First Aid Protocol for Roll and Ride Events

Purpose:

1. Provide immediate event medical services and assistance to attendees.
2. Enable event organizers to meet their safety and security obligations.
3. Allow for a more efficient response to medical emergencies and Increase safety and security for attendees.
4. Provide a better experience for attendees.
5. Allow for better communication and collaboration between first aid providers and event organizers.
6. Provide a learning opportunity for volunteers.
7. Provide a learning opportunity for the public.

Protocol:

1. Pre-event planning

- **Assess risk:** Evaluate the event for potential hazards based on the activities, venue, and number of attendees.
    - For low-risk event with fewer than 350 people, a minimum of one qualified first aid responder is recommended. For a low-risk event with fewer than 500 people, a minimum of two qualified first aiders is recommended.
    - Consider the event's activities, such as a fun run versus a quiet reception, which will affect the likelihood and type of potential injuries.
- **Establish communication:** Ensure effective communication among all event staff and volunteers.
    - Confirm cellphone coverage at the venue.
    - Determine a backup communication method, such as two-way radios, for first aid personnel.

- **Confirm emergency action plan:** Outline a clear plan that details how to respond to various emergency situations, including who is responsible for which actions.
    - Identify "go-to" people for emergencies, event coordinator.
    - Conduct a pre-event walk-through with event coordinator to ensure everyone is aware of the plan.
- **Contact emergency services:** Notify local emergency medical services (EMS) and local hospital of the event details, including the location, date, time, and expected attendance. Orient both EMS and hospital to projected ALS participants expected and provide emergency ALS card for communication and potential respiratory needs.
- **ALS Key Medical Information Card**
- **Designate a first aid area:** Choose a dedicated first aid station that is:
    - Clearly marked with visible signage (e.g., a red cross).
    - Accessible to attendees and emergency vehicles.
    - Located away from high-noise areas.
    - Equipped with a table, chairs, and good lighting.
    - Provided with shade and weather protection.

2. First aid station staffing and equipment

- **Staff:**
    - **Certified personnel:** Staff the first aid station with volunteers or hired professionals who have current certifications in first aid and CPR. Potential volunteers include registered nurse(s), nursing student(s), EMT(s), EMT students(s) scheduled for 6 hours per event planning.
    - **Shift schedules:** For long events, create a volunteer schedule to ensure the station is always staffed.
    - **First Aid providers:** First aid providers will offer first aid provisions to event attendees. First aid providers will not treat with medications but allow adult attendees to choose from the kit.
- **Equipment:**
    - **First aid kit:** Stock a comprehensive kit with supplies beyond a basic home kit, including:

        - Assorted bandages, sterile pads, and gauze.
        - Medical tape.
        - Antiseptic wipes and antibacterial ointment.
        - Disposable non-latex gloves.
        - Scissors and tweezers.
        - Ice packs.
        - Emergency heat-reflecting blankets.
        - Vaseline.
        - Sunscreen.
        - Water.
        - Acetaminophen.
        - Diphenhydramine.
        - ALS emergency card (see attachments).
    - **Other supplies:** Consider additional items based on the event's risk factors.

3. On-site procedures for first aid personnel

- **Assess the scene:** Upon arrival at an incident, first responders should follow the "Check, Call, Care" procedure.
    - **Check:** Assess the scene for safety and identify the nature of the emergency.
    - **Call:** If a serious injury or illness is suspected, call 911 immediately. After calling 911, notify event organizers using the established communication channel.
    - **Care:** Provide care according to your training level. For serious bleeding, apply firm, direct pressure to the wound.
- **Provide basic life support:** If an attendee is unresponsive or not breathing normally, begin CPR immediately. Provide ALS emergency card to EMS, if involving person with ALS.
- **Comfort and reassure:** Keep the injured person calm and comfortable. Provide emotional support and keep bystanders at a distance to create space for medical personnel.

- **Follow emergency instructions:** Adhere to instructions from the 911 dispatcher or arriving paramedics. Do not move a seriously injured person unless absolutely necessary to ensure their safety.

4. Post-event procedures

- **Incident reporting:** Document all incidents, injuries, and actions taken during the event. An incident report should include the nature of the emergency, treatment provided, and outcome.
- **Debriefing:** After the event, meet with first aid volunteers and other key personnel to discuss any incidents, review procedures, and suggest improvements for future events.
- **Update EMS and area hospital on outcome of event debrief**
- **Thank volunteers:** Send letters of thanks to all medical volunteers and contributing organizations.

Attachments:

ALS ASSOCIATION

My Name is: _____

I have ALS (Amyotrophic Lateral Sclerosis), also known as Lou Gehrig's Disease

○ I have Advance Directives in place

A B C D E F G

H I J K L M N

O P Q R S T U

V W X Y Z Space

Period Yes No Maybe

Emergency Contact Person: _____

Telephone Number: _____

Physician Name: _____

Physician Phone Number: _____

ALS ASSOCIATION

Intended for informational purposes only

I may slur my words or not be able to speak at all, but **I UNDERSTAND** what you are saying.

Speak to me in a normal voice and **ALLOW ME TIME** to communicate.

My caregiver(s) and I are extremely knowledgeable about my condition, treatment needs, and equipment. Please work with us.

IF I am short of breath and/or have low SpO2, **DO NOT** give me oxygen unless I have another respiratory condition that requires it. I may need noninvasive positive pressure ventilation to expel CO2.

OXYGEN MAY NOT HELP and may mask respiratory failure. My lungs are healthy; my muscles, including diaphragm, are weak. **IF** I am using BPAP at home, the settings should be the same as those. **IF NOT**, a BPAP with a pressure of 12/6, backup rate of 10 with titration as needed may help.

LAYING me on my back may be difficult for me because of the possibility of CO2 retention due to diaphragmatic weakness, and aspiration due to poor ability to protect my airway. I may be able if using a BPAP or non-invasive mechanical ventilation.

AVOID paralytic or general anesthetics, narcotics or muscle relaxants unless absolutely necessary. If used, the ability to rapidly assist ventilation non-invasively or invasively should be available.

IF I have a gastrostomy tube, please use that for administration of "oral" medications.