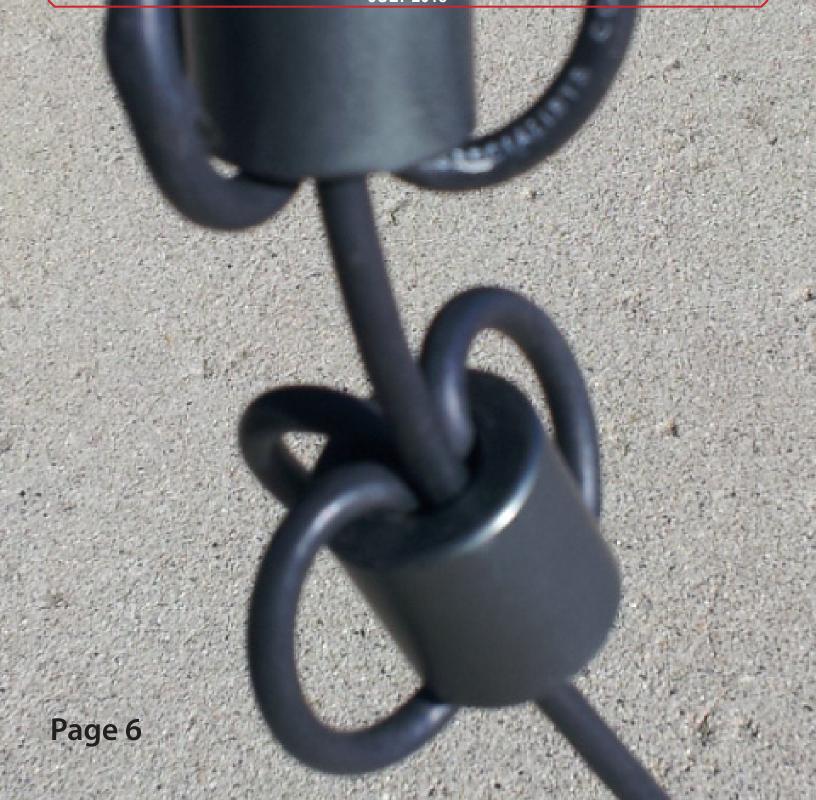




JULY 2018





SOUTHWESTERN REACT, Inc.

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OFFICERS

President: Roger McCollough **SWR 098**

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Secretary: Jay Pistiolas **SWR 046**

Treasurer: June McCollough

SWR 054

Director-At-Large:

Jim Patterson SWR 151

SWR's mission is to prepare for communications during emergencies and disasters. This preparation is accomplished though working community events such as: The Lakeside Western Days, and North Park Toyland parades, the Midnight Madness Bicycle Ride and Fiesta Island Time Trials, the Silver Strand Half-Marathon, the San Diego International Triathlon and the Descanso **Endurance Horse Ride**

The Southwestern REACT General Meeting is held the third Thursday of the month at 6:30 PM at: 2650 Melbourne Drive, San Diego, CA

Reactive Team Net

The Team net is held on the first and fourth Thursdays of the month at 8:00 PM on the 449.440 Community based Repeater with an egative offset and a PL tone of 107.2 (Mt. Otay)

PRESIDENT MESSAGE

By Roger McCollough, SWR Ø98



oday's message L comes to you from central Oregon, on the ranch of a boyhood

friend. Parked up next to the house with AC and water, what could be better? With the snowcapped Cascades to the West and prairie to the East, and all between is farmland, this has been a

We really attract attention when June pops out of the motor home, radio in hand, and begins to give maneuver instructions into the radio, guiding our motor home correctly into its proper location. This seems to annoy some longtime RV folks that struggle to command with hand signals or shouts.



great time and place to stay. As to radio activity, there are four repeaters within spitting distance, but nobody talks on them (what a waste).

I mentioned in a previous article that 146.520/sx could be a good frequency to monitor while on the road. Well, let me amend that by saying that it is not so great during Field Day. Yes there was a lot of chatter but ALL was VERY short lived, as everybody wanted to move on to another contact, so I'll try again on the next leg of the trip.

By the time you read this, we will again be on the road to our next stop near the Oregon border, in search of two of my off-springs where we will again try our radio skills. Using our Repeater Book to find local repeaters (found in your App Store in your phone) we search for nearby contacts, that often yield results. Because we are relying on borrowed wi-fi, we hope this and added pixs reach the editor.

While we're gone, please...

GIT' ER DONE!! ▶

Upcoming Events	
Event	Date
Giro di San Diego	10/21/2018 (Sun)
Silver Strand Half Marathon	11/11/2018 (Sun)

IMPORTANT NOTICE: Due to a conflict at the church, the July general meeting will be held on July 26th at the usual time of 6:3Ø PM.

The First Aid Kit, Part 1

Mike Bailey, SWR Ø92

In our role as communication specialists for races, I rides and various community events, we are likely to be present when an accident or medical emergency happens. As such, we may have to be the first responder until EMS arrives. To prepare for such a contingency, what training and equipment should I have? What kind of first aid kit to get? Amazon has over 10,000 different units to choose from—where do you start? The most expensive, the one packed with the most items or the one with the cool waterproof case?

As REACT Team members, we prepare for specific missions by analyzing the needs of the event, the distances involved, the terrain, the presence or absence of repeaters and the number of members available to participate. Using our knowledge of the available communication modes, propagation characteristics and the resources available, we prepare a communications plan accordingly. Many times, we can get by with a 2 meter handheld. Other times, may require a dual band mobile rig, a portable repeater and supplementation with FRS handhelds.

The same process occurs with the selection of a first aid kit. Will I be in an urban setting where EMS is available in 5-10 minutes or on a horse trail in the Lagunas where medical assistance may take an hour or more to get to me? In an urban setting with EMS a block away, my first aid kit may be a simple "blow out" kit to deal with a hemorrhagic/large scale trauma event. In a far rural area, the kit may have to be expanded to deal with snake or insect bites, sprains, poison oak or even major trauma such as a thrown horse rider. It may be useful to think of a basic trauma or "blowout" kit and then to supplement that with other components or modules depending on the event.

Some considerations when assembling a kit:

- What are the likely medical needs in this event?
- What on-site medical care or support is available at the event?
- What are the critical medical issues vs. comfort issues?

What are the likely medical issues or accidents that could occur?

When supporting a bike race, the likely injuries will be abrasions a.k.a. "road rash" and collarbone fractures from falls or crashes. So my kit will be heavy on wound irrigation and cleaning agents with non-stick gauze pads, elastic or net bandages, and at least 2 triangular bandages for slings.

If the event is an endurance run along back-country trails in the Spring, sprains, abrasions, cuts, stings, poison oak exposure and rattlesnake bites are more likely. Having Ace wrap bandages, stirrup splints, BandAids, Sting-Eze, and a snakebite kit could be handy.

If it there is an endurance bike ride or run in August, concerns about dehydration and heat exhaustion are paramount so that the best "first aid" may be oral hydration, ice and an electrolyte drink mix to deal with the low fluid levels, elevated body temperature and muscle cramps.

What medical resources are nearby?

Working a parade where EMS is one block away, I may only have my nitrile gloves and a tourniquet as the only concern is a severe accident in which major bleeding may occur. Everything else—falls, angina, asthma attacks, head injury, etc. can wait until EMS rolls up in 1-3 minutes. If I'm in the back country on a horse trail, one to two hours away from medical care, then I'm going to expand my kit to handle those additional considerations.

So what are the critical medical issues in the field?

The three leading preventable causes of death on the battlefield are:

- Uncontrolled hemorrhage
- Tension pneumothorax
- 3. Airway obstruction

Ok, hopefully we won't see the same kind of injuries as one does on the battlefield (explosions, bullet wounds, blast injuries, etc.) but the same trauma dynamics could occur from an auto accident, terrorist attack, fall, crush injury, etc.

Of the above preventable causes, airway obstruction and hemorrhage can be addressed with items in a small "blowout kit"—a military term that refers to a medical kit to treat life threatening wounds in the field. (Just as a patch kit is a temporary fix for a tire, a blow out kit is a temporary fix until a higher echelon of care can be reached.) Specifically, it is an individual First Aid Kit designed for immediate medical interventions for selfor buddy-aid at the time of the incident.

Since 60% of preventable deaths in the field occur from extremity hemorrhage, being able to emergently treat uncontrolled bleeding is critical. At a minimum, nitrile gloves and several large gauze pads used to apply direct pressure will stop most bleeds. Combining that with an Israeli bandage to maintain the pressure once stopped could make for an effective kit. For those wounds for which direct pressure along doesn't work, consider hemostatic or blood-clotting agents (Celox or chitosan and QuikClot or highly porous silica/kaolin) either as granules or powder poured directly into the wound or an impregnated hemostatic dressing are superior in controlling hemorrhage. Lastly, a Combat Application Tourniquet (C.A.T.) or similar style tourniquet would be a third line approach when other methods have failed.

Loss of airway or breathing is a rapid cause of death and so is a true emergent condition. While a simple repositioning of the jaw (jaw lift), neck or head may correct an obstruction in an unconscious individual whose airway is blocked by their tongue, sometimes this is not adequate or cannot be maintained for a significant period of time. One approach is the use of a nasopharyngeal airway (NPA) or a "nose hose" -- a flexible rubber tube inserted into one nostril and advanced through the back of the throat to secure an airway. These are widely used by EMS particularly in opiate overdose situations where breathing is compromised. Many Narcan or naloxone nasal spray kits for friends and family of heroin or opioid abusers to reverse an overdose will include a NPA to maintain the airway. There are YouTube videos out there to show you how to insert the NPA. Available for \$5-\$8 on Amazon, they are an inexpensive investment.



Another item to carry is a chest seal to prevent or limit a pneumothorax. A pneumothorax often results from a penetrating wound to the chest such as a gunshot or stabbing. Air is sucked into the chest resulting in a collapse of the lung. This can be prevented by adhering a plastic, cellophane or rubber material over the wound with tape. 8x8 inch sections of plastic wrapping or baggie taped to the chest with duct tape or broad medical tape can work as well as commercially designed seals such as Asherman or Hyfin. Commercial seals run around \$10.



Finally, it is good to have a CPR (cardiopulmonary resuscitation) shield or barrier in your kit to be able to provide rescue breaths safely. While compression-only CPR (no rescue breaths) does work, it is only indicated for a very specific type of cardiac arrest: witnessed sudden cardiac arrest of an adult or adolescent. From a physiological standpoint, CPR with rescue breaths is better and is indicated for child and infant CPR, respiratory failure leading to cardiac arrest and unwitnessed cardiac arrest. A simple shield with valve will run you \$3 at Amazon.



So to summarize those essential basics for a "blowout" or trauma kit,

There are a number of commercially available kits available running from \$20 to \$140 depending on components and features. These include:

- Adventure Medical Kits Trauma Pak
- North American Rescue Individual Patrol Officer Kit (IPOK)
- FATPack 5X8 Black Trauma Kit b Medical Gear Outfitters

If you'd like to learn more about "blowout kits" consider these websites:

https://www.itstactical.com/medcom/medical/ developing-a-blow-out-kit/

https://www.policeone.com/tactical-ems/ articles/1809743-Assembling-a-blow-out-kit-for-patrol/

https://blog.uslawshield.com/blow-out-kit/ >

San Diego International TriathlonBy Michael Bailey, SWR Ø92

C outhwestern REACT supported the 36th Annual San Diego International Triathlon at Spanish Landing Park on June 24, 2018. The event benefited Father Joe's Villages, the largest homeless provider in San Diego. Starting with a 1,000 meter swim in San Diego Bay, the athletes went on to a 30K bike ride to Cabrillo Monument and back to Spanish Landing Park where they transitioned to a 10K run, ending up at Seaport Village in Downtown San Diego. Event coordinator, George Reeves, deployed the 7 team members across the entire 24 mile route to monitor aid stations, act as safety observers and track the 1000 triathletes. Luckily, no injuries were reported.

REACT members got the opportunity to see remarkable athletic displays and perseverance in spite of adversity. The overall first place finisher was Alexander Romanenko who took an early lead out of the water and had a substantial lead after the bike portion. The closest competitor narrowed but could not overcome

the 2-1/2 minutes lead resulting in his win and \$750 in prize money. One woman competitor had her bike stolen just before the event. Unable to borrow or replace it on such short notice, she used one of the ubiquitous dock-less bikes, a 3 speed version with a basket on the front, to do the bike course. The last competitor to cross the finish line was a 70 year old male who was accompanied across the finish line by event staff to celebrate his finish.

Working with Koz Events, the organizer for the triathlon, was a treat given the high level of organization and support they provide. Using 50 paid staff and 200 volunteers, they had a well-organized approach that was scheduled to the minute. Running 15-20 biking, running and triathlon events per year has resulted in a wealth of knowledge and experience. Southwestern REACT has committed to the support of their October event, the Giro di San Diego bike ride. >



Part of the REACT team working the San Diego International Triathlon. Left to right: George Reeves, SWR Ø81; John Wright, SWR Ø42; Jim Patterson, SWR 151 and Michael Bailey, SWR Ø92 Jay Pistolias, SWR Ø46



Some of the competitors on the bicycle course.

Jay Pistolias, SWR Ø46

"Fifty Beads To Choke Your Feedline."

To the tune of "Fifty Ways To Leave Your Lover"

The problem is all inside RF, she said to me The answer is easy if you take it logically I'd like to help you in your struggle to be QRM free

There must be fifty beads to choke your feedline

She said it's really not my habit to intrude Furthermore, I hope my meaning won't be lost or misconstrued But I'll repeat myself at the risk of being cruel

There must be fifty beads to choke your feedline, fifty beads to choke your feedline

You put beads on the back, Jack, that's a good plan, Stan You don't need to be coy, Roy, just get QRM free No RF on the bus, Gus, you don't need to discuss much Just drop off the key, Lee, and get QRM free

She said it grieves me so to see you in such pain I wish there was something I could do to make you RF burns free I said, I appreciate that And would you please explain about the 50 beads?

She said why don't we both add beads to it tonight And I believe in the morning you'll begin to see the light And then she kissed me and I realized she probably was right

There must be fifty beads to choke your feedline, fifty beads to choke your feedline

You put beads on the back, Jack, that's a good plan, Stan You don't need to be coy, Roy just get QRM free No RF on the bus, Gus, you don't need to discuss much Just drop off the key, Lee And get QRM free...

With apologies to Paul Simon...