half of them die. CAD, which often results in a heart attack, is the leading killer of both men and women in the United States. Many more people could recover from heart attacks if they got help faster. Of the people who die from heart attacks, about half die within an hour of the first symptoms and before they reach the hospital. Heart attacks, left un-treated, can lead to cardiac arrest (the heart completely stops functioning). CPR and defibrillation, provided within 4-10 minutes of cardiac arrest, offer the best chance of survival.

## CPR FACTS

Sudden cardiac arrest is the leading cause of death in adults. Most arrests occur in persons with underlying heart disease.

- CPR doubles a person's chance of survival from sudden cardiac arrest.
- 75% of all cardiac arrests happen in people's homes.
- The typical victim of cardiac arrest is a man in his early 60's and a woman in her late 60's.
- Cardiac arrest occurs twice as frequently in men compared to women.
- CPR was invented in 1960
- There has never been a case of HIV transmitted by mouth-to-mouth CPR.

In sudden cardiac arrest the heart goes from a normal heartbeat to a quivering rhythm called ventricular fibrillation (VF). This happens in approximately 2/3rds of all cardiac arrests. VF is fatal unless an electric shock, called defibrillation, can be given. CPR does not stop VF but CPR extends the window of time in which defibrillation can be effective.

CPR provides a trickle of oxygenated blood to the brain and heart and keeps these organs alive until defibrillation can shock the heart into a normal rhythm.

If CPR is started within 4 minutes of collapse and defibrillation provided within 10 minutes a person has a 40% chance of survival.

**Tim & Anna Grimes**



### Winter weather is just around the corner.

As the temperature starts to drop, some of us will still be donning our protective gear and enjoying the last of the riding season as long as possible. Hence, the subject of this article; hypothermia. Hypothermia is a very real and dangerous condition that can sneak up on you without warning. Please become familiar with the warning signs and treatment for hypothermia.

### Hypothermia:

First aid Under most conditions your body maintains a healthy temperature. However, when exposed to cold temperatures or to a cool, damp environment for prolonged periods, your body's control mechanisms may fail to keep your body temperature normal. When more heat is lost than your body can generate, hypothermia can result. Wet or damp clothing, an uncovered head and inadequate clothing during cold, winter weather can increase your chances of hypothermia, as can falling into cold water.

Hypothermia is defined as an internal body temperature less than 95 F. Signs and symptoms include:

- Shivering
- Slurred speech
- Abnormally slow breathing
- Cold, pale skin
- Loss of coordination
- Fatigue, lethargy or apathy

Symptoms usually develop slowly. Someone with hypothermia typically experiences gradual loss of mental acuity and physical ability, and so may be unaware of the need for emergency medical treatment.

Older adults, infants, young children and people who are very lean are at particular risk.

Other people at higher risk for hypothermia than the general public include those whose judgment may be impaired by mental illness or Alzheimer's disease and people who are intoxicated, homeless or caught in cold weather because their vehicles have broken down.

Other conditions that may predispose people to hypothermia are malnutrition, cardiovascular disease and an under active thyroid (hypothyroidism).

To care for someone with hypothermia:

1. Dial 911 or call for emergency medical assistance. While waiting for help to arrive, monitor the person's breathing. If breathing stops or seems dangerously slow or shallow, begin cardiopulmonary resuscitation (CPR) immediately.
2. Move the person out of the cold. If going indoors isn't possible, protect the person from the wind, cover his or her head, and insulate his or her body from the cold ground.
3. Remove wet clothing. Replace wet things with a warm, dry covering.

4. Don't apply direct heat. Don't use hot water, a heating pad or a heating lamp to warm the victim. Instead, apply warm compresses to the neck, chest wall and groin. Don't attempt to warm the arms and legs. Heat applied to the arms and legs forces cold blood back toward the heart, lungs and brain, causing the core body temperature to drop. This can be fatal.
5. Don't give the person alcohol. Offer warm nonalcoholic drinks, unless the person is vomiting.
6. Don't massage or rub the person. Handle people with hypothermia gently, because they're at risk of cardiac arrest.

Until next month, Ride Safe, Ride Often and Keep the Shiny Side Up.

Ride to survive. **Tim & Anna Grimes**

