

# Keepers of the Conservancy: Meet The Merit Club's Dedicated Green Team

*This is the second in a series of articles highlighting various aspects of the 2000 U.S. Women's Open, to be held July 17-23 at The Merit Club in Gurnee.*

*"Golf is a way of enjoying the outdoors," proclaims Bert Getz, founder of The Merit Club. Indeed, the venue for this year's U.S. Women's Open was born from Mr. Getz's desire to preserve the cattle farm where he raised his family as open space in an increasingly dense suburban area.*

*More than a top-100 golf course, more than an environmental showcase, The Merit Club is in fact part of the Liberty Prairie Conservancy, a 2,000-acre area comprised of both public and private lands.*

Built on 325 acres, The Merit Club defies any notion that great golf and environmental sensitivity are incompatible. Its rolling topography incorporates prairie, wetlands and oak savannas; wildlife abounds on the course, moving among generous buffer zones between holes. With each season, prairie grasses and wildflowers offer a vivid—and continually shifting—color palette.

More than a top-100 golf course, more than an environmental showcase, The Merit Club is in fact part of the Liberty Prairie Conservancy, a 2,000-acre area comprised of both public and private lands. In 1993, with the assistance of CorLands, the land-preservation affiliate of Openlands Project, Mr. Getz established a conservation easement for The Merit Club property. A conservation easement is a written agreement between a landowner and a government agency or nonprofit organization that permanently limits development of the land. Even if the owner sells the land or passes it on to heirs, the conservation easement remains in effect.

All of the course's acreage—with the exception of the clubhouse and parking area—is protected by the easement, says CorLands' Nancy Kaszak. That acreage encompasses 75 acres of restored prairie, 30 acres of wetlands, 30 acres of oak and hickory savanna and a two-acre tree nursery.

"The Merit Club's easement allows construction of golf-related structures in restricted areas; if golf course operation were to cease for any reason, the land must remain open and be allowed to revert to its natural

*(continued on page 31)*



tion form was created recently, bringing a better process with it. It is available to download and print off of our Web page. Tom Fahey and George are working on a new procedure that will help streamline our new memberships. A new dues statement is being drafted for 2001. It will become a useful tool for the Board to use. (We will talk about the dues structure in detail at a future date.)

Our Board of Directors has been involved in many discussions pertaining to the Midwest Golf Complex at Cog Hill. We have been invited to participate in this venue and are considering the possibilities seriously. The opportunities it proposes are very positive and would join the MAGCS with a great team of allied associations. I encourage any member with questions or comments on this endeavor to contact myself or any member of the Board. The decision of whether or not to commit to the project should be made in the near future as space could become limited.

At the committee level, a few items of interest are in progress. Greg Thalmann and his committee are just about ready to introduce the MAGCS Scholarship Program to the members. We are also trying to embellish our relationship with the Chicago-area media. I believe this will help promote our profession to golfers and non-golfers alike.

Cathy and John Gurke continue to do an outstanding job in producing one of our industry's finest publications. Please pass along your comments as well as compliments to them about our magazine. It takes a lot of hard work and dedication to complete this job on a

monthly basis. They continue to innovate and bring interesting information to our mailboxes. Fred Behnke and the Education Committee are helping to provide timely articles along with determining our monthly meeting speakers.

Our golf meetings are becoming very popular. Mike Mumper and Kevin DeRoo, along with their respective committees, are doing a terrific job in providing us with great golf experiences. They are always eager to hear from members who want to host a golf event, and give back to the Association. It would be wonderful to have a meeting calendar that stretches out for a number of years.

Serving on the Board of Directors for the Illinois Turfgrass Foundation and representing the MAGCS on the Green Industry committee has kept me well-informed about the ongoing activities of our affiliated associations. I hope you can tell by virtue of this short message that a tremendous amount of time and effort goes forth behind the scenes to make this Association click. Consider becoming a candidate for election to the Board of Directors and become a part of this operation. I strongly feel that the current state of our Association is excellent. It seems that all the pieces are in place for continued success, much as it appears to be with my beloved Cubbies. God bless.



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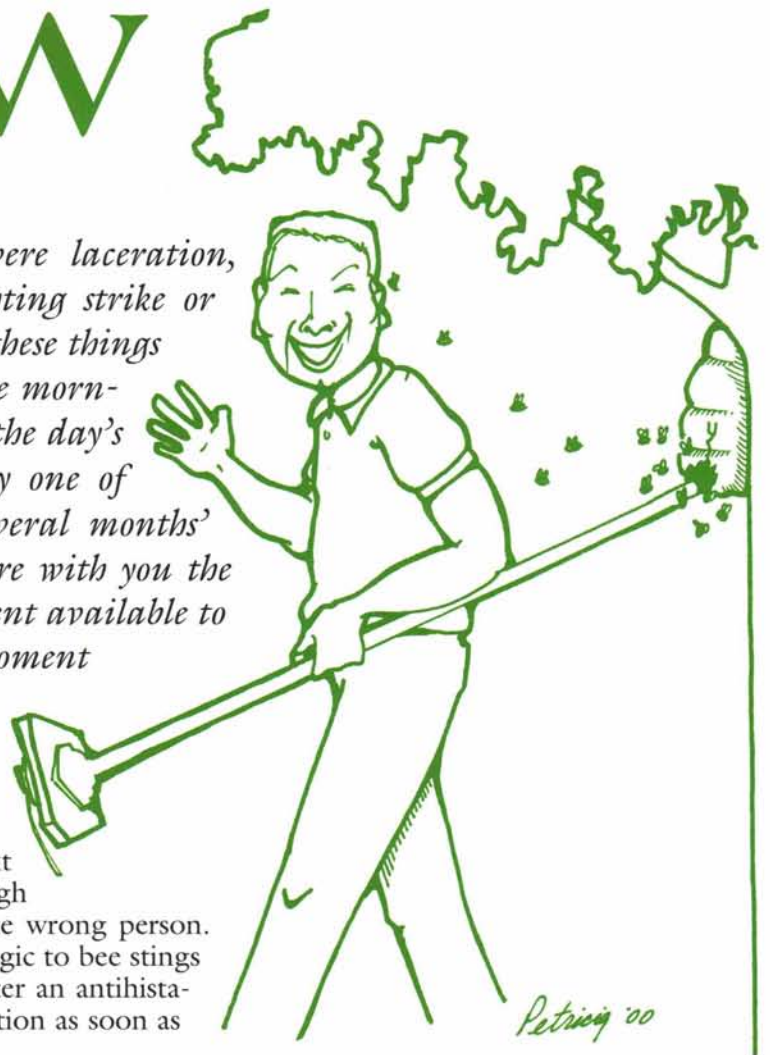
Be a Lifesaver!

# Basic Medical Procedures You Should Know

*A bee sting, a heart attack, a severe laceration, a person choking, heat stroke, a lighting strike or drowning victim. You don't think of these things when you're sitting at your desk in the morning drinking the java and planning the day's agenda. How would you handle any one of these incidents? After completing several months' worth of research, I am going to share with you the basic medical procedures and equipment available to help you be a lifesaver in someone's moment of need.*

## **Bee Sting**

Junior is out weed-eating around trees when all of a sudden, he bumps a bee hive. Next thing you know, he's been stung. Bees, though very small, can be deadly little bastards to the wrong person. The first step is to find out if the person is allergic to bee stings or not. If so, have him lie down and administer an antihistamine if one is available and seek medical attention as soon as





procedure and this is performed as follows: stand behind the victim and place the thumb side of your fist against the abdomen above the navel but below the breastbone. Then grab your fist with your other hand and press into the abdomen with four quick upward thrusts and repeat as necessary. The victim should be examined by a doctor as soon as possible.

If you are by yourself choking, or if you are assisting a very large individual and you can't get your arms around him or her, look for the nearest chair with a back on it. Lean yourself or the large individual over the back of the chair with the back located in the same position you would place your fists and then proceed with the upward thrusts.

### Severe Laceration

Sticking your fingers in a cutting unit with the mower still on, bottles around a hot tub or carelessness with a chainsaw will usually lead to a severe laceration. The first thing you want to do is keep the victim calm and in a

*(continued on page 17)*

possible. Whether the victim is allergic or not, the proper way to remove a stinger is with an outward scraping motion; pinching the stinger with tweezers or your fingernails is not recommended as this will only inject more venom into the victim.

Once you have removed the stinger, apply a cold wet cloth or, if you have a first aid kit, you will usually find that it contains a medicated pad for stings. This will keep the swelling down and help ease the pain and itching. Throughout the process, watch for any signs of shock that may occur. If the victim should go into shock, keep him/her calm and elevate the legs to a height of about 18 inches.

### Choking

You have a strange new disease on your greens and you can't figure out what it is. So what do you do? You call the Dirt Doctor. He starts to smell and taste the soil, and before you know it, he starts to choke on a mud ball. Now what do you do?

The only safe way to remove this type of object is for the victim

to cough it up himself. If this fails, routine procedure used to advise that if you can see the object, remove it with your fingers. This is no longer advised because the victim can go into convulsions and bite your fingers off, or you can push the object farther down the windpipe. The Heimlich maneuver is the recommended







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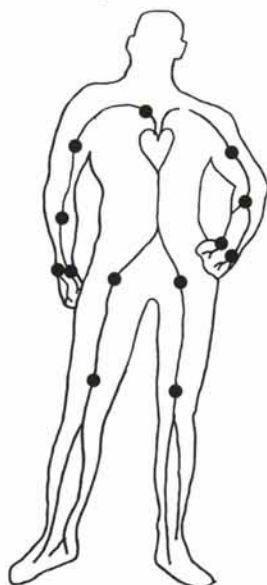
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comfortable position. When the victim is feeling no pain (as in an incident I witnessed awhile BACK, pun intended), this is relatively easy to achieve. You then want to elevate the wounded area to reduce bleeding and cover the wound with a gauze pad or some other clean material. Apply firm, continuous, direct pressure with the palm of your hand. If the blood soaks through the first pad, place additional pads over the wound. Never remove the first pad, as this will only prevent the blood from clotting.

If the bleeding does not slow down, apply pressure with your fingers and thumb to the pressure point of the artery supplying the wound (see pressure points diagram). If bleeding still persists, tie a piece of cloth over the bandage and continue to apply pressure to the pressure point. If the victim has lost a large amount of blood (a can of Guinness or one pint), the victim may begin to feel faint, cold or look pale. If this should occur, elevate the legs from the hips; if it's a head wound, elevate the head to keep the blood flowing towards the heart. While waiting for assistance, keep checking the pulse and breathing and be prepared to start CPR.

● = Pressure Point



### Heat Stroke

Dave is a “real” man who doesn’t believe in drinking plenty of water on hot summer days. Instead, he opts to drink his liquid version of hops and barley. During hot weather, heat stroke is a common occurrence. It’s obvious that the first thing you want to do is to cool the body down to a temperature of at least 102 degrees. The use of fans, cold wet rags or an air conditioner will help achieve this. Once the temperature has gone down, discontinue cold applications for about 10 minutes. If temperature begins to increase, continue cold applications until medical assistance arrives.



### Lightning Strike

Jim, Oscar and Chuck are out playing the round of their lives when all of the sudden a storm comes out of nowhere. Instead of retiring to safety, they decide to keep on playing. If mul-

*During hot weather, heat stroke is a common occurrence. It’s obvious that the first thing you want to do is to cool the body down to a temperature of at least 102 degrees. The use of fans, cold wet rags or an air conditioner will help achieve this.*

iple victims are struck by lightning, approach the situation using reverse triage, which means attend to the unconscious people first and then proceed with the following. Evacuate yourself and the victim to a place of safety. Despite popular belief, lightning can strike in the same place twice. When transporting the victim to a safe place, brace the head and the neck, as a spinal cord injury may have occurred. Once in a safe place, evaluate the ABCs of cardiopulmonary resuscitation (see page 18). If you have determined that CPR is necessary, continue CPR until paramedics arrive. Defibrillate as needed if you have access to an AED.

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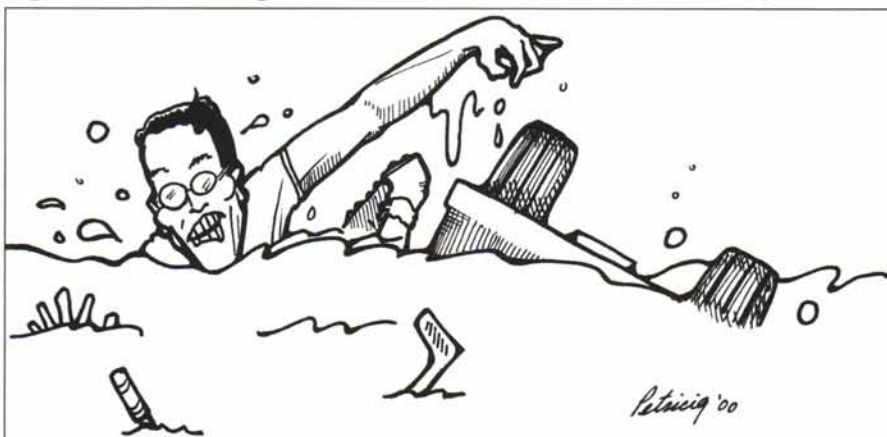


Always remember a few facts about lightning:

- It can strike in the same place twice.
- It is not always followed closely by a clap of thunder.
- Lightning strike victims do not hold an electrical charge.
- It hurts really, really bad.
- It can cause cardiac arrest, neurological damage, spinal injury, hysteria and a temporary loss of memory. Wait, what did I just write?

### Drowning

John forgets to set the parking brake on the golf cart and



winds up in the pond with the golf cart. Thus begins the panic that can lead to drowning. Rescuer safety is the most important element in a drowning rescue. Always try a land-water rescue first. The simple little phrase “throw, tow and then go” will help you remember this. The theory behind this phrase is to protect the rescuers so that they themselves do not become drowning victims.

The natural instinct of a drowning victim in panic mode is to grab onto anything that comes near them, especially another person who may then become injured or submerged. You want to first

throw something out to the victim in hopes that the victim will grab on so that you can then tow him to land. If the victim can't grab on, then—and only then—should you attempt a swim rescue. A couple things to remember: Always approach the victim from behind and always wear a life vest. If the victim is conscious during and after the rescue, he should still be brought to the hospital. The reason for this is that the victim can still aspirate fluids that can cause complications that can last for days or weeks.

If the victim is unconscious, begin mouth-to-mouth ventilation even before the victim is removed from the water. Once you have reached land, continue mouth-to-mouth. Next, turn the

victim to the left side to allow water to drain from the airway. Continue mouth-to-mouth until the victim becomes conscious or until medical personnel arrive. If you think the victim was involved in a diving accident, proceed with mouth-to-mouth but do not turn the victim to his side because of a possible spinal cord injury, and be sure to brace the head and neck.

### Heart Attack

All of Red's years of smoking and drinking have caught up with him as he walks off the 18th green. Boom! is the sound he makes as he hits the ground while holding his chest. Sounds like a heart attack to me.

First step is to have the person sit or lie in a comfortable position and keep him or her calm. Have medical personnel contacted. If the victim is unconscious, check the ABCs of cardiopulmonary resuscitation (CPR). Open the airway and check for breathing. If the victim is not breathing, give two slow rescue breaths and check for pulse. If there is no pulse (circulation), do 15 chest compressions and continue alternating compressions with two breaths. After four cycles of compressions/breaths,

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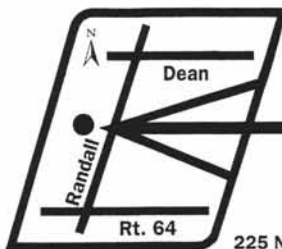
check for breathing and a pulse. Continue uninterrupted until advanced life support is available. This is CPR in a nutshell. It is advised that you take a formal course in CPR before attempting to administer it to someone.



**Facts about CPR:**

- CPR will only provide about one-third the cardiac output of a normal, healthy heart at work.
- The purpose of CPR is to supply oxygen to the brain.
- Never attempt CPR on someone that doesn't need it.

*(continued on page 20)*



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### Available Equipment

Thanks to technology, you no longer need to wait for a paramedic to arrive on the scene with a defibrillator. Automated external defibrillators (AEDs) are about the size of a lunch box and can be stored anywhere. The AED on which I was trained and certified through a training program put on by Fisher Safety, starts out at about \$3,000 and is the most popular unit found in public areas such as airports and hotels.


It is recommended that every public facility have an AED because you can actually be sued for not having one. The Good Samaritan Act in Illinois protects from lawsuits those businesses that have an AED and certified personnel on site. The common misconception everybody has regarding an AED is the fear of a lawsuit for shocking a person that doesn't need it. Fact: The AED is completely automated and will not allow you to shock a person that doesn't need it until instructed to do so. Fact: You can't kill someone that is already dead.

Hughes Creek does plan to purchase an AED this year, but for

now, Dave Meyer has donated \$2,000 to the Elburn Police Department towards the purchase of an AED for the community. Because police cars are always moving, they usually get to a medical emergency several minutes before paramedics.

Depending upon the accessibility of your golf course, park or sports field, you may also want to purchase a medical utility vehicle. Shown are the John Deere Gator and a Club Car Carryall equipped with ambulance conversion kits. These vehicles can help you get a good head start on bringing an injured person to a place of safety.

### Finally

In summary, I am not a doctor nor are you. The intention of this article is to briefly educate you on how to perform basic medical procedures and to inform you of the equipment available to you. Training in any of these situations is a must before you attempt to use any of these procedures and equipment. 

### Literature Cited and References:

*Emergency Handbook: A First Aid Manual For Home and Travel.* Peter Arnold with Edward L. Pendagast, Jr., M.D. Doubleday and Co., 1980.

*The Heart Attack Survival Manual: A Guide to Using CPR in a Crisis.*

(continued on page 32)



John Deere Gator with Med-Bed.



Club Car's ambulance conversion kit with stretcher.

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