

# Adoption Tour Safety Guide

## Assumptions

All riders will ride with helmets and exercise cycling etiquette by using standard warnings such as pointing to potential hazards, voice signals etc...

## Bee (Wasp) Sting

### When Stung

- \* Apply a cold compress to the area - an ice pack is ideal, though do not put the ice directly on the flesh. Preferably leave on for about 20 - 30 minutes.
- \* Bathe area with a mild solution of vinegar or lemon juice to help neutralize the venom. Then use calamine lotion to soothe the area.
- \* If swelling persists or area of inflammation increases then obtain some antihistamine medicine from a drug store like **Benadryl**.
- \* If stung in the mouth or throat, minimize swelling by sucking on ice or drinking cold water slowly.
- \* Keep an eye on the patient, if there are any symptoms of an allergic reaction seek medical help as soon as possible.

Here is a list of progressive symptoms of allergic reaction to the wasp stings, going from mild indications through to severe symptoms:

1. Restricted breathing
2. Tightness in the throat, possible dry cough.
3. Fast heart rate, slight temperature and looking flushed
4. Unwell feeling
5. Breathing becoming dry, harsh and difficult.
6. Possible blotchy skin or a rash.
7. Feeling faint
8. Stomach cramps, vomiting or diarrhea

9. Puffiness in the face, swelling of the lips and tongue - can rapidly progress to severe swelling of the face, lips and throat.

10. Breathing very shallow progressing to respiratory arrest

11. Cardiac arrest

These indicators of severe allergic reaction will occur within the first hour of the sting. The victim needs to be monitored closely. Anaphylaxis needs to be avoided at all costs so if in doubt keep the sting site below the level of the victims heart and seek medical attention immediately.

### **“The Bonk”**

Onomatopoeia for hitting a wall. Characterized by a sudden drop-off of speed, face and neck along with eyes most likely will have a flush appearance. Tongue wagging from mouth is an instant indicator of sucking air and thus “the bonk”. A careful response to this affliction is warranted. Initial intervention should entail a cheerleading approach in which the rider’s courage is affirmed and expressions of confidence in their abilities resounded. If realistic, the SAG crew may consider moving ahead to the next rider to inform them of their comrade’s situation and if close enough, they might slow to let the bonker draft or “Wheel Suck.” If they continue to suffer, a more direct approach of often know as the “Michael Yates Method” may be initiated in which shaming is used to motivate. Again however, this is where SAG support becomes precarious and where knowing when to shut up and move on is the best course of action.

### **Broken Bone:**

Symptoms:

- A visibly out-of-place or misshapen limb or joint
- Swelling
- Intense pain
- Bruising
- Numbness and tingling
- Bleeding
- Broken skin with bone protruding
- Limitation or unwillingness to move a limb

Treatment varies depending upon the area of injury but some simple interventions can be observed:

Leg – Immobilize by binding it to the uninjured leg

Arm – create around the neck/shoulder sling and wrap around the torso to secure and immobilize.

Foot/ankle – Immobilize the ankle and foot by using a soft splint such as a pillow or rolled blanket. Do not remove the shoes.

Rib/Breastbone – Place a pillow or folded blanket between the injured ribs and the arm. Bind the arm to the body to help support the injured area.

Hand/Finger – Apply a bulky dressing to the injured area. For a possible fractured or dislocated finger, tape the injured finger to a finger next to it.

## **Dehydration**

General signs of dehydration include:

- Extreme Thirst
- Less frequent urination
- Dry skin
- Fatigue
- Light-headedness
- Dark colored urine
- Dry mouth and tongue
- No tears when crying
- Sunken abdomen, eyes, or cheeks
- High fever
- Listlessness or irritability
- Skin that does not flatten when pinched and released

Dehydration is easily treated if caught early. Monitor frequently for the earliest signs and symptoms.

1. Prevent dehydration by drinking lots of water - more water than you think you need, and enough to make your urine clear.

2. Administer cool water in copious amounts if you suspect mild dehydration. Drink until urine is clear.
3. Administer diluted electrolyte replacement drinks or oral rehydration solution in addition to copious amounts of water if you suspect moderate dehydration. The dehydrated person should drink at least 1/4 liter of electrolyte replacement drink an hour, with as much water as possible.
4. Avoid caffeine, soft drinks and alcohol.
5. Avoid antihistamines and decongestants.
6. Evacuate immediately to a hospital if you suspect severe dehydration, monitoring vitals and treating for shock throughout the evacuation process. The severely dehydrated person is in a life-threatening situation and will require intravenous therapy in a hospital (Oral rehydration packages can be purchased in most outdoor recreation stores. You can also improvise your own solution in the field by mixing 1 tsp. salt and 8 tsp. sugar to 1 liter of water).

## **Demons of Doubt**

Joanna Lawn, a professional triathlete, recently stated when describing a portion of the 112 mile bike in the Hawaii Ironman, "You're at pretty much one of the hardest parts of the course. You're facing your demons every time we go out [and ride it]." Not unlike the bike course in Hawaii, riders of the Adoption Tour will face long, challenging portions that will greet the riders with 'demons'. Even the well-trained and conditioned rider will experience periods of prolonged, troubling doubt. Know that during the Adoption Tour you can fully expect to experience doubt, too—doubt about your conditioning, your capability, even your purpose of continuing. It is essential, however, that you realize you're not alone. As Lawn added, "It's such a hard and long and enduring race. Everyone is on this journey together and you need to have mates because it would be a lonely way without anyone." Similarly, you must remind yourself, just as we remind the families we serve during troubling times, **YOU ARE NOT ALONE!** The suffering, doubting individual can be buoyed and strengthened by the mantra of the body collective: *this too shall pass!* A little humor along the way doesn't hurt either. We often will make jovial reference to the demons that visit and "play pee-knuckle on our snouts." The wisdom of those who have been plagued by the demons of doubt should provide some reassurance that demons, in time, will pass. Remain optimistic and positive ... and don't forget to laugh. With practice, you, too, can learn to adopt the philosophy of national triathlete Lisa Bentley, who said, "I confronted a lot of demons riding the other day. It didn't make me not want to ride, it made me want to go back out there and do better next time." So, when you are visited by the demons of doubt and they play pee-knuckle on your snout, may you find yourself strengthened by their timely departure and ready to cope anew with their next visit. So, we'll see you out there amidst the demons!

(Quotes from Inside Triathlon, October 2006 vol. 21/Issue 10)

## **Heart Attack**

Symptoms include:

- Persistent chest pain or discomfort lasting more than 3-5 minutes or that goes away and comes back.
- Pain in either arm, discomfort or pressure that spreads to the shoulder, arm , neck or jaw.
- Nausea, shortness of breath, or trouble breathing.
- Sweating, changes in skin appearance.
- Dizziness or unconsciousness

In the case of unconsciousness, CPR protocol should begin immediately and 911 called (**See also Hospital Locator List that follows**)

## **Hypothermia/Frostbite**

Symptoms – Shivering, slow irregular pulse, numbness, glassy stare, apathy or impaired judgment, loss of muscle control, no shivering or loss of consciousness, loss of feeling, discolored waxy skin, blisters and blue skin

Hypothermia victims should be moved to a warm place immediately and checked for ABC's and shock. Any wet clothing should be removed and then covered with blankets (or plastic sheeting) to hold in heat. Frostbite likewise should be treated in terms of removing wet clothing and jewelry from affected area. Soak the affected skin in warm water and then cover with dry sterile dressing without rubbing area. Checks ABC's and look for shock.

## **Head Injury**

Cycling helmets are the most critical part of safety wear on the Tour and in most cases have been shown to save lives. In the event of an accident where the head is hit, you will probably want to take a trip to the emergency room – better safe than sorry. Even if the hospital does a head scan that comes up negative, know that internal bleeds can develop 24-hours to 7-days post-trauma. Know that concussions can't show up on scans or MRIs. If this does happen, holding of breath should be avoided when lifting anything. They should steer clear of pushing down hard and holding breath, like when using the toilet. Likewise, they should avoid sharp changes in pulse rate or blood pressure, such as suddenly standing on the pedals of a bike to climb hard. Even if they seem to be okay, further riding in the tour should be discouraged for safety reasons.

## **Signs of Shock**

The list of signs and symptoms mentioned in various sources for Shock includes those listed below. Note that Shock symptoms usually refers to various symptoms known to a patient, but the phrase Shock signs may refer to those signs only noticeable by a doctor:

- Sudden drop in blood pressure
- Hypotension
- Cold skin
- Clammy skin
- Paleness of skin
- Sweaty skin
- Weak pulse
- Rapid pulse
- Irregular breathing
- Rapid breathing
- Shallow breathing
- Weakness
- Dilated pupils
- Anxiety
- Confusion
- Lethargy
- Reduced urination
- Loss of consciousness
- 

## **Sunburn and Windburn**

Last year, some of the worst burns came on day five which was an overcast day. This gives testimony to several factors at play: 1) Sunburn can and does occur even if it is cloudy out; 2) Windburn can be as severe and painful as sunburn; 3) There is an accumulation factor involved with burn exposure that occurs over several days of exposure and all riders should be encouraged to apply exposed areas but particularly to the face, neck, arms and hands area. Core temperatures can be better regulated with application of a sun screen

## **When Flesh meets earth**

“Scrape”, “strawberry”, “minor abrasion” or “road rash” - all basically the same “burn” injury.

First priority is assessing the seriousness of the wounds (obviously the larger area covered and the deeper, the more serious). The rider will probably be a good indicator in this but be sure to look for signs of shock (see Signs of Shock

page). If deemed more serious then they should be checked out by a medical professional.

If your wounds are the self-care type, perhaps the tips below can help you heal quickly:

The wound care process includes Tegaderm®, which keeps water, dirt and germs away from the wound, yet it lets skin breathe. This property keeps the wound healthy and does not allow deep, scaring scabs to form. Because it is clear, you can constantly monitor the wound healing process, which is a real advantage.

1. Clean the wound with clean water (not stagnant stream water), a soft child's toothbrush (or a sponge) and soap. Sterile saline wound wash can be used in place of water and often used in athletic trainer kits because it puts out a stream that helps flush wounds. Baby shampoo works well for the soap because it is mild. The biggest issue in this part of the process is cleaning the wound thoroughly. Most people won't clean their own wounds well enough because it is really painful. If you or someone you know cannot do a good job of really cleansing the wound, go to an urgent care office to get cleaned up. The last thing you want to deal with is a nasty infection.
2. If the wound is an abrasion and not free-bleeding, use hydrogen peroxide for the first day only.
3. They should get a Tetnus shot if they have not had one within the last 10 years.
4. Put an antibiotic on the wound (examples include Bacitracin, Polysporin, Neosporine) and cover it with Tegaderm®. Know that antibiotic ointments can be overused and can cause skin reactions, allergic responses, as well as set up a resistance-bacterial growth cycle. If you do prefer the use of an ointment on your minor wounds, follow these suggestions:
  - Apply any antibacterial ointment to a well-cleansed wound to avoid "sealing in" bacteria.
  - Apply a very thin layer of ointment. This will coat and protect the wound.

- Use a clean swab or sterile gauze to apply the ointment. Do not apply ointments directly from the tube, to avoid contaminating the tube and any future wounds.
  - You can apply ointments up to two times daily; however, always clean the wound before each new application of ointment.
  - Remove the Tegaderm® by peeling it from the top to the bottom.
  - Unless there are signs of infection, you can stop using antibacterial ointments after 24 to 48 hours; but continue to cover the wound with Tegaderm®.
5. Watch the wound daily. Change the Tegaderm® as needed, particularly if excessive exudate (wound pus) develops. Some fluid build up under the Tegaderm® is normal. Watch for dark yellow, green or brown exudate, excessive redness, increasing pain, fever or red streaks moving up the extremity. Change the dressing as necessary and see your medical professional if any worrisome conditions develop.
6. Keep the wound covered with Tegaderm® until the redness, the wound or both are gone.

Protect the newly healed wound from the sun by using sunscreen with a sun protection factor of 30+. New skin is very sun sensitive.

(Quotes from Active.com July 06 newsletter)