

The Mountaineers Annual Safety Report for 2014

October 23, 2015

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Contents

Introduction	6
Summary Statistics.....	7
Major Incidents (Emergency Medical Attention; Search and Rescue or 911 call and search performed) .	11
February 27, 2014 - Skiing or Winter Walking in Switzerland and Austria (Global Adventures outing)	11
March 23, 2014 – Seattle Program Center (Basic rock climb field trip).....	11
April 12, 2014 - Mt Rainier/Gibraltar Ledge (Intermediate mountaineering climb outing)	12
April 19, 2014 - Icicle Canyon (Basic rock climb field trip)	12
June 7, 2014 - Ice I FT- Coleman Glacier Icefall (Intermediate ice climb field trip)	12
June 8, 2014 – Bean Creek Basin (Alpine scrambling field trip).....	14
June 21, 2014 - Mt. Thomson West Ridge (Intermediate rock climb outing).....	15
July 5, 2014 - Mt. Washington (Olympics), East Ridge (Basic rock climb outing)	16
July 16, 2014 – Silver Peak (Alpine Scramble outing)	17
July 17, 2014 – Mount Shuksan/Sulphide Glacier (Basic glacier climb outing)	18
July 20, 2014 – Mount Tebo (Alpine scrambling outing)	21
August 2-3, 2014 – Mount Daniel (Basic alpine outing)	23
August 24-25, 2014 – Eldorado Peak (Basic glacier climb outing).....	24
September 20, 2014 – Deception Pass (Sea Kayaking outing).....	26
October 26, 2014 – Seattle Program Center (Open climb night).....	26
October 29 – Nepal, Everest Base Camp (Global Adventures outing).....	27
October 31, 2014 – Nepal, Everest Base Camp (Global Adventures outing).....	30
Significant Incidents (Non-emergency medical attention; Search and Rescue or 911 called but no search performed).....	31
February 15, 2014 – Heybrook Ridge/Index (Navigation field trip).....	31
May 10, 2014 – Barney’s Rubble (Basic rock climb field trip).....	31
June 20, 2014 – Seattle Program Center (Properties)	32
July 6, 2014 – North Ingalls Peak, South Face (Basic rock climb outing)	32
July 7, 2014 – Horseshoe Peak (Basic alpine climb outing)	33
July 7-8, 2014 – Eldorado Peak/Inspiration Glacier (Basic glacier climb outing)	33
July 11-13, 2014 – Snowfield Peak (Basic glacier climbing outing).....	34

July 17-18, 2014 – Mount Stuart/West Ridge (Intermediate rock climb outing)	35
August 31, 2014 – Mt. Baker Lodge (Properties).....	36
November 1, 2014 – Pitcher Mountain (Alpine Scramble outing) Branch: Seattle	36
Appendix A – Minor Incidents in 2014 (no medical attention or 911/search and rescue)	38
January 1, 2014 – Castle Pinnacle Saddle (Snowshoeing outing).....	38
January 18, 2014 – Elwha Loop-Humes Ranch (Hiking outing).....	38
February 16, 2014 – Heybrook Ridge/Index (Navigation Trip)	38
February 22, 2014 – Seattle Program Center (Basic Climbing Field Trip).....	39
March 1, 2014 – T-Bone Ridge SW Spur (Alpine scrambling outing).....	39
March 1, 2014 – Copper Creek Hut (Skiing/Snowboarding outing).....	39
March 15, 2014 – Vantage/Feathers (Basic rock climb field trip)	40
March 23, 2014 – Seattle Program Center (Basic rock climb field trip).....	41
March 23, 2014 – Seattle Program Center (Basic Rock climb field trip).....	42
April 6, 2014 – Vantage/Feathers (Basic rock climb field trip)	42
April 19, 2014 – Wallace Falls Loop (Hiking outing).....	43
April 26, 2014 – Rattlesnake Ledge (Hiking outing).....	43
April 27, 2014 – Seattle Program Center (Crag climb field trip)	43
May 19, 2014 – Olympia school district (Alpine Scrambling field trip).....	43
May 24, 2014 – Pine and Cedar Lakes Hike (Hiking outing)	44
May 24, 2014 – Camp Muir (Alpine scrambling outing)	44
May 24, 2014 – Camp Muir (Alpine Scrambling outing).....	46
June 2, 2014 – Baker-Easton Glacier (Basic glacier climb outing).....	46
June 8, 2014 – Navaho Peak (Alpine scrambling outing).....	47
June 14, 2014 – Colchuck Lake (Alpine scrambling outing)	47
June 14, 2014 – Vesper Peak (Alpine scrambling outing).....	47
June 14, 2014 – Vesper Peak (Alpine scrambling outing).....	48
June 14, 2014 – Vesper Peak (Alpine scrambling outing).....	48
June 19, 2014 – Hibox Mountain (Alpine scrambling outing).....	49
July 1, 2014 - Whitman Glacier (Basic glacier outing).....	49
July 1, 2014 – Seattle Program Center (Properties).....	49

July 4, 2014 – Exfoliation Done, West Buttress Route, Pitch 2 (intermediate rock climb outing)	50
July 4, 2014 – South Twin Sister (Alpine scrambling outing)	50
July 7, 2014 – Horseshoe Peak (Basic alpine climbing outing)	51
July 12, 2014 – Merchant Peak (Alpine scrambling outing).....	51
July 14, 2014 – Seattle Program Center (Youth Programs)	52
July 19, 2014 – Esmerelda Peak (Alpine scrambling outing).....	52
July 20, 2014 – Bills Peak (Alpine scrambling outing)	53
July 20, 2014 – Sahale Peak/Quien Sabe Glacier (Basic glacier climb outing)	53
July 27, 2014 – Mt. Olympus (Basic glacier outing)	53
July 27, 2014 – Mt. Olympus (Basic glacier outing)	54
August 1, 2014 – Mt. Stuart Climb (Intermediate rock climb outing)	54
August 2, 2014 – Silvertip Peak (Basic alpine climb outing)	54
August 2, 2014 – Lundin Peak, West Ridge (Basic rock climb outing)	55
August 16, 2014 – Mt. Angeles (Alpine scrambling outing).....	56
August 17, 2014 – Mount Maude North Face (intermediate ice climb outing)	56
August 17, 2014 – Lichtenberg Mountain (Alpine scrambling outing)	57
August 23, 2014 – Gobblers Knob (Hiking outing).....	57
August 24, 2014 – Ingalls Peak/South Ridge (Basic alpine climbing outing)	58
August 31, 2014 – Yellowjacket Tower (Basic rock climb outing)	58
September 3, 2014 – Mount Pugh (Hiking Outing).....	59
September 13, 2014 – Snoqualmie Mountain (Alpine scrambling outing)	59
September 16, 2014 – Kangaroo Temple / North Face (Basic rock climb outing).....	60
September 20, 2014 – Mount Pilchuck / East Ridge (Alpine scrambling outing)	60
September 20, 2014 – Eagle Rock (Alpine scrambling outing)	61
September 20, 2014 – Seattle Program Center (Intermediate climbing field trip)	61
September 28, 2014 – Le Petit Cheval/Spontaneity Arete (Intermediate rock climb outing).....	62
October 4, 2014 – Fox Island (Sea Kayaking outing).....	62
October 4, 2014 – Mount Thompson/West Ridge (Intermediate rock climb outing)	62
October 4, 2014 – Mount Thompson/West Ridge (Intermediate rock climb outing)	63
October 11, 2014 – Teanaway Park (Alpine Scrambling outing)	63

October 17, 2014 – Barrier-Governors Ridge (Alpine Scrambling outing).....	63
December 4, 2013 – Skiing/Snowboarding (Avalanche Field Trip).....	64
December 4, 2013 – Skiing/Snowboarding (Avalanche Field Trip).....	64
May 26, 2013 – Duckabush River to Five Mile Camp (Hiking outing).....	64

Introduction

The purpose of the Safety Committee is to promote a culture of safety among The Mountaineers. This is accomplished by:

- 1) The collection and reporting of incidents and near misses
- 2) Education and training of our leaders and instructors

The ongoing goal is to build structure around this culture of safety such that The Mountaineers continue to be recognized as industry leaders in safety for outdoor activities.

Functions of the Safety Committee from the charter (The Mountaineers Board Policy 322):

- Collect, develop and distribute safety education and knowledge pertinent to each activity.
- Benchmark volunteer and professional organization safety programs and standards.
- Work to stimulate creation and maintenance of Safety committees within each Branch. Help to standardize and educate safety concepts and awareness at the branch and activity levels.
- Develop and perform standardized collection of data on at risk activities from all branches, via trip, incident, near miss, and other reports, and make this data available to all branches.
- Standardize trip reporting to collect information on routes, incidents, and near misses, and enhance systems to share this information.
- Ensure a thorough and professional incident investigation is performed for all fatalities and major incidents in a timely manner. This is coordinated through the Executive Director and may include outside and/or professional input.
- Assist in the development of standards for leader qualification and continuing education.

Safety committee goals for 2014 included:

- Collect information on incidents in a systematic manner
- Write up reports for major incidents in a systematic format
- Communicate summaries of facts from the incidents to members
- Facilitate discussion of incidents and safety measures among members
- Increase reporting of all incidents, even those with less serious outcomes

We track incidents as Major, Significant, or Minor:

- Major incidents are those that require emergency medical attention or where 911 or Search and Rescue is called and a search is performed.

- Significant incidents are those that require non-emergency medical attention or where 911 or Search and Rescue is called but no search is performed.
- Minor incidents do not involve medical attention or 911/Search and Rescue calls.

We modified the Hit/cut incident category definitions for the 2014 report to include abrasions, and we separated bites from animals or insects into its own category. In addition, we track the type of incident, such as a fall/slip/trip; personal illness/preparation/conditioning; boating; logistics; near misses or lessons learned; and informational.

Summary Statistics

Major Incidents involve emergency medical attention or hospitalization; Search and Rescue (search performed); 911 call (emergency responders). There were 17 major incidents reported:

1. Fractured wrist (emergency medical attention) – Skiing or Winter Walking in Switzerland and Austria, February 27, Global Adventures outing
2. Abrasions on hand (emergency medical attention) – Seattle Program Center, March 23, Basic rock climb field trip
3. Broken leg (emergency medical attention) – Mt Rainier/Gibraltar Ledge, April 12, Intermediate mountaineering climb outing
4. Dislocated shoulder (emergency medical attention) – Icicle Canyon, April 19, Basic rock climb field trip
5. Stitches on nose (emergency medical attention) – Coleman Glacier, June 7, Intermediate ice climb field trip
6. Stitches on leg (emergency medical attention) – Bean Creek Basin, June 8, Alpine scrambling field trip
7. Broken nose, broken thumb, cut on head (emergency medical attention) – Mt. Thomson West Ridge, June 21, Intermediate rock climb outing
8. Dislocated shoulder (emergency medical attention) – Mt. Washington, July 5, Basic rock climb outing
9. Concussion, cut forehead, vomiting, grogginess (emergency medical attention) – Silver Peak, July 16, Alpine scrambling outing
10. Stitches on leg (emergency medical attention) – Mt. Shuksan, Sulphide Glacier, July 17, Basic glacier climb outing
11. Broken leg (emergency medical attention) – Mt. Tebo, July 20, Alpine scrambling outing
12. Broken ankle (emergency medical attention) – Mt. Daniel, August 3, Basic alpine outing
13. Dislocated shoulder (emergency medical attention) – Eldorado Peak, August 24, Basic glacier climb outing

14. Dislocated shoulder (emergency medical attention) – Deception Pass, September 20, Sea kayak outing
15. Unspecified personal illness (emergency medical attention) – Seattle Program Center, October 26, Open climbing night
16. High altitude pulmonary edema (fatality) – Nepal, Everest Base Camp, October 29, Global Adventures outing
17. Frostbite on toes and potential partial amputation (emergency medical evacuation, emergency medical attention) – Nepal, Everest Base Camp, October 30, Global Adventures outing

These major incidents were categorized as:

- Fall/slip/trip – 8
- Hit/cut/abrasion – 4
- Personal illness/preparation/conditioning – 4
- Boating – 1

Four occurred during organized course field trips.

Significant Incidents involve medical attention or SAR or 911 called but no search performed. There were 10 significant incidents reported which resulted in the following injuries:

1. Fractured wrist (medical attention) – Heybrook Ridge, Index, February 14, Navigation field trip
2. Dislocated shoulder (medical attention) – Barney’s Rubble, Icicle Canyon, May 10, Basic rock climb field trip
3. Puncture wounds on face from dog bite (medical attention) – Seattle Program Center, June 20, Properties
4. Sprained knee and partially torn meniscus (medical attention) – North Ingalls Peak, July 6, Basic rock climb outing
5. Overdue party (Search and rescue called but no search performed) – Horseshoe Peak, July 7, Basic alpine climb outing
6. Hyperextended and possibly fractured thumb (medical attention) – Eldorado Peak, July 8, Basic glacier climb outing
7. Lacerated leg (medical attention) – Snowfield Peak, July 12, Basic glacier climb outing
8. Overdue party (Search and rescue called but no search performed) – Mt. Stuart, July 18, Intermediate rock climb outing
9. Injured shoulder and chest (medical attention) – Mt. Baker Lodge, August 31, Lodges
10. Possible hamstring tear (medical attention) – Pitcher Mountain, November 1, Alpine scrambling outing

These significant incidents were categorized as:

- Fall/slip/trip – 7
- Bites – 1
- Logistics – 2

Two occurred during organized course field trips.

Minor Incidents involve anything else reported but no medical attention is required. See Appendix A, Summary of Minor Incidents. There were 81 minor incidents reported:

Fall/slip/trip – 24

- Fall/slip/trip on nontechnical terrain – 10
- Fall/slip/trip on snow – 6
- Fall/slip/trip on rock – 8

Hit/cut/abrasion – 6

- Hit/cut by rock – 5
- Hit/cut by equipment – 1

Personal illness/preparation/conditioning – 8

- Leg/knee/ankle/foot – 3
- Shoulder/arm/hand – 1
- Fatigue/weakness/conditioning/flu/cold – 2
- Gastrointestinal/heart/organs – 1
- Unspecified/general – 1

Bites – 2

- Insects – 2

Logistics – 2

- Routefinding, overdue party – 1

- Party split from group – 1

Near miss or lessons learned – 4

- Party-caused rockfall or rockfall on party – 2
- Party-caused avalanche avalanche on party – 1
- Route conditions – 1

Informational – 8

- Equipment limit or lack – 3
- Assist other party – 2
- Route conditions – 2
- Training/skill limit or lack – 1

The online incident reporting system was not functional for part of summer 2014, and unreported incidents may have occurred. The number of minor incidents was substantially less than in previous years, and the lack of reporting may have affected this number.

Major Incidents (Emergency Medical Attention; Search and Rescue or 911 call and search performed)

February 27, 2014 - Skiing or Winter Walking in Switzerland and Austria (Global Adventures outing)

Branch: Global Adventures

Category: Major

Incident Type: Fall/slip/trip on snow

Injury: Fractured wrist

Summary: A participant fell on a ski descent on a groomed cross country trail with a rating of “difficult” and fractured her left wrist. The trail was icy and a bit rough. She had no time to warm up, with the descent starting immediately after putting on her rented skis. She lost control and deliberately fell into a hard snow bank before entering a forested trail section where shade and increasingly difficult conditions were anticipated. She indicated that she has a compromised bone density. The skier received first aid at the Kolner Haus Aid Station/Serfaus Aid Station, an available first aid station, and returned to the lodge on foot.

March 23, 2014 – Seattle Program Center (Basic rock climb field trip)

Branch: Seattle

Category: Major

Incident Type: Hit/cut/abrasion on rock

Injury: Abrasions on hand

Summary: A student participating in the Basic Rock Climb field trip had her non-belaying hand trapped between the wall and the rope during a sit and spin rappel. She successfully was able to complete the rappel and returned to the top of the wall. An instructor assistant who is a Wilderness First Aid Responder was at the top of the station. The primary instructor at the station flagged another instructor who notified the activity leader of the incident. The activity leader proceeded to the top of the wall and initialed care with the WFA-trained instructor. There was obvious soft tissue damage to the back of the student’s hand and a significant amount of pain. The WFA-trained instructor proceeded with bandaging while the activity leader improvised an ice pack with ice from the kitchen. The activity leader recommended that the student contact her doctor and recommended x-rays. She had the option to call her boyfriend to pick her up, but elected to drive herself (the activity leader felt that the boyfriend pickup would likely have been the best option, but the student waited a sufficient amount of time before driving to be able to do so). The activity leader asked the student to call or text on reaching the Urgent Care Center. She let the activity leader know that she arrived. She also let me know that him know that her hand was not broken. It is a really bad soft tissue injury and is going to require 7-10 days

of healing time. The activity leader indicated he would figure out a way for her to complete the field trip when she has healed.

April 12, 2014 - Mt Rainier/Gibraltar Ledge (Intermediate mountaineering climb outing)

Branch: Tacoma

Category: Major

Incident Type: Fall/slip/trip on snow

Injury: Broken Leg

Summary: Participant fell and broke his lower left leg just short of the parking lot. Two participants skied to and from Muir. They both are skilled skiers and were together when one fell down. They were on relatively flat ground and one of his skis submarined in the snow. The park service was very helpful and provided him with great care. Participant sought medical care and was found to have a fibula fracture. He recovered well and was planning another Rainier trip for the following spring.

April 19, 2014 - Icicle Canyon (Basic rock climb field trip)

Branch: Kitsap

Category: Major

Incident Type: Personal illness/preparation/conditioning involving shoulder

Injury: Dislocated shoulder

Summary: Right shoulder of participant dislocated while he crawled down to the initial rappel anchor at the start of the field trip. One of the instructors, head of the Jefferson County Mountain Rescue, attempted to relocate the shoulder unsuccessfully. He said he had a problem of this kind before with the shoulder and he had to be "put under" to relocate it. 911 was called and he was taken to the Emergency Room in Leavenworth and they were able to reset it. He returned to the field trip but did not participate. He will have to wait "weeks" to complete this field trip. The leader said when he was ready we would conduct a make-up trip for him to attend. He is strong and an ultra-distance runner. His wife is also a student and was there to drive him home.

June 7, 2014 - Ice I FT- Coleman Glacier Icefall (Intermediate ice climb field trip)

Branch: Kitsap

Category: Major

Incident Type: Hit/cut/abrasion from equipment

Injury: Stitches required on nose where ice tool adze cut nostril

Summary: This incident occurred during the Ice I Field Trip on the toe of the Coleman Glacier Icefall. We had arrived at the field trip area at approximately 11:00. We had gone through several stages of work: crampons, ice axes, anchors, terrain evaluation, and ice tools. There were 3 participants and 1 leader. We were preparing for our final activity - to climb several short ice steps using two ice tools on top rope. Throughout the day we had practiced using tools in the glacier ice medium but had not used them for any climbing over about 8 feet. I had ascended several short 10-20 foot steps to place a top rope anchor for student practice ascents. The three students remained at the base area where they would begin their practice climbs. They continued to practice placing ice tools in preparation for the top rope ascents.

At approximately 3:00 pm, a first-year intermediate student placed a borrowed ice tool and stepped up to test its strength of placement. The tool released from the ice as he was holding it and struck him across the right side of the nose, approximately 1 cm from the bottom of the nostril exit. The adze cut through the tissue for a length of 2-3 cm. He bled profusely. He was tended to at our base area by our MOFA leader for the day, who is also a 1st year intermediate. The leader was recalled to the base, and assessed the situation, as well as consulting with the MOFA leader as to the severity of the wound. He said it appeared the adze of the ice tool went through his nose completely to the nostril. His nose was covered with available gauze and tape strips.

The plan was to evacuate immediately on foot and proceed to the nearest medical facility. The dressing became generally soaked with blood but bleeding gradually subsided. He reported some pain and he was spitting blood with nasal discharge. He said he could self-ambulate to the trailhead. We left the field trip site at 3:30 pm, and arrived at the trailhead at 5:10 pm. I drove his car with him and another student in attendance to his situation. We left the trailhead at about 5:30 pm, and arrived at United General Hospital (UGH) in Sedro-Wooley at about 6:45 pm. The drive was uneventful, and he remained reasonably comfortable. Bleeding had generally stopped, and was not showing up in his saliva either.

He was treated at the UGH Emergency Room. They determined he needed sutures to properly address the laceration. 7 sutures were placed on the outside of his nostril while 4 were placed on the inside. He was released at approximately 10:10 pm. We proceeded to the Edmonds-Kingston ferry, and to the Kingston Park and Ride where he reported he could drive the 15 minute trip to his home. His physical and mental conditions were both stable based on our conversations, reported of level of comfort, and observations of his wound. Follow up emails on 6/8/14 confirmed satisfactory resolution of the situation. He is planning on returning to the mountains and climbing Eldorado next weekend, 6/14-15/14.

June 8, 2014 – Bean Creek Basin (Alpine scrambling field trip)

Branch: Seattle

Category: Major

Incident Type: Hit/cut/abrasion on rock

Injury: Stitches required on leg laceration

Summary: One student was injured badly enough to need medical treatment but was able to return that evening to the Beverly campground for our barbecue. The senior instructor with that student's group provided the following report: At about 12:30, while scrambling up the ridge south of Judy, and about 200 ft below the summit the student dragged his left knee along the edge an unusually sharp rock. Everyone in the group was wearing helmets and gaiters. This was a typical ridge walk among broken rocks in the Teanaway area. There was nothing unusual about the terrain, exposure, or rock itself.

The rock edge opened an almost vertical, clean looking incision about 1 1/2 inches long on the thigh above the left knee. The bottom of the cut started about 3 inches from the tip of the flexed knee and sliced through all skin layers but missed the tendons of the knee cap and major arteries or veins. The group lead instructor administered first aid by cleaning the wound with alcohol wipes, closing the wound with several butterfly strips, applying a thick 4x4 compress and completing the bandage with 4 in wide self-stick ace bandage that allowed the knee to flex. The injured participant could walk on his own power.

The lead instructor then radioed the incident to the day lead, describing the wound as likely requiring about 6 stitches and with the recommendation to have a pair of instructors escort the injured participant to the local hospital for stitches as soon as possible.

At the summit of Judy, the group instructor adjusted the ace bandage to be a little less snug and escorted the injured student to the low point of the saddle between Judy and Mary. Two participants (including one who carried the injured student's pack) escorted the injured student down the snow field east of Judy, onto the trail and to the trail head. One of the two escorts then drove the injured student to the emergency clinic in Cle Elum.

Here is additional info from the participant who escorted the injured student to the emergency clinic: The participant was near the back of the group. When she came around the rock, the injured student had his pants leg up and was wiping it with a towelette with his first aid kit out. The senior instructor was assessing the injury. Students were sitting a respectful distance away. The participant sat down with the senior instructor and the injured student and assessed the situation.

The participant assisted in giving first aid, sort of the triage nurse role, consulting on treatment, handing supplies to be used and putting supplies away, getting them from first aid kits and other students. She

used supplies from the injured student's first aid kit; another student offered her emergency kit and that was used also. When anything additional was needed the participant asked the other students standing nearby.

On the way down from the summit the injured student was fine. He commented on "not feeling much" so we stopped so his ace bandage could be readjusted, as it was too tight. They stopped a second time just to check on it and again readjusted the ace bandage. At one point the injured student complained of a headache but thought it was due to his helmet being too tight. When the group was down to the trail and removed helmets, that issue resolved itself. The participant drove the injured student's car from the trailhead to the clinic, and the injured student appeared to be in fine condition all the way into town. When they left the emergency clinic in Cle Elum, the injured student drove those who had escorted him back to the campground.

June 21, 2014 - Mt. Thomson West Ridge (Intermediate rock climb outing)

Branch: Tacoma

Category: Major

Incident Type: Fall/slip/trip on snow

Injury: Broken nose, broken thumb, cut on head

Summary: Team of 4 had completed climb of West Ridge and had descended the East Ridge. We had stopped for a break in the bowl below Thompson before continuing our descent. At this time, one first-year intermediate had taken his helmet off, though all other team members had kept theirs on. This went unnoticed.

The next part of the descent was climbing up to Bumblebee Pass, and then descending the pass back down to the PCT. The pass was steep (about 35-40 degrees?) and snow covered. All team members used ice axes. Snow was mostly soft, but not uniformly - some harder spots still remained in the snow. We were not using crampons for this descent.

From my (team leader) perspective - I heard the sound of someone sliding above me. I went into self-arrest and felt the student bounce off of me. I turned around to see him continue sliding down the slope. We all yelled at him to arrest, but he was picking up speed and lost his axe shortly after he began sliding, and was not able to arrest. He slid far down the slope, out of our sight. He came to a stop about 200-250 feet below us.

Two other participants reached him first and began MOFA. He was bleeding from a cut on his nose, a cut above the eye, and a cut on his arm. He was shaken up, but had not lost consciousness and could move all limbs. We gave him warm clothes and a pack to sit on to get him off the snow. We asked him

to answer many questions about his whereabouts, time, date, our names, etc., and it was determined that he was mentally sound. He felt achy, but also felt that he could walk.

We decided it would be best to belay him back up the slope, and much of the way back to camp. I took a rope end and set up an anchor to top rope him as he climbed back up to the PCT turnoff. Two others climbed alongside him to assist. We continued back to camp tied into a rope, (as in glacier travel), and he was able to walk on his own power. When back at camp, another student administered additional first aid, cleaning the cuts and applying bandaids. We continually gave him mental checks, and he passed every time.

One participant and I hiked out to Kendall Catwalk to reach cell service, and contact our families. We bivied there for the night. In the morning, the participant walked back to assist in the hike out, while I stayed on the Catwalk with a walkie and cellphone to coordinate any needed communication between the rest of the party and the outside world. Another student stayed with him for the night to monitor his health and help him walk out the next day.

At about 7am, the student who walked back contacted me on the walkie to let me know that after resting for the night, he was feeling ok and they were heading out. We continued to walk as a rope team through the steep snow slopes on Kendall. He was able to walk under his own power and generally had a positive attitude.

After a trip to the doctor, it was determined that he had suffered a broken nose, and also a broken thumb. From the fallen student: "If "causes" are part of the report, the cause was fatigue and its accompanying unfocused inattention and bad technique; The at-scene rescue and ensuing recovery were carried out excellent plus by the accompanying climbers."

July 5, 2014 - Mt. Washington (Olympics), East Ridge (Basic rock climb outing)

Branch: Olympia

Category: Major

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Dislocated shoulder

Summary: Five of us were hoping to climb the upper East Ridge of Mt. Washington as a new entry in the list of Basic Rock climbs. Not being certain where the climber's path went, we bushwhacked up to the Shield Wall. We were just starting to ascend the gully to the right of the wall, from the top of which one can traverse to the East Ridge notch, when, at about 11:30 am, a rock slipped out from under one participant's foot. At the time, she was holding onto a hold with her outstretched left arm on the side of the gully. The sudden full weight on this arm dislocated her left shoulder. She did not fall, and there was

no contact between the rock and her head, back, or any other body part. She was in immediate severe pain. We put the participant on belay and she descended the steep meadow below the gully under her own power to gentler terrain. At that point, I determined that a sling on her left arm would only make the pain worse, as would binding the straight left arm to her body; both positions increased her pain. The rope leader had some old oxycodone in his first aid kit, and we made them available to the participant, which did reduce the pain somewhat. About this time, our beautiful day went south and it started to rain.

July 16, 2014 – Silver Peak (Alpine Scramble outing)

Branch: Seattle

Category: Major

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Concussion, cut forehead, vomiting, grogginess

Summary: After summiting Silver Peak by its NW ridge on 7/16/2014 on an after-hours scramble, we started to return by the spur trail to the PCT. About 200 vertical feet from the summit, on the trail through a talus field, one of the participants lost her footing on a loose rock and fell in such a way that she sustained a concussion and a cut on her forehead.

There was a physician in the group and she took charge of evaluating and monitoring the injured participant. The physician stopped the bleeding from the forehead cut with pressure, closed the wound with adhesive strips and applied a bandage. After this, and evaluating the injured student's ability to stand and walk, the group distributed the injured participant's gear and pack among the group and hiked out. The physician's judgment was that the injured participant needed to get to a hospital as soon as possible.

The group got back to the PCT before all had turned on their headlamps. Despite an increasing headache, grogginess and two instances of vomiting the injured participant was able to walk out to the cars at Windy Pass with only minor physical support on a couple rough sections. Another participant drove the injured participant to the ER at Swedish Hospital on the Sammamish Plateau. Others retrieved the injured participant's car from where it was parked in an Issaquah strip mall and brought it to the hospital as the injured participant expressed concerns about its security. The injured participant had called her husband. Her condition seemed to be substantially more comfortable and alert than had been the case when the group had arrived back at the cars.

The leader articulated that he felt the group as a whole was to be commended for good judgment and helpful support throughout the incident and felt that the physician and injured participant both deserve special praise for their efforts, which made a potentially problematic situation much more manageable. The leader felt that the Mountaineers MOFA training has been very helpful in instructing us how to organize and manage what could have been quite a chaotic incident.

July 17, 2014 – Mount Shuksan/Sulphide Glacier (Basic glacier climb outing)

Branch: Everett

Category: Major

Incident Type: Hit/cut/abrasion by rock

Injury: Stitches required on lacerated leg

Summary: Climber's lower leg was struck by estimated 40-100 lb. rock dislodged by another party in central gully on Shuksan's summit pyramid. After the climb 6 stitches were used to close the wound which is healing normally.

The day before the climb a rope lead and a climber cancelled leaving the leader with 4 climbers who took the Basic course this year. This was Basic Glacier experience climb for them. However, these 4 have been together on many private scrambling/climbing trips in recent years. This was a strong party that hiked from trailhead to upper camp at the base of the Sulphide Glacier in 4.5 hrs. and from camp to about 100 ft. below summit in about 4 hrs. Measured trailhead pack weights ranged from 35-40 lb.

At the time of the incident we were in the central gully, Class 3, with one party below us and were approaching a guide and his client. No other parties were near the pyramid. This gully is steep and has loose rock in places. We were aware of the hazard and using care. We had not observed any falling rock. We had been wearing helmets since leaving camp. Along the way, weather had been excellent but for winds that occasionally pushed individuals off balance when in mid-step during the glacier traverse. Still early, there was no sun and less wind in the gully.

The client was very slow. At about 6:30 AM, as the guide began belaying his client from above, the client dislodged several rocks shortly after leaving the anchor. Neither called out a warning. Most of our party was 25 ft. below the client and moving across the gully toward a parallel line I was heading up. As soon as we heard the falling rock our members yelled out. The student was in the middle and tried to dodge the rock. The rock then ricocheted and struck her leg before continuing down. The lower party heard the warning shouts, and later told us, had gotten out of the way before the rock passed them. The rock hit her leg and knocked her off her feet. All 4 climbers had taken Wilderness First Aid this year and dressed and bandaged the 1.5 in. bleeding wound without a need for direction from me. Soon the bleeding stopped; it remained painful to touch. We had to bundle her up due to intense shivering likely due to chill, sudden inactivity and shock. There was no other injury. She took a 2 OTC Alleve then and a couple of more hours later.

We had all the supplies we needed as well as a bivy sack, 2 PLBs and a radio with MBSFS, North Cascades National Park and other SAR radio frequencies. Cell phone service was available from our high camp,

perhaps higher, too. None of these were used. All members of the party were calm, resourceful and professional. Very proud of them. There was no communication from the guide and client whom, after pausing, continued climbing.

We took the student's pack, rappelled then down climbed to the base of the pyramid. We made good progress back to camp. Due to our remoteness and with an abundance of caution we split up her gear so she could hike out unburdened. We left camp about 11:15 and made good speed out. Near the trailhead we ran into an inbound NPS ranger who was informed as to what happened. We indicated the client seemed unqualified (slow, poor belay commands, needing belay, lack of warning yell, dislodging rock) for this climb. Stopped for pizza on the way home.

The student's report:

Thursday night, I spoke with the client who had hired guide to take him up Shuksan. Client said they were planning boots on trail at 4. We said 3am. When we got up, they had already left. Another group of 6 (?) was an hour or two ahead of us also. We passed the first group before the base of the summit pyramid. We were just behind the other two (guide and client)-so they were moving VERY slow. Snow was easy to climb in with no post-holing and we were roped up from the camp to base of pyramid. Then we unroped and began class 3 climb on shale. This part of the climb was easy to find holds but it was steep, narrow and exposed to rockfall. Our trip leader said to stay together and that it was easier off to the right side.

We were about 50 or 100 feet from the top when three of the team and I began moving to the right side. Someone above said rock and one in our team yelled rock. I looked up and a boulder (estimate 2ft across and 10 in thick) was spinning right toward me. I stepped over to the right and leaned into the rock with my left foot crossing toward the right so body was leaning toward the left.

The boulder hit the face about 20 feet above me and to my left and then ricocheted toward me. I put my head down and it hit the inside of my right calf, knocking me off my feet. I was spun around and landed on my back and continued down the cliff about 6 feet before stopping on a narrow rock. I said "oh man I am hurt" then the blood started dripping out from my calf above my boot. I pulled up my gaiter and pants and told my husband to get me a bandaid from my backpack and the gauze. I had meant the tape. We tried first to get the bleeding to stop-it was flowing in a steady stream. My husband wrapped it in a sock and another participant twisted it like a tourniquet. I told them we did not need a tourniquet as it was slowing. I put several gauze strips on it and then wrapped with medical tape from my kit.

Our trip leader gave me some brown tape to wrap it in and one of the students offered steri strips. I figured it would need about 5 stiches and the bleeding was under control enough by now. I said I needed to move out of the line of fire as those two were still climbing above us. Those two never asked how I was or said a word about it to us. The guys helped me up and over to the right side of the shoot and covered me with 3 down jackets. We were now by the rap station. Our trip leader set up a double

rope and began the descent. I told them that they could still summit as it wasn't that far but because I was shaking so bad, they said no. My husband said that we may want to evac me out, but I said I wanted to try walking. He gave me two advil.

Two in the team went first and then held a fireman's for backup. After the first rap, my leg was able to hold my weight and, besides, I had both the ice axe and one trekking pole for support. The 60 degree snow decent was safe because of the deep boot prints and moderately soft snow. They continued to check on me, but I was fine. So we made it back to basecamp for another eval. My husband gave me two more advil. Since there was no more bleeding (wound did not appear to reopen), we decided not to remove the bandage to look at it –or the boot because my leg was noticeably swollen. I iced it while the guys split up my gear to carry down. I tried to argue, but they would not let me carry anything. Probably a good thing because that allowed me to make it the next 8.5 miles on foot at a good pace.

When we got back to TH, we decided to grab food, as long as I promised to get right to the clinic afterwards. At the clinic, they said it was a 6-stitch and xrays revealed no breaks. Our team was quick to take action, thought of safety first and made me feel safe and well cared for! I thank the Lord that I was truly blessed with such a great group of guys and that the injury was not worse. Monday update-ankle a little swollen, some bruising, tender tissue, cut healing well, no infection and no additional advil needed since that day. Prescriptions for antibiotic and pain never filled.

{The Safety Chair contacted the guide service regarding the incident. A co-owner of the guide service provided the following summary.}

The guide reports starting up the base of the summit pyramid of Mt. Shuksan at first light, 5:45 am. He said it took him and his single client one hour and 15 minutes to climb to the summit, with three 50 m full length belays from anchor stations on the route. As they were ascending, the guide noted possibly two parties of up to 4 persons each an estimated hour behind him down on the glacier. There was no one else on the route above him. To save time, the guide ran out the rope in full pitches. He reported that if he had anticipated climbers catching up and climbing below him, he would have shortened up the pitches (and thus taken longer) to keep his client in sight, direct his actions more closely, and keep on the lookout for other climbers. At the start, he instructed the client in safe climbing practices and avoiding loose rocks on the route. He also instructed the client to yell "rock" in the case of rock fall, regardless of whether there were others on the route. The guide reports not seeing or hearing other climbers until just below the summit when two climbers climbing together unroped, passed by heading up. They did not mention an incident to the guide. He belayed his client up to the summit. They rappelled back down the route, again, not seeing anyone other than the two climbers on the route.

I interviewed the client, who is from out of state. He reported seeing climbers coming rapidly up from below him on the route. I was not clear at what point this happened, but probably on the second rope length heading up the gully. At this point the guide was around the corner and out of sight. The client

reported “a rock falling from nearby him”. He was not sure if he dislodged it, the rope did, or it fell naturally. He said it was a good sized rock. He yelled “rock!” three times as the rock fell towards a woman climber below. He saw other climbers to the side, out of the rockfall hazard, but the rock fell straight towards the woman and he thought it grazed her. He continued climbing up on belay after the incident. His failure to communicate with the party below or to inform the guide above about the incident could have been due to several factors, but most likely his inexperience, his insecurity in the rocky terrain, and his complete focus on following the rope up to the guide. The client reported seeing the two unroped climbers climb up past him right after the incident. He assumed they were with the party below, and as they didn’t say anything, that the woman climber was OK.

Unfortunately, the client did not mention the incident to the guide. The guide continued on unaware. The guide says if he had been made aware of the incident, he would have immediately secured his client and descended to aid the injured woman, but that didn’t happen. My guide commented that rockfall in the gully is an ongoing concern. It is not surprising that a novice client might kick down a loose rock, but it can also happen to experienced climbers. Climbers climbing up underneath another party must always be on alert for rockfall, just as the party above must be extra careful to avoid dislodging rock. On Shuksan, we are always careful to climb in small parties, and if another party is above, the guides will often take an alternate line to the summit or wait for the party to summit before continuing to climb.

July 20, 2014 – Mount Tebo (Alpine scrambling outing)

Branch: Olympia

Category: Major

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Broken leg

Summary: A party member on my Mt. Tebo scramble suffered a double fracture of her left fibula, but was able to self-evacuate. Below are some of the details, mostly in a “timeline” format, and I have attached a map that contains a GPS track of our route for the day and has a few key locations noted, e.g., the approximate location of the incident.

We parked at the intersection of FS200 and a spur road at an elevation of 2600 feet. At the time I led this scramble in 2013 this spur road was abandoned. It has since been regraded and is passable to passenger vehicles. This proved very useful in evacuating the injured party.

It was raining lightly at the start of the scramble, and it rained steadily until about 1 or 2 pm, after which we had intermittent showers. The weather was definitely a factor in the incident. My rationale for going despite the weather was that the first time I scrambled Mt. Tebo it was also wet. Of course in retrospect, knowing how steep the climbing is in the forest, it would have been prudent to have canceled. Although the total off trail distance is only about 0.6 miles (one way) the terrain for almost the entire distance is extremely rugged making off-trail travel in wet conditions quite treacherous.

7:55 AM: Began the scramble. The party had five (5) members. I had the following gear: MOFA kit (and was the designated MOFA lead), two radios (and had asked an experienced party member to carry one), 30 m rope, webbing, harness, etc. to set up a hand/fixed line. I had requested that everyone bring gear to tie into a fixed line.

~11:00 AM: Attained the ridge just west of the summit (see track on map), which is the wrong spot. I let us get too far left (north) on our ascent to the ridge. I was pretty sure where we went wrong and after about a 10 to 15 minute reconnaissance of the terrain on the ridge and some discussion the group agreed to descend/traverse back to the spot where I thought I missed the route and make another attempt at the summit. As we started the descent the person that was later injured told me she was shivering and did not want to attempt the summit; she put on a rain jacket at this point. I had not yet had a chance to tell the remainder of the party that one member was too cold to try the summit.

~11:45 AM: The party member fell while traversing. I was behind her when she fell. I think she put her left foot on a limb/twig that was oriented up/down slope and this is what caused her to slip. Her ankle rolled over and she sort of fell onto her lower left leg/ankle/foot. The fall did not look severe. However, she immediately told me that she was in pain and had heard something snap. I asked the remainder of the group, which was just slightly ahead of us to stop and wait. Since she could move we were hopeful it was only a bad sprain. When we joined the group we informed them of what had happened, and I think it was at this point that I said our main goal was now to get the injured party out. Frankly I never said that the summit was of course out of the question; it just seemed self-evident to the party.

Before we continued, the injured party wanted to put on an ace bandage, which she did herself from her own gear. I offered a splint (SAM) at this point, which she declined, wanting to see how it did with just the ace bandage. At this point there was not much swelling and little bruising. She was able to walk with two trekking poles and on steeper descents would scoot on her buttocks. I did not make a note of the time, but prior to beginning the ascent back to the south ridge of Mt. Tebo, she requested the splint. We applied it over her boot, under her heel and about half-way up her calf. We stiffened the portion of the splint on her calf by bending a shallow "V" into it. We used duct tape to secure the splint. She kept this on until reaching the car. Also, at the time we put on the splint we took all the gear except her water bladder from her pack and split it up among the party.

While applying the split we discussed options: A.) The entire party could descend about 1320 ft to a road to the west of us. However, this would have put us very far from our cars and on a lightly travelled road. B.) A portion of the party could descend to the road and the remaining members go out to the cars then drive around and pick everyone up. Since this split the party we rejected it, and C. Proceed out the way we came, then when we got back to the head of the abandoned road at El. 3720 ft, two party members would advance as quickly as possible to the vehicles and then drive them back up to the point where the abandoned road intersects the newly graded road referred to above. The injured party

agreed to option C. Also, I would note that we never seriously considered staying put and sending some of the party out to request a rescue. Since she could move this did seem like an option given the continuing rain.

3:35 PM: Reached head of abandoned road at El. 3720 feet. I and another party member went down for the vehicles and left the remaining 2 uninjured members with the injured party member.

3:40 PM: Began hike to cars.

4:24 PM: Arrived at the cars and drove up to the beginning of the abandoned road.

4:46 PM: Injured party arrives at the cars.

I drove the injured party back to the Park and Ride in Lacey, where we had met. She drove herself home. The next day (21 July 2014) she emailed me that she had gone to the ER and that her left fibula was broken. It is quite a feat that she was able to travel that terrain with a broken fibula.

August 2-3, 2014 – Mount Daniel (Basic alpine outing)

Branch: Everett

Category: Major

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Broken ankle

Summary: Upon the successful completion of our Scramble, the climbing team returned to camp (Peggy's Pond), broke it down and hit the trail at approximately 3 PM, Sunday August 3rd. The team was travelling well with no issues. At approximately 0.5 miles from Squaw Lake the team realized that we were slightly off the best return trail (the area has many trail systems). A GPS check indicated that we were off the trail of choice, and that by travelling cross country we should reach it within 0.8 miles. We had travelled no further than 20 feet down a slope of approx. 30-40 degrees when the leader (myself) slipped, with all weight bearing on my left foot. In attempting to immediately right myself, by use of my poles, I added a slight component of shear force to the ankle joint resulting in what was later diagnosed as a closed bi-malleolar fracture (breaking both sides of the left ankle, along with a minor hairline fracture to the fibula). Yes, it did hurt for a slight moment there. The time was 4 PM.

In no later than 15 minutes the team had generated a plan of action; three participants were to remain with me. Two participants were to head out and alert authorities at Cle Elum. I took a dose of Ibuprofen, and activated the SOS feature on my SPOT. The team moved me approx. 20 feet into an open section of the lightly treed meadow and assembled a tent. We consolidated food and supplies, supplied GPS coordinates and contact numbers to the two who left, and they were off. Turns out the two participants who headed to Cle Elum ran into a WTA group at Squaw Lake, this group had satellite phones and called in the coordinates of our team. The two participants continued down the trail as planned. After their departure, two of the remaining three participants hiked to a local stream to collect additional water

and flagged a path to my location from the established trail. A third participant and I isolated my ankle, still in the boot, and settled down for a wait.

Approx. 2.5 hours later (6:30 PM) the team decided to send one of the remaining three participants down to the trailhead to communicate and coordinate activity with the authorities we imagined would assemble there. Less than one half hour after his departure, at 7 PM, the Snohomish County Helicopter Rescue Team's (HRT) Snohawk-10 helicopter crested the nearby ridge and hovered directly above our position. We successfully signaled each other, Snohawk lowered 2 rescue team members and had me in a gurney in less than 15 minutes. Upon extraction the time to Providence Hospital in Everett was 30 minutes.

Prior to departure we did quickly assemble gear for the two remaining team members to carry down. Graciously, the HRT allowed me to take my pack and substantial gear. The two successfully reached the trailhead, met up with the third participant there and departed for home. What became of the post scramble refreshments awaiting our team at the trailhead (beverages and several savory munchies)...is still under investigation!

Later that evening I received a call from the SPOT center and learned that both emergency calls (SPOT and the WTA call) were received by the National Emergency Response Center (that evidently coordinates such rescues).

I'm exceptionally proud of the team's (MOFA) response, planning and execution. The professionalism of the HRT group was outstanding and the service they provide...simply amazing!

August 24-25, 2014 – Eldorado Peak (Basic glacier climb outing)

Branch: Seattle

Category: Major

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Dislocated shoulder

Summary: On August 24th, our team had an incident at the base of the Eldorado glacier during the descent from Eldorado Peak. Thanks to a great team work, and a good amount of luck, we were able to continue to the trailhead without assistance. The incident happened on the second day of a two-day climb. Following a long day, we reached the summit on the evening of August 23rd. After a full night's sleep we began the descent around 8:00 AM the next morning. The team was well-rested, and the conditions were excellent.

We dropped ropes and harnesses at the base of the glacier and scrambled down slabs interrupted by some snow fields. The team was mostly travelling together. On the final stretch of slabs, two students decided to scramble down a more difficult section while the rest of the group scrambled down steps to

the side. A rope lead and the trip leader asked the two students to watch for slippery sections and to turn around if they did not feel secure.

The first of the two students who had decided to scramble the more difficult section made it down without incident. The second of the two students decided to move to an easier route. During the debrief, she said that she felt she had good traction. However, that second student suddenly hit a wet spot, lost her footing, and began sliding down the slab. From below, a rope lead and the trip leader were able to see her path down the slab: she slid approximately 10 yards down a slope of approximately 30 degrees. She was not able to arrest her slide, but naturally came to a stop on a 1.5-foot ledge. This was approximately 5 yards before a 2-yard drop onto slab sloping approximately 15-20 degrees.

Because the student was in obvious pain, another student and the trip leader approached her on a safe path. We made sure that she was in a stable position and tried to calm her down. Her right shoulder was clearly dislocated. We failed to check her for other injuries, but they seemed unlikely given the slow speed of her slide. We removed her backpack and passed it down to other party members on the lower slab. We used a single runner as a sling to immobilize her arm and we fit her with a harness. We chose an alpine bod as this seemed easiest to fit on her in this location. Meanwhile, a rope lead built an anchor around a large, secure boulder. The climb leader double-checked the belay anchor. After tying the injured student in to the belay rope, she was slowly lowered down by a rope leader onto the lower slab. We chose a path off the direct fall line to minimize the step between the upper and lower slabs. A student guided the injured student through the step; she remained on belay and moved to a wide bench on the lower slab.

Once the injured student was secure on the bench, we re-assessed her condition. She was clearly in serious pain and mobility was very limited. She is an MD/Ph.D. student and was the only party member with medical training. However, the trip leader had previously experienced the same anterior shoulder dislocation that the injured student was suffering from. On that occasion, the trip leader's shoulder was reset (reduced) by a shoulder surgeon met coincidentally on the hike out.

The trip leader talked the injured student through the steps and the sensations she could expect during the reduction based on his own experience with the same injury. With the injured student's permission, the trip leader reduced her shoulder in three steps. The injured student guided the trip leader during the shoulder reduction. When the procedure was completed, the injured student confirmed that her pain was mostly gone. After a short time, she felt well enough to continue the descent. Meanwhile, the other students distributed the contents of her backpack. She chose to take a light pack in order to give her shoulder some stability. Approximately 90 minutes passed between the incident and our departure from the scene.

The two rope leads moved ahead to set up a belay rope for the gully while the rest of the team carefully continued the descent down the remaining slabs and across a boulder field. One person walked directly

in front of the injured student at all times. Once the team arrived at the gully, the rope leads directed traffic to permit other groups to descend the gully. When the path was clear, the injured student was placed on belay and climbed the gully with ease.

The team then continued down to the cars. The remainder of the descent was uneventful. The injured student was very strong and sure-footed. We arrived at the cars by 3pm.

We then had a debriefing during dinner at Mondos in Marblemount. The general opinion was that the situation was dealt with calmly and efficiently. The team reached the following observations conclusions during the debriefing:

- Be extra cautious on slabs and consider the consequences of a fall (run-out);
- Rescuers safety goes first, no further injuries;
- There was no official role distribution in our team, the trip leader and a rope lead naturally became the leads of the rescue;
- We failed to check for further injuries, but they were rather unlikely due to the slow speed of her slide;
- Teamwork was excellent and made our response fast and efficient;
- We could have improved communication between rescuers and the rest of the team; part of the team was not sure what had happened;
- Physical fitness leaves reserves to cope with unexpected situations;
- We were lucky that one party member has had personal experience with this kind of injury. The outcome of the trip would have been very different otherwise.

September 20, 2014 – Deception Pass (Sea Kayaking outing)

Branch: Seattle

Category: Major

Incident Type: Boating – shoulder injury

Injury: Dislocated shoulder

Summary: While attending a dynamic water clinic, one of the student participants dislocated her shoulder while attempting a roll. After re-entering her kayak with help, she was towed to the launch site, and taken to the ER at the nearest hospital, where the dislocated shoulder was diagnosed and re-set. A member of the group drove the student home and other members organized driving her car and kayak back to Seattle. She was expected to seek subsequent follow-up, per instructions she was given at the ER.

October 26, 2014 – Seattle Program Center (Open climb night)

Branch: Seattle

Category: Major

Incident Type: Personal illness/preparation/conditioning involving an unspecified illness

Injury: Unspecified illness

Summary: Two individuals, both members, came to Open Climb Night (OCN) to practice Basic course techniques. One of the two was helping to prepare the second of the two for a Basic Equivalency Evaluation, scheduled for November 3. They were working mostly on the floor, I saw them practicing belay tie off and belay escape. They may have done some climbing, but probably not a lot.

Sometime near 8 pm the first of the pair came over to say that his friend, the second of the pair, was having difficulties and that the first was going to call 911, which he did. The second was sitting in a chair at the time. The first, and maybe others, helped the second to lie down shortly after. Several at the OCN went out to guide the responders in. They took charge and asked the others involved in OCN to leave the room, which all did, although some returned to quietly retrieve their gear and then headed downstairs. Apparently, the second was always conscious and able to communicate, at some level, during the entire episode.

Eventually, an ambulance was called and the second was transported. The first of the pair said that the responders had not resolved what the issue was but they wanted to be conservative about what they did. He thought that they were going to UW Hospital.

I talked to the responders for a couple of minutes, mainly about The Mountaineers and the program center, then left. That was the end of Open Climb Night for that evening, and we turned the room over to the mushroom people who were slowly and impressively taking the whole place over for their festival the next two days. No further information is available on the nature of the injury.

October 29 – Nepal, Everest Base Camp (Global Adventures outing)

Branch: Global Adventures

Category: Major

Incident Type: Personal illness/preparation/conditioning involving lungs

Injury: Fatality (high-altitude pulmonary edema)

Summary:

A Global Adventures (GA) group of one leader and 10 participants flew to Kathmandu, Nepal, for a combination trip involving trekking and climbing. The leader had contracted with a Nepalese trekking agency, who provided a sirdar (local leader), 36 sherpas (guide the group, fix lines, speak English), 18 porters (haul loads), and 5 cook crew (prepare meals). The group included 8 men ages 60 to 75 and 3 women ages 27, 36, and 49. To prepare for the trip, the leader had distributed 12 informational letters sharing objectives, gear needs, medical considerations, travel, and trekking conditions in Nepal. Participants were urged to attend an altitude illness lecture in Seattle by a local expert. The 49-year-old climber reported in her application for the trip that she had felt sick but summited Mt. Kilimanjaro

(19,340 ft) and Mt. Elbrus (18,510 ft) previously. She was a climb leader and graduate of alpine scrambles, basic climbing, and intermediate climbing. She was becoming a GA leader, which requires participation on one international trip before leading them herself.

After leaving from the US on October 8, they spent time in Kathmandu (4,400 ft) and Lukla (9,100 ft) before trekking to Namche Bazaar (11,300 ft), Khumjung (12,200 ft), and Pheriche (14,040 ft) by October 17. They attended a lecture on altitude illness by the Himalayan Rescue Association medical Post, took their pulses, and used a pulse oximeter to measure oxygen saturation values. The group demonstrated a pulse oximeter, oxygen cylinder, and Gamow bag.

Several team members, including the 49-year-old woman, participated in optional acclimatization hikes to Italian Pyramid (16,570 ft), Kala Patthar (18,450 ft), and Mt. Everest Base Camp (17,580 ft). The 49-year-old woman was sick and felt tired, took Cipro, and was concerned her cold would “kill her climb.” The group trekked to Lobuche (16,180 ft) on October 21, where the team split into two as planned. One group elected not to complete the climbing portion, including three participants who originally had planned to do so but were not feeling well. Five participants trekked out, led by one who is an alpine scrambles leader, with several sherpas, porters, and cook crew; they returned home without incident. The remaining five participants plus the leader, sirdar, several sherpas, porters, and cooks continued with the climbing itinerary. They crossed Kongma La Pass (18,160 ft), where the 49-year-old woman took 3 breaths per step ascending, then they descended to camp at 17,400 ft. She had taken 125 mg of Diamox (half a pill) on October 22. On October 23, the group climbed Pokalde (19,050 ft) and returned to the 17,400 ft camp. Most of the group was coughing, and the 49-year-old woman was taking Dayquil.

On October 24, they trekked to Chukhung (15,520 ft). The 49-year-old woman wrote that she had a difficult night and was sitting up reading to avoid coughing. She asked the GA trip leader if the group could take an extra day to rest and recuperate since five of them were not feeling well. After consulting the sirdar, the trip leader reported an extra day was not an option. Chukhung was the last point they could easily leave except for an emergency exit through Hinku Valley. The participants elected to continue and trekked to Amphu Labsta high camp (17,100 ft), crossed Amphu Labsta (18,960 ft) on fixed lines with ascenders, then descended to Panch Pokahri (17,300 ft). Several participants reported experiencing upper respiratory and gastrointestinal infections.

On October 27, the group trekked to the Hinku Valley at the base of the West Col (19,000 ft). The trip leader indicated they would have three hard days crossing passes. The 49-year-old told the group that she would need to move slowly. That day a Sherpa carried her pack. She arrived in camp that night in the dark and two hours after the others. A 75-year-old participant came in after her, also in the dark well after the others. A Sherpa helped the 49-year-old climber into her tent, but the other two women who were sharing the double tent decided to move her into their tent to help her get warm. They ate dinner in individual tents rather than a group and did not sleep well as they coughed.

The next morning, the three women privately discussed whether the trip was beyond them in terms of intensity and sickness. They called the sirdar to their tent and asked him if he thought they could really do the trip. He said “yes,” and they needed to keep to the itinerary. He also said they would talk in the dining tent, but the sirdar never appeared. The three women discussed initiating a conversation with the group about how everyone was doing and suggesting they descend through the Hinku Valley as a group. In the tent with the whole group, one of the women asked the group if they could have an honest check in about how they were all doing since two people had arrived after dark the previous night. No one spoke up about feeling poorly. The leader had the sherpas carry the packs of the two late-arriving climbers. They set out for the West Col.

After crossing the West Col (20,120 ft) they trekked to the base of Sherpani Col (19,000 ft). On the way, one of the women passed the 49-year-old woman, who was walking alone without a pack. That night the 49-year-old woman took a full Diamox (250 mg), and another climber blew up her air mattress for her. They ate dinner alone in their tents. The 49-year-old coughed heavily overnight and told another woman the next morning that she had barely slept and was coughing up blood. She said she thought she had bronchitis. She did not have antibiotics but looked through the medical kit of the 36-year-old woman. She was lethargic but coherent and speaking normally.

As she sat on a sleeping bag at the base of Sherpani Col, the trip leader asked how she was doing. She said that she had slept two hours and was coughing a lot. The leader asked her what she thought they should do and she replied that she just needed “to get down.” The leader ascended the fixed line using jumars, followed by the other climbers; the 49-year-old woman was the last and was being assisted by a Sherpa.

From Sherpani col, the group heard a yell from below and looked over the edge to see the 49-year-old woman less than 50 ft below the col hanging from her harness and ascender. The sirdar descended to her. The Sherpas were giving her CPR and had an oxygen mask on her. A Sherpa returned to the col to talk with the leader and reported that her Sherpa had just asked her how she was feeling and she said “OK” then died the next minute. The sirdar used the satellite phone to call the trekking agency manager, who contacted her global rescue service to request a helicopter rescue. The sirdar belayed the deceased climber back to the base of the col, accompanied by sherpas and the trip leader.

The helicopter transported the trip leader and the deceased climber to Kathmandu where an autopsy was performed. The autopsy reported the lungs as “grossely edematous,” consistent with high altitude pulmonary edema. The probable cause of death was listed as high altitude sickness. The remaining participants, sirdar, and staff descended back to Num and then Kathmandu.

October 31, 2014 – Nepal, Everest Base Camp (Global Adventures outing)

Branch: Global Adventures

Category: Major

Incident Type: Personal illness/preparation/conditioning involving toes

Injury: Frostbite on toes, potential partial amputation

Summary: *(See above for additional information on the trip.)* On October 31, a participant was evacuated by helicopter due to frost-bitten toes, most severely on the left foot but both feet were affected. About 2 days earlier he had noticed that his boots and socks, mainly the left boot, were really wet /icy inside. He stated that snow melt water (intense sun) had leaked into the boots. The boots were new, well broken in, treated with manufacturer's prescribed sealant spray, but had not been subjected to water. At the time he did not notice that his toes were beginning to freeze.

He experienced increasing discomfort and pain, and his walking was slow. On October 30, the sirdar from the trekking agency examined his feet and decided that he be evacuated next day. He was hospitalized in Kathmandu for 1 week. After he returned to the US he pursued further medical care at the Harbor View Burn Clinic in Seattle. As of March, his right foot was healed but he continued treatments for several months on his left foot. He was unsure whether he would lose part of his toes.

Significant Incidents (Non-emergency medical attention; Search and Rescue or 911 called but no search performed)

February 15, 2014 – Heybrook Ridge/Index (Navigation field trip)

Branch: Seattle

Category: Significant

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Fractured wrist

Summary: One of the instructors stumbled while laughing at joke from a fellow instructor while they were descending the field trip's final problem, and sustained a fractured wrist as a result.

May 10, 2014 – Barney's Rubble (Basic rock climb field trip)

Branch: Tacoma

Category: Significant

Incident Type: Fall/slip/trip on rock

Injury: Dislocated shoulder

The incident occurred at the Saturday, May 10 session of FT #2 at Barney's Rubble. The student who was injured and his partner had finished all the requirements for the FT. Instead of waiting around for the others to finish I (field trip leader) told them they could continue to attempt the other face climb that was set up. He was at station #4 (see attached) with an instructor who was also the field trip MOFA leader as his station leader. Partially up the climb, he had a firm grasp with both hands on a ledge while his feet were trying to find a solid edge. Unexpectedly, his feet both slipped from under him and his arms took the weight of the fall. He dislocated his left shoulder. His partner lowered him down to the ground.

He had dislocated this shoulder a few times prior to taking the basic course although it had been roughly 10 years since the last occurrence. He rotated his shoulder as the doctor had advised him to do until it popped back in. He continued to the parking lot with his partner. The MOFA leader found me to report what had happened. I found the injured student in his vehicle resting his elbow on the center console. I had some ice in my truck and we put together an ice pack for him to use. He reported that his shoulder was sore but he didn't have much pain.

I followed up with him the following day and his shoulder seemed again to be somewhat sore but tolerable. He did decide to schedule a doctor's appointment to get it checked out again although the doctor has originally told him that there wasn't much he could do for him. The leader followed up with

him again after his appointment and the doctor decided that surgery may be a solution. He scheduled this for a later date.

June 20, 2014 – Seattle Program Center (Properties)

Branch: Properties

Category: Significant

Incident Type: Bite from animal

Injury: Puncture wounds on face from dog bite

Summary: A volunteer was scratching a dog in the Seattle Program Center, leaned forward toward the dog's face to ask for kisses, "the dog didn't like it," and bit him in the face. The volunteer indicated it was his fault and to not blame the dog. He went to the doctor to get the puncture wound cleaned out. The dog was a staff pet at the Program Center on Friday per the dog policy. Also per policy the staff member will no longer be bringing the dog to work.

July 6, 2014 – North Ingalls Peak, South Face (Basic rock climb outing)

Branch: Olympia

Category: Significant

Incident Type: Fall/slip/trip

Injury: Sprained knee and partially torn meniscus

Summary: We were descending on a snow slope around 5:00pm, about 25 minutes below Dogtooth Crag (base of rock). The student (climbing course student) was 10 feet in front of me, crossing through an area of thin snow over talus. We were moving slowly because of the thin snow. I witnessed the student drop her leg through the rocks and call out in pain. We removed her pack, and she put it back on and continued almost immediately, then we stopped after about 300 feet in distance, where she put on a knee brace and took anti-inflammatory medication (over-the-counter). She walked out the remaining distance with a lightened load and a sore knee.

On July 8th the student reported her knee was: "Bad, but not horrible. Went to my doctor yesterday to get it evaluated since it kind of buckles if I step on it wrong and swelled up a bunch the next day". She [doctor] said that worst case I partially tore the meniscus, but my knee is pretty strong. Most likely just over-stretched it. If so, it should be significantly better by Monday. Nothing that needs surgery. I'm RICEing and taking good care. Feels stronger today than yesterday. I still enjoyed our trip! There's always some accepted risk when you climb mountains. Glad it wasn't worse."

7/11 (Friday) update from the student: "The swelling went down significantly today and it feels much stronger. Just a moderate sprain that's healing well."

July 7, 2014 – Horseshoe Peak (Basic alpine climb outing)

Branch: Everett

Category: Significant

Incident Type: Logistics – overdue party

Injury: None

Summary: On July 7 we opted to stay an extra night in Horseshoe Basin (Basic Alpine climb of Horseshoe Peak) due to party member fatigue and safety concerns about negotiating 1000 feet of steep terrain after a long day (11.5 hours camp to summit to camp).

Our climb was definitely a 4 out of 5 on the strenuousness scale, and the two basic students moved very slowly on descent from the summit on class 3 rock, then talus and scree (1800' drop over 1.5 or 2 miles). We had a turnaround time of 12 hoping to get to camp by 3pm and cars by 9. We summited at 11:45, but ended up getting to camp at 5pm - 2 hours more than it should have taken. From camp we had to negotiate a loose gully (200'), and climb steep, hard pack dirt (200') then scramble class 3 slabs, with route-finding along waterfalls (600'). If everything went well, this was all doable in 3 hours (pack up camp, ascend 1000 feet) but this left zero margin for error as it is dark at 8. And we still would need to headlamp back to cars from Sahale Arm. I was certain the team would be exceptionally slow even on the trail. I was also concerned by the poor foot work (drunken baby walk) of the fatigued members. Nobody on the team wanted to spend an extra night out but I convinced the group it was a safer option.

We went to sleep at 7:30 pm Sunday, got up at 3:30 am and headed out by headlamp at 4:30 to the base of the scrambling. We waited for enough light to see the rock (about 15 minutes) and then proceeded. We got to cars safely at 11:00 am. The students who had been fatigued were still slow but they had better footwork and were rested. I sent 2 climbers ahead from Sahale Arm to get the word out to our emergency contacts (12 pm was when they were to call SAR). One contact violated protocol and had contacted SAR at 11:30 but we called it off at 11:40.

July 7-8, 2014 – Eldorado Peak/Inspiration Glacier (Basic glacier climb outing)

Branch: Bellingham

Category: Significant

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Hyperextended and possibly fractured thumb

Summary: The Leader planned a 2-day basic glacier climb to Eldorado Peak on Monday and Tuesday. The injured climber is a basic climbing student. He did well on the trip and seemed confident in negotiating the boulder fields, but apparently he injured his thumb during the hike back to the cars. He made no mention of a possible injury to the Leader or anyone else on the climb and appeared to be fine

during the rest of the descent and at the trailhead. Today, however, he reported the incident to the basic course leaders, and the chair forwarded it on to the Leader. Below is a transcript of the injured climber's email: Yesterday while descending a boulder field on Eldorado Peak, I hyper-extended my left thumb. It didn't bother me too much at the time, but this morning it has swollen and my doctor suspects that it may be fractured (I'm waiting for x-ray results). Even under the best case scenario, a sprain, my doctors says that my thumb will need to be immobilized and rested for some time. Self-arrest, putting on my backpack, etc. appear to be out the question for me this weekend and for an indefinite period going forward so unfortunately I will not be able to attend this week-end's trip.

July 11-13, 2014 – Snowfield Peak (Basic glacier climbing outing)

Branch: Tacoma

Category: Significant

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Lacerated Leg

Summary: A participant suffered a 3/4 inch wide wound, about 1/4 inch deep at most, it looked like mainly a thick flap of skin was out of place. At the time of the injury, we had only been climbing for one hour, and then we had been on break for about 15 minutes already getting roped up, etc. so fatigue level was low, but I would say that he had a lot of nerves the whole time. I followed up with him yesterday, and he had been to urgent care, that it was only a surface wound, should heal quickly.

On Saturday, 7/12, our team of 6 climbed from our camp in the Colonial Glacier Basin up to the Colonial/Neve col, where we had a break and were getting harnesses on and roping up into rope teams. This was at about 5:15am. One of our basic climbing students, while moving around the snow-free camp there at the col, stumbled and fell, hitting his knee against a rock. The rock punctured through his climbing pants, and gashed a 2/4" inch wound about an inch and half below his knee. The wound was not bleeding much, but looked fairly deep and like there was a potential for rock particles to be embedded in the wound. He was quite shaken up and emotional, after all of his work getting to that point in the climb.

I, the leader (and Wilderness First Responder certified), flushed the wound with filtered water and a syringe several times to clean it. We then covered the wound with pads, gauze, and an elastic bandage to hold it all together. The student also took 4 ibuprofen for pain.

After discussion with him, I recommended, and he agreed, that he should return to camp and not attempt the summit. I made this recommendation due to his general nervousness, hesitance with some climbing skills, and the concern that the wound might potentially be more serious than it appeared or further impact his ability to function well as a team member. He also thought that it was best if he return so as to not hold the team back, and to collect himself and tend to the wound.

After a break of about 30 minutes to let his nerves calm down, John descended alone about 600ft elevation on moderate to gentle snow slopes back to camp in the basin, where he spent the day resting, eating and drinking. The team continued on to the summit.

At the end of the day upon checking with him he was doing fine, the wound was painful, but not bleeding through the thick bandages. On Sunday 7/13, he returned with the group to the trailhead without further incident. He intends to go to urgent care today 7/14, to have them tend the wound.

This incident was the result of just a misstep, perhaps lack of attention to his feet, or the newness of wearing crampons. Thankfully the wound was not more serious. It was a good lesson for him and the whole team in the seriousness of cautiousness while climbing, and also in making safe decisions as individuals and as a team.

July 17-18, 2014 – Mount Stuart/West Ridge (Intermediate rock climb outing)

Branch: Tacoma

Category: Significant

Incident Type: Logistics – routefinding, overdue party

Injury: None

Summary: Three of us went to climb Mt Stuart up the West Ridge, it took us a lot longer to climb due to route finding issues which were challenging but fun trying to figure the right route up. We made it to the summit block, but unfortunately did not make it up to the summit. We turned around and went down the gully, which is not recommended because it took us twice as long than if we could of went up and down the Cascadian route. Descending down the gully has its own hazards due to the loose rock and having to rappel down a few water falls. We all slipped and fell a few times but nothing that created any injuries.

We ended up having to bivy a second night because of how slow it was getting down the gully. I had left a report back to my partner with all who was on the climb and their emergency contacts as well as what time she should call S&R if she does not hear from me by noon on Saturday. We did not get out until 1pm and my partner did call for S&R. S&R was never sent out because we were able to contact them as soon as I got cell service.

One of the problems that happened was that I have a SPOT device and my messages to my partner was never received. I had no indication on my device indicating none of my messages were getting out. I had sent a message out almost every hour on Saturday to let my partner know we were all okay, but she did not receive any of them. I did contact SPOT company and they are sending me a new one.

Calling S&R could have been prevented because one of the members on my climb was able to get a short text message to his wife that he was ok. Since my partner did not hear from us, she did call the emergency contacts people listed for the other two members, but neither of them ever called her back. This was upsetting since the one member's wife knew everyone was okay. In the future, I would recommend that leaders and participants know that someone may call their emergency contacts if we go past the expected time out. It would be helpful if the emergency contacts are briefed that this may happen and to return any calls if necessary.

I want to thank the Mountaineers for doing a great job in responding back to my partner. She was quite concerned and very upset that she did not hear from me. I believe it was the executive director that was able to calm her down and explain that this happens frequently. I also was impressed with S&R out of Cle Ellum, they had texted me a message as well as leaving a voice message on my phone, which I immediately saw once I received cell service. They as well talked to my partner and helped relieved some of her anxiety.

August 31, 2014 – Mt. Baker Lodge (Properties)

Branch: Properties

Category: Significant

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Shoulder/Chest

Summary: A guest of the lodge was descending the stairs in dining room and fell. He injured his left shoulder & chest. Ice was applied to injured area. After the event, the injured guest did see a doctor, has no broken bones and his arm was in a sling. He has been at the lodge numerous times over the years. He and the host for that weekend are friends and the host was at his home for dinner a few weeks after the incident. During the dinner, the injured guest said he had a bruise and may have pulled some ligaments but seems to be OK.

November 1, 2014 – Pitcher Mountain (Alpine Scramble outing)

Branch: Seattle

Category: Significant

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Possible hamstring tear

Summary: On a Saturday scramble of Pitcher, one of the participants slipped and injured her knee on descent. She was able to walk out under her own power, although she did offload some of her backpack to someone else. The injured participant saw her physician on Monday, as her knee was still swollen; the physician diagnosed a possible hamstring tear and recommended rest. The reporter was not sure that much could have been done to prevent this injury, as they were descending a very steep a slippery

slope and the participant was injured because she slipped and slid her knee into a log. Most of the group, including the leader, fell at least once or twice as well. The injured participant mentioned having previous problems with this knee as well. It's possible that fatigue contributed to her injury, as the group was already 7 hours into the scramble at this point and had been fighting the brush all day.

Appendix A – Minor Incidents in 2014 (no medical attention or 911/search and rescue)

January 1, 2014 – Castle Pinnacle Saddle (Snowshoeing outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: None

Summary: At ~5,900' in the upper basin we encountered a quick but subtle transition in slope gradient and snow hardness that sent two party members down within seconds of one another. One of the two who slipped performed a quick ice axe self-arrest and, after reflection, elected to continue upslope onto a wooded rib rather than descend the slope. The other who slipped took a few seconds to collect herself but then performed a successful self-arrest after sliding some 50 feet. We then shifted our line of travel to less slippery slopes to the west. On descent, a third party member slipped while descending a different slope facing downslope, flat-footing in her microspikes. The leader was to the side of that party member, trying to kick in steps facing in, and recommending that others follow. The third party member who slipped quickly performed a successful self-arrest but needed assistance in regaining her feet. Run out was good on all falls, into a basin bottom, but speeds could have gotten high on the way down.

January 18, 2014 – Elwha Loop-Humes Ranch (Hiking outing)

Branch: Kitsap

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving knee

Injury: Knee Pain

Summary: One guest participant reported some knee pain about 2 miles before the end of the hike. It was not related to a fall or incident. She took some Aleve for it and I carried her ~6 pound camera tripod for her to the parking lot to reduce the weight she was carrying. She was in good spirits and not reporting problems at the end of the hike.

February 16, 2014 – Heybrook Ridge/Index (Navigation Trip)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Cut Eyebrow

Summary: As a student was descending the final problem she slipped (face plant) and a branch struck her eyeglass lens causing cut on eyebrow orbit. A fellow student and self-identified EMT dressed the wound, applying gauze and duct tape to secure same. The student who had slipped finished the final problem without incident and reported the incident to an Instructor. The Day Lead interviewed the student at foot of final problem and determined no report of LOC, slight headache, cognitive awareness, good spirits, no evident bruising. The student said she would determine if she should call an MD upon

return to Seattle. She completed the field trip and received a Navigation Card. No meds were taken. The fellow student (self-identified EMT) was in same carpool as the student who slipped and said he would keep an eye on her until returning to Seattle.

February 22, 2014 – Seattle Program Center (Basic Climbing Field Trip)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: None

Summary: On the inside wall at the Seattle Program Center, one student was belaying another but used a leader belay setup instead of a top-rope setup. This means the climber was not on belay at all as she certainly wasn't clipping any bolts. The student climber climbed up a little more than halfway to the ledge, fell, and landed on the mat at the bottom. She was not injured and continued to climb afterwards. One of the students has since dropped out of the course citing a heavy school workload. The other student is still in the course. The belayer did not setup correctly but clearly the climber also did not inspect the belay setup before starting.

March 1, 2014 – T-Bone Ridge SW Spur (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving a cold

Injury: None

Summary: The trip leader was still recovering from a cold from earlier in the week and relapsed during the early part trip such that the trip leader did not have the energy to continue and developed chills and achy joints. Another participant, who is also a leader and with whom the trip leader had scrambled with many times, took over the trip at 3700' on the trail and led the group to a successful summit while the initial trip leader returned to his car and drove himself home. The leader who had taken over the trip texted the initial trip leader when they were back down and in cell range, to let him know they were back and the trip had been successful.

March 1, 2014 – Copper Creek Hut (Skiing/Snowboarding outing)

Branch: Olympia

Category: Minor

Incident Type: Informational – training/skill limit or lack

Injury: None

Summary: I had a participant that signed up using the website. After reviewing his credentials, He has no Mountaineers training. He was very poorly prepared both mentally and physically. I considered not allowing him to continue on the trip but did not want to penalize his co-carpooler. We successfully completed the outing but with great effort on my part to pick him up when he fell (frequently). His cotton blue jeans were soaked upon returning to the car.

March 15, 2014 – Vantage/Feathers (Basic rock climb field trip)

Branch: Seattle

Category: Minor

Incident Type: Informational

Injury: None

Summary 1: Six SIG leaders, including the SIG leader reporting the incident, had all arranged to bring their students to the Feathers to climb. The reporting SIG leader had "registered" first back when he formed his SIG. The other SIG leaders set up their trips later, however the others recognized the conflict and they all got together as a group (email) and arranged to distribute the four groups of climbers. One group would take the Feathers in the morning while the reporting SIG leader would go out with of the group and his SIG and help with their FT. The other groups were out for their rock FT. The reporting SIG leader set up this outing early on in the SIG as an incentive for the students to look forward to. So he felt they should have priority. However, when the reporting SIG leader arrived he found that the leaders of another SIG had changed their SIG rock FT (last minute) to Vantage/Feathers because of rain at Mt. Erie. The result was a massive wave of Mountaineers descending on the Feathers like a swarm of bees. In the opinion of the reporting SIG leader, this was extremely poor coordination and even worse stewardship. He had two non-Mountaineers ask him, "Who is that large group?" and indicating they wanted a turn on the Feathers. The Feathers are super popular because they are the majority of the easy/moderate routes in the area. The reporting SIG leader thought that some of the Mountaineers group who had coordinated together let some climbers who asked climb on their ropes but still felt was far from an optimal solution. It was a sad day for the Mountaineers in his opinion. He finished his report by stating: "We can and should do better."

Summary 2: Prior to this weekend Dan, Jim, Steve/ Greg, and myself were all aware each of our SIG groups were going to be in Vantage/ Feathers this past weekend, and were coordinating/ working together by email how to lessen our impact on each other and potential congestion since Jan 17th. Our agreement (as I understood it) was for Ed/ Meredith SIG to climb the Feathers on Saturday morning to early afternoon along with Jim's SIG; Dan agreed to climb elsewhere in Vantage Saturday, and Ed/ Meredith's SIG agreed to climb elsewhere on Sunday with Jim's group was heading home Saturday. Steve/ Greg's SIG opted to climb at Erie or Peshastin during this coordination period, and it is my understanding they were not in Vantage this past weekend. We all found out about one-another via Allison Moon's Master SIG Spreadsheet, and I was under the impression our route/ area sharing agreement was acceptable to everyone. Meredith and I knew we would share the Feathers with Jim, and made every effort to keep our group together with only 3-4 ropes up at a time for our group of 16 (9 students, 7 instructors). The Mike/ Cebe SIG changed their SIG field trip destination to the Feathers from Mt Erie, adding additional students and multiple Mountaineers groups in an already small climbing area. Once we were at the Feathers, we also discovered an instructional group from BC was there along with another climbing/ outdoor club (not sure of affiliation). Saturday morning was very busy, with many non-mountaineers groups waiting for routes and eventually picking up and leaving for other areas around noon.

As far as our group is concerned- we were very self-conscious of minimizing our impact by keeping up only 3-4 active ropes at a time, and cycling students only once through a route then moving on to others. When Mike/ Cebe arrived, our group cleared the far right north area of the Feathers to make

room for them and in anticipation of Jim's SIG; this is the better of the instructional areas, and we had been on them for about an hour at that point. We took down our top ropes several times to allow other recreational climbers to use various routes throughout the day, some who were disgruntled by the large instructional groups. We apologized several times to other non-mountaineer climbers for our impact when it came up in conversation (which continued into Sunday, as the Saturday crowdedness was still a topic among climbers while we were on Sunshine Wall). In our FT debrief with our SIG and instructors, our students had a great experience despite the crowds and I feel it went well despite the situation Saturday morning.

In my opinion the Feathers crag is a popular place and not large enough for 2 groups of our current SIG sizes to be low impact. I feel the Feathers is the best place in Vantage to take students to practice on low-grade routes for the type of instruction we have established for the basic class. There were already three+ groups coordinating to make the Feathers work for two groups on Saturday, and I disagree with any assertion the Feathers could have handled more students once the popularity with other recreational climbers, other climbing instructional groups, etc. are taken into consideration beyond the Mountaineers' own needs. I am sympathetic to Mike/ Cebe's group being rained out and tried to make the best of the situation, but felt their decision to overlap two other Mountaineers groups on the Feathers was not responsible and in keeping with Mountaineers policy. The decision to add an additional group to Vantage beyond those already scheduled to be there created a difficult situation for all involved, and with our relationship with the broader climbing community.

The course schedule makes it very difficult for SIG leaders to provide a rock practice outing for students prior to the Evaluation field trip; it limits us to a small handful of weekends between their second and fourth weekends. Other SIG leaders have pointed out that SIGs are not required to hold their SIG field trip prior to the Evaluation field trip, but from the skills we were asked to review with the students and the obvious need to prepare the students as much as possible- the current schedule makes little sense.

In my opinion, this past weekend was not a good PR moment for the Mountaineers; it harkens back to the day our organization jammed up climbing destinations with huge groups and took over at the expense of other climbers. In my opinion the number of SIGs in Vantage this weekend was not representative of the Mountaineers' leave-no-trace & low impact policies, and I would further add the number of students assigned to a SIG this season exceed the accepted 12-person group wilderness ethic we find in many areas once leaders are factored into the equation.

I have the highest respect for all the leaders out there this past weekend, and I realize the basic program is struggling with a bad situation with Leavenworth not being a climbing option. My hope this experience builds a better way to manage our use of the climbing areas we do have the ability to use.

March 23, 2014 – Seattle Program Center (Basic rock climb field trip)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Abrasions on skin

Summary: The field trip leader was hiking up the trail across the boulder field and was paying more attention to the students in the plaza than his feet and tripped and fell on the trail. He received some abrasions on his left shin. He used the AFA materials to bandage himself up but did not need stitches. The moral of the story is to pay attention to footing even in safe areas.

March 23, 2014 – Seattle Program Center (Basic Rock climb field trip)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Abrasions on elbow

Summary: A student lost control of an arm rappel and fell. She scraped her elbow. Someone bandaged it, and she was able to complete the field trip including climbing.

April 6, 2014 – Vantage/Feathers (Basic rock climb field trip)

Branch: Seattle

Category: Minor

Incident Type: Near miss or lessons learned – route conditions

Injury: None

Summary: One of the intermediates led up an unnamed trad route to rig a top rope for the students. It was a short easy route that topped out on an open ledge. The intermediate was not aware one could walk up the back of the route and rig a top-rope. As the trip leader was inspecting rigging options for the high angle rappel, another climber (who was at Vantage with a private group) approached the trip leader and informed him that the intermediate climber was stuck. The climber who had provided this information added that some rocks had been knocked down.

The trip leader scrambled up to the top of the route, rigged a quick anchor with a 1/2 length rope he kept in my pack and offered the intermediate a top rope on a biner which he clipped to his harness. He made the last move on top-rope belay with little effort. Apparently as he climbed the large crack it petered out into dirt and loose rocks (typical Vantage) leaving little pro options for topping out. He was worried about his last placement which, on this short route, would have dropped him near or on the deck had they blown.

After he topped out the trip leader cleaned the route, inspecting his pro. He had placed two pieces but was correct in not trusting them. His lower pieces looked good other than one cam near the bottom of the route that was somewhat over extended in a flaring crack (not a great option even with good rock which Vantage doesn't have). The trip leader felt that the intermediate's lead was competent and he was climbing within his skill level. The trip leader also believed he showed good judgment in not making the last move, however easy, and in accepting the top rope rather than just "going for it". For the field trip, the leader had intended to stick to the bolted routes placing 3-4 top ropes on the right-side of the Feathers to get the climbing part of the event done early in the day. This way we would free up the routes for other climbers (this plan worked well). The trip leader communicated this to the instructors but believes he neglected to mention the "stick to the bolted routes" part of the plan.

April 19, 2014 – Wallace Falls Loop (Hiking outing)

Branch: Seattle

Category: Minor

Incident Type: Informational – equipment limit or lack

Injury: None

Summary: The trip leader forgot to bring the brownies that had been promised to all participants.

April 26, 2014 – Rattlesnake Ledge (Hiking outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Abrasions on knee

Summary: One participant lost her footing on the trail going down, within a mile of the TH. She fell/slipped down and forward and landed on the left knee and backside as she tried to recover her balance. Her left pant leg had a small tear at the knee and she had a light abrasion/skinned knee from the fall. No other area was observed injured and her mobility was not impacted

April 27, 2014 – Seattle Program Center (Crag climb field trip)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Sore arms and neck

Summary: On the outside wall, one student was rappelling down from the east tower (this was the multi-pitch skills station) and had apparently not looked at both ends of the rope prior to rappelling down. Approximately 10 or 12 feet from the ground she rapped off of one rope end and took a fall onto the cushioned ground (base of chewed up tires). The student was quite shaken up and had landed on her back and side. Her arms and neck were sore about an hour after the fall but no other injuries were noted. This was late in the day and she agreed that she always puts a knot in the end of her rope when rappelling but due to the end of a long day of learning multiple stations it probably skipped her mind. Since this was the last part of the class for the student, she did not climb anything after the fall. I emailed her later that night to see how she was feeling. She said she was okay. This had been a fall in a controlled environment but it would still be good to see students put knots in the end of the rope before rappelling. Just a good practice to get used to.

May 19, 2014 – Olympia school district (Alpine Scrambling field trip)

Branch: Olympia

Category: Minor

Incident Type: Informational – equipment limit or lack

Injury: None

Summary: One of the scrambling courses has been hosted in a School District building for several years. The administrator of that building sent the Mountaineers a message informing them that future requests for space will be limited to classroom instruction. A school district custodian and Superintendent's Secretary noted groups rappelling down the stair case. However, "the hand rails are not made to take the stress of being used as an anchor tie-off for several people's body weight. The whole group was standing in one spot on one part of the staircase. They were blocking the whole staircase both sides from the first floor to the 3rd floor with rope from the 3rd floor to the 1st floor".

May 24, 2014 – Pine and Cedar Lakes Hike (Hiking outing)

Branch: Seattle

Category: Minor

Incident Type: Informational – assist other party

Injury: None

Summary: The group encountered a serious incident today on a hike I was leading to Pine and Cedar Lakes. Around 1.5 miles from the trailhead, we came across two women performing CPR on a man lying on the trail. We verified that 911 had been called, and took over CPR as they had been at it for around 15 minutes. Long story short, when the EMTs arrived approx 15 minutes later they took over CPR until it had been approximately 45 minutes from the initial call, at which point they gave up. After this we carried out the EMT's equipment while they moved the victim and his wife back to the trailhead. After a brief discussion with the Sheriff at the trailhead, we returned to Seattle. Everyone from the Mountaineers group is physically OK, but all are mentally shook up from such an up close encounter with a fatality.

May 24, 2014 – Camp Muir (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving nausea, weakness

Injury: Vomiting and fatigue

Summary: About two weeks prior, a particular student requested a scramble trip to Mt St Helens. The leader was not able to acquire necessary permits for all participants. Selected Camp Muir as alternate scramble destination. Date of scramble was two days after last course lecture.

At the Paradise Parking Lot during pre-scramble safety brief they discussed medical issues then assigned two MOFA Leaders. (With each Muir trip I also mention common AMS signs/symptoms). The student who initiated the requested trip (Participant "A") did not divulge or mention any personal safety or health concerns. As we stepped-out on the trail, the leader was in the sweep position and Participant "A" was three positions ahead of the leader. When the leader informed the group that they would stop in 15-20 minutes for a 'Clothing Adjustment,' Participant "A" replied he would need to stop every ten minutes to stretch. The leader advised him to step off the trail to do so.

At the first break, Participant "A" had maintained his position in line. By the next break, 50 mins later, he was maintaining the group's pace. After Pan Point, the group began to naturally shift into two main hiking speeds but stayed near each other. We switched leads after every break.

Around 7,000' the leader observed Participant "A" having slight difficulty eating food but he said he was okay. On the next break Participant "A" was quiet, was slower in movement, was drinking lots of water, and denied any medical issues. By the 8,800' - 9k break, Participant "A" stated he had headaches that were not going away. The objective was clearly within sight. After some discussion, Participant "A" agreed to descend.

The group had several strong participants and climbers. It was a blue-bird day, the path was wanded, well defined (a rut), many climbers along the route, and two participants had been to Muir. I was to descend with Participant "A" but a Seattle climber on the trip, a strong climber and Participant A's only carpool partner, volunteered.

The remainder of the scramble was uneventful. The leader later emailed the climber who accompanied Participant A, who replied:

"I believe we went down at around 8800-9000 ft. It was good decision for "A" to go down when we did. He was feeling nauseous and weak the whole way down. He had to stop every 20 min to rest and throw up (partial, not fully). He did manage to walk carefully and did not fall or stumble. We actually ran into another mountaineers group from Seattle on the way down (~6500 ft) and they helped by taking his pack. When we got to the car, "A" insisted on driving. However, about 5 min later I took over driving since he was still feeling sick on the drive down (headache, vomiting and nausea). Since his symptoms persisted, I am not sure if that was due to AMS, car-related motion sickness or if he was sick before starting the scramble. But, regardless, he eventually was able to sleep in the car until Bellevue and I thought he was able to drive home safely."

Participant "A" replied: "Thank you for all you did to organize the trip, and thanks for checking up on me. Turning back early was a difficult decision, but it was the right thing to do.

I felt increasingly worse as we descended. [The climber who accompanied me down] was Awesome; she encouraged me the entire way. A group of Seattle Mountaineers caught up to us, and they slowed to our pace in order to help me down. They carried my pack and gave me water. It blew me away. I drove the first two miles out of Paradise, then [the climber who accompanied me down] very wisely insisted on driving the rest of the way. I'm glad she did, as I felt even worse in the car. We made several barfaroni stops. It's been nearly two days, and I still don't feel quite right. Perhaps there is more than altitude involved. I went to school for a few years at a town with an elevation of 6900', and lived in Albuquerque (5300') for many years, frequently pedaling my bike to 10,600'. I can only remember getting sick on the mountain once. (I think that was my friend's driving more than altitude.) Do you think living so close to sea level in recent years has affected my tolerance for higher altitudes? Thanks again."

About a week later the leader followed-up with Participant "A" who stated: Thank you for checking. I have not been to the doctor. I should go. I went on another scramble Saturday to Beckler Peak and had very similar symptoms, but without as much weakness. I received some very bad news just before we started, and I believe that stress contributed to how I felt.

May 24, 2014 – Camp Muir (Alpine Scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Informational – assist other party

Injury: None

Summary: On Saturday May 24, the reporting trip leader led a scramble of Camp Muir and Anvil Rock with 7 people attending (the leader included). After a successful summit, they were headed down and at about 7500' and at about 3pm they encountered two people, one of whom was in clear distress. The two were both basic climbing students and it turns out they were part of another Mountaineers party who was also going to Muir. The person who was in distress had difficulties getting to Camp Muir, so they sent him back down with the other basic student (the one in distress had driven the two of them to the event). The leader believes that the student accompanying the student in distress indicated that they began descending at around 9500'. The student in distress was clearly in trouble, his speech was slurred and he was vomiting. And his pace was extremely slow.

The leader decided that the best thing they could do was to stay and help. They took his pack, and escorted them both back to the parking lot. At about 7000' the fog/clouds rolled in and it became much more difficult to navigate. They made it back to the parking lot at about 5:30pm. The other party never caught up. The student accompanying the other drove the other's car back to Bellevue, where her car was. The condition of the student in distress seemed to improve at the parking lot.

June 2, 2014 – Baker-Easton Glacier (Basic glacier climb outing)

Branch: Kitsap

Category: Minor

Incident Type: Informational – route conditions

Injury: None

Summary: One participant lost his contact lens at the start of the Roman Wall. He quickly found it and recovered. Another participant was taking antibiotics that caused her skin to be sensitive to sun. She fashioned a nose protector out of duct-tape that worked well. Upon returning to the cars the trip was complicated by snow melt. We had been up three days, which included the class's crevasse rescue class. The snow was soft and transit was delayed up and down and also obscured our return trail. We continued down from the Railroad Grade to find our access was washed/melted out. We continued down further finding ourselves between two rivers that were high due to snow melt. The day was getting later as we strived to get to the cars. We were about 1 mile to the cars by GPS but could not ford the rivers where we were. I realized that we had about two hours of daylight and kept the group together by installing one person as a sweep and we then group moved back up river to locate a solid river crossing. We installed a hand line as a precaution (no one used it) and had everyone cross and mustered until we could all return together. Then we uneventfully walked to the cars. The parking lot that had been blocked by snow for ½ mile was found completely melted back to normal. I was proud of how our trained mountaineers worked collaboratively to resolve a small problem that could have had worse consequences.

June 8, 2014 – Navaho Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving feet

Injury: Blisters

Summary: Two people developed hot spots/small blisters. The hot spots developed on the back of the heels of one individual and were taped about 2 miles into the trip, which prevented them from developing into full-fledged blisters. The small blisters were noticed on another individual near the end of the trip (about a mile from the cars) and were treated with moleskin and dry socks. Participant reported that walking the final mile was easier after treating the blisters.

June 14, 2014 – Colchuck Lake (Alpine scrambling outing)

Branch: Everett

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: Sore Shoulder

Summary: One participant slipped on soft snow at the base of the scramble near Colchuck Lake. (There was a rock underneath that she slipped on as she stepped). She banged up her shoulder on the fall. We continued another few minutes to get to a good area and I assessed her shoulder along with another participant and saw no bruising/swelling. She was able to move her shoulder/arm (although was sore) and used that arm for her trekking poles on the way out. I checked in with her the next day and she said it was sore but nothing that the hot tub couldn't take care of. She was a strong participant as was everyone on the scramble.

June 14, 2014 – Vesper Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Informational – equipment limit or lack

Injury: None

Summary: The trip leader reported that the group experienced three incidents that were safety related. Everyone in the party got down safely, but the trip leader feels there are some important lessons to be learned. First, some background: the trip leader is a scramble leader and also a student in the Glacier Climbing Class. His class had a trip scheduled to climb Mt Baker this weekend, but due to avalanche risk, the climb got cancelled at the last minute. The trip leader hastily organized a scramble up Vesper Peak and most of the students on the Glacier Climbing Class signed up for it.

They also had several other scramblers sign up for it, including two students who had not done any scrambles other than the Experience field trip. So, the group ranged from of some very experienced scramblers to some very inexperienced ones.

The first thing that went wrong is that the leader accidentally forgot his Microspikes and crampons. Even worse, when we consolidated cars at the meeting place to drive to the trailhead, the leader accidentally

left his helmet in the car. (Luckily, one of the other participants carried both Microspikes and crampons and lent me their Microspikes.) The climb up the couloir to Headlee Pass was in consolidated, hard snow. They all used either crampons or Microspikes and the people who had crampons fared better than those in Microspikes. Above Headlee Pass, they were in the clouds and visibility was about 100 feet. The students received experience in navigating in clouds.

Incident #1: From the tracks, they knew that one person was climbing the peak solo in front of us. They came across the person about 500 to 600 feet in elevation below the summit. He was descending, having turned back about 200 feet below the summit. He was bloodied and bruised. They offered first aid but he refused. Here's what happened and the lesson to be learned. Ascending, the snow seemed deep and uniform. Neither he nor the group came across any crevasses or bergschrunds (even though they were not on a glacier it had been a high snow year, so the group was vigilant in watching out for hazards such as crevasses). The other party was glissading down and found one. By the time he saw it, he could not stop and slid into it.

For the group's descent, they sent one person plunge stepping down to the edge of visibility to check the route, then everyone glissaded to that person. Then the next person plunge stepped down to the edge of visibility, etc. Using this technique, they found (and avoided) two crevasses. Lesson learned: be wary of glissading in poor visibility, even in snow fields that appear to be free of crevasses.

June 14, 2014 – Vesper Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: None

Summary: The descent down the couloir below Headlee Pass turned out to be treacherous and far harder than anticipated, especially for the new students. In the end, almost everyone opted to down climb, using their ax in the self-belay position. The leader forgot to take his tether from his pack and tether his ax to his pack's waist-belt. This person was down-climbing with one hand on his ax and one hand on the snow to steady himself when his feet slipped and he started to fall. The ax was ripped from his hand and he was sliding down steep, hard, endless snow without his ax. Luckily, his Mountaineers training kicked in and he used the ax-less self-arrest techniques he had learned (and had taught at countless field trips) of using his elbows and his toes. (It took about 50 vertical feet for him to stop.)

June 14, 2014 – Vesper Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving an unspecified event

Injury: None

Summary: Shortly after the previous incident (above), one of the students who had been having a particularly hard time descending and had already down climbed about 500 vertical feet became extremely slow. She was exhausted from down climbing for about an hour and of being terrified the whole time. She had what can reasonably be described as a panic attack and, even with a person on

either side of her coaching her, was incapable of proceeding. At that point, I the leader remembered an infamous and hilarious story from other Mountaineers about getting a person down Red Mountain in a similar situation. We created a two-person glissade train, with a large, strong person in front and the student sitting right behind, her feet wrapped about the waist of the person in front.

The person in front applied full brakes and the two of them descended all the rest of the way to the basin floor in a slow, controlled glissade.

June 19, 2014 – Hibox Mountain (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Hit/cut/abrasion on snow

Injury: Sore tailbones from hitting rocks

Summary: Sore tailbones. Descending Hibox, three in the group chose to glissade one section of perhaps 100 vertical feet (the others chose to plunge step down). We each went down the same chute, in fairly quick succession. There was apparently a small rock buried under the surface that none of the three saw but all felt. The three glissaders ended up with sore tailbones.

July 1, 2014 - Whitman Glacier (Basic glacier outing)

Branch: Everett

Category: Minor

Incident type: Near miss or lessons learned – avalanche triggered by party

Injury: none

Summary: On descent on the steepest part of the Whitman Glacier the first person leading down set off a microslide 2 in deep and 8-10 feet wide. It was a bit surprising, so I thought it worthy to report on to remind others to always be mindful of snow conditions even in July. This occurred at about 12:30 pm. We were late off the summit because of some extra routefinding on the ascent, time taken for 7 to get up and down the fixed lines on the summit block and time to rappel and downclimb steep snow from the rock to upper whitman. But even at 10 am when we had planned to be descending we might have had the same snow conditions. There was some evidence of sloughs from surrounding cliff bands but not a lot of new activity so we were not worried on the way in.

July 1, 2014 – Seattle Program Center (Properties)

Branch: Properties

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Twisted ankle

Summary: At the Outdoor Wall, a person using the bouldering wall jumped from halfway down the wall and fell on his left ankle. No pop. Pain is 7/10 and stayed at 7 for full 30 minutes. Minor twisted ankle. His ankle was taped, ace wrapped and iced.

July 4, 2014 – Exfoliation Done, West Buttress Route, Pitch 2 (intermediate rock climb outing)

Branch: Everett

Category: Minor

Incident Type: Near miss or lessons learned – party-induced rockfall

Injury: Cut finger

Summary: My partner was leading up pitch 2 (I was belaying from below) when rockfall occurred about 3/4th's way up the pitch. The rock loosed a bunch of smaller rocks below it and was all funneled down left-facing corner to the left of myself and two climbers below us. The rock fall occurred on a section of the route that follows a short left facing corner until it ends at a sandy and loose ledge, a small bush/tree grows up out of the crack where the corner meets the ledge. The nature of the route requires you to scramble through the bush/tree to gain the ledge beyond, it isn't a difficult move but it is awkward. The rock that would eventually fall was sitting on the edge of the ledge next to the bush/tree, it was approximately 2.5ft x 1.5ft x 1ft in size.

While I was scrambling through the bush/tree and up on to the ledge my foot slipped and as I fell back I instinctively lunged for a hand hold with my free right hand. I grabbed the top edge of the large rock and as my weight loaded it came loose and fell past me on my right hand side. The rock fell down the left facing corner and shattered into numerous pieces, lucky all the debris fell to the climbers left and all other members of the climbing party were to the right and away from the fall line. As the rock fell past me I caught my fall with my left hand on a branch of the tree, my only injury was a small cut to a finger on my right hand caused by the rock sliding past. Once I was able I checked the rope for damage and found none, then we continued with our climb.

July 4, 2014 – South Twin Sister (Alpine scrambling outing)

Branch: Bellingham

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: Bruised Foot

Summary: The six climbers met in Bellingham at 6 am and immediately drove to the locked gate at Middle Fork Nooksack. Climber 1 was able to get a permit to drive beyond the gate and had the combination for the gate lock. They drove from the gate to the trailhead and began hiking at 7:45 am up the abandoned road of the North Twin west ridge. At approximately 4880-ft they spotted a cairn and began descending down to the right to the valley between the North and South Twins, they occasionally spotted a boot track in this area. They reached the valley and selected a flat area in the gravel at elevation at 4900-ft at 11:00 am. They set up camp and then left 1:05 pm for the west ridge of the South Twin, climbing directly from camp along a snow finger up to the west ridge. The snow was perfect for kicking steps and they had an easy time making the ridge. They then climbed along the west ridge in an easterly direction. Generally the team was competent but very slow and at 5:45 pm it was decided to turn back.

The team made it to an elevation of 6640-ft, less than 400-ft from the summit. They then back-climbed the ridge to elevation 6240-ft, where they had noted on the climb up there was a continuous snow

finger to the valley. They elected to down climb the snow to save time, the snow was perfect and the Leader was able to plunge step down to 5980-ft where he contoured right to go around a rock band and stay in the snow. The Leader eventually stopped at 5660-ft and waited for the group to descend to him. The rest of the group all decided to down-climb due to the slope and although slow they all did generally well. Climber 1 slipped while down climbing and slowly slid approximately 100-ft; he was unable to self-arrest and slid down to the above-mentioned rock band where he stopped after slamming into the rock with his foot. In his slide down he bumped Climber 2, and she then slid down behind him for approximately 25-ft and she also stopped at the rock band. They all continued down climbing to where the Leader was waiting and all proceeded back to camp arriving at approximately 9:00 pm.

At camp that night the group consensus was to hike out in the morning. The group was tired and Climber 1's foot was apparently bruised and he was walking with a limp that night and the next morning. The next morning the Leader decided to go back direct along the "old trail" along Orsino Creek to where the cars were parked near Daily Prairie. As a group, they followed along "flagged marks", then boot track, then trail and eventually logging roads back to the two parked cars, where they arrived at 9:45 am after leaving camp 7:12 am. In summary, everyone did well scrambling, although the group was slower than expected requiring turning back before summiting. Down climbing the snow was slow and all would benefit from practicing in steep snow. Climber 1 did well but slipped in the snow and was unable to self-arrest.

July 7, 2014 – Horseshoe Peak (Basic alpine climbing outing)

Branch: Everett

Category: Minor

Incident Type: Hit/cut/abrasion by rock

Injury: Pinky bled

I (the leader) cut my pinky in two places while rappeling off of Horseshoe mountain. The rappel is an awkward one to get into and the rocks there are loose and sharp. A rappel there requires a sit and spin type of move to rotate out and away from the notch and into rappel position below the slings.

While making the move I underestimated the amount of give in the rap slings and rope stretch. I grabbed instinctively on the sharp rocks with my left hand while keeping my right in braking position and the rock opened two flappers on my pinky (several layers of skin) which began to bleed immediately. I had an autoblock on but asked another person to unclip my personal anchor for me. I then rappeled and administered first aid to myself. I yelled up to the others that each person should put on gloves for the rappel.

I changed my bandage at home and did not require stitches or any medical treatment.

July 12, 2014 – Merchant Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Hit/cut/abrasion by rock

Injury: Bruised finger

Summary: The main concern on this trip is party rock-fall. Helmets were required and mindfulness/techniques to prevent danger stressed. On a couple of previous trips, minor cuts have been reported, due to sharp-edged rock (from the presence of freshly-fallen and broken rock). There were a couple of scrapes and bruises on this trip, not requiring any particular attention.

However, there was one minor incident of party rock-fall: as the party was descending down the steep dirt slope above the "cave" (just before re-entry into the main gully), "rock" was called. The leader was in front (that is, positioned at the lowest point of the party). The party had been directed to adhere to close spacing at this point to avoid excessive acceleration of any loose rock, but the rock in question must have been started from one of the higher members of the group. The leader looked downslope and collected his profile as much as possible, but his uphill hand was left exposed, clinging to a small rock ledge. The third (ring) finger on his right hand was struck by a small but relatively fast-moving rock, and crunched between the impacting rock and the little ledge. The result was painful, with bruising affecting the entire nail area and pad side of the distal phalange of the finger. However, there was no laceration or external bleeding. No bandage was necessary. Further contact between that finger and anything else was avoided, to the extent possible, for the remainder of the trip. Other than icing and elevation, and keeping the finger active (to avoid internal coagulation), no further treatment has been necessary and the injury did not delay the party's descent (though use of alternate grips had to be creatively employed at times).

The nail bed is still an attractive blue color, but there has been no excessive swelling, and the discoloration on the pad side of the finger has faded. Pain is pretty much gone and the finger can be used for most functions, with some caution. The nail may eventually be lost, but no big deal. A few choice words were uttered at the time, and the group's rock-fall awareness was hopefully amplified. Again, a minor incident requiring no treatment, reported only to emphasize the great care to avoid party rock-fall that this otherwise-splendid scramble requires.

July 14, 2014 – Seattle Program Center (Youth Programs)

Branch: Youth programs

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Hurt wrist

Summary: A youth participant was climbing up the overhang on the boulder and was reaching for the fifth stone when she missed and fell on her wrist. A volunteer applied ice and a wrap at the scene. The student wore the wrap for a couple of days and recovered.

July 19, 2014 – Esmerelda Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Hit/cut/abrasion on rock

Injury: Kneecap

Summary: One of the party members banged her kneecap against a sharp edge of rock during the descent down through large, mostly-stable rockfall. The party member needed a moment to manage her pain, but was then able to continue descending without difficulty or complaint, and without need of first aid. No external bleeding or bandages necessary. She was a little sore and stiff the next morning (they all car camped at Beverly campground), with some minor swelling, but the injury appeared to be a sharp but relatively-superficial bruise. The participant in question is an emergency trauma nurse, so the leader deferred to her judgment in the matter.

July 20, 2014 – Bills Peak (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Cut wrist

Summary: One of the scramblers slipped on a wet rock and cut her wrist. It appeared to be a very minor surface wound perhaps 1 inch long that only bled a little bit. They stopped, cleaned and covered the wound with a band aid from her first aid kit. The participant who slipped is a new scrambler and was looking for a moderate pace outing which was consistent with the trip plan. She noted this was a concern of hers on the drive to the trailhead. When they got off the trail the leader moved out front to do the route finding and wound up moving faster than intended. The leader thinks that the participant who slipped was trying to keep up and that this was a contributing factor to her slipping. After the incident the leader was way more conscious of pace and everything went smoothly.

July 20, 2014 – Sahale Peak/Quien Sabe Glacier (Basic glacier climb outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Twisted Knee

Summary: A basic climbing student rented plastic climbing boots and had a large heavy pack. During the approach they off loaded some gear from him and he was then able to keep up reasonably well. On the descent they stopped to pump water after we got past the rocky portion of the Sahale Arm trail. The student swapped his boots out for running shoes, then walked maybe 20 steps and slipped and fell on a muddy portion of the trail. He got up slowly, but continued walking. When asked about it he said he twisted his left knee. It was uncomfortable, but he felt he was able to continue walking. He took some ibuprofen and had to be pretty careful on the rougher parts of the trail, but he stayed in good spirits. Thanks to the two other basic students for staying back with us down the Cascade Pass trail.

July 27, 2014 – Mt. Olympus (Basic glacier outing)

Branch: Olympia

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: None

Summary: Our party was crossing the Blue Glacier by headlamp. The leader on the first rope encountered a snow bridge across a 2-3 foot wide crevasse. He probed the bridge with his foot, punched through it, and began to fall in. He extended his foot which became braced on the opposite side of the crevasse, and landed on his bottom on the rope team side of it, while jamming his axe into the ice beside him. In this way he prevented falling in. When we debriefed the incident the rope leader emphasized that the near miss could have been avoided if he had probed with his axe and not his foot. He wanted to emphasize the importance of probing and using your axe to do it.

July 27, 2014 – Mt. Olympus (Basic glacier outing)

Branch: Olympia

Category: Minor

Incident Type: Hit/cut/abrasion by rock

Injury: None

Second: The party was rappelling down the summit block via a steep gully. Two rope leaders were at the top ensuring proper rappel set-up for all participants, and a third was down in the gully directing traffic. A descending climber dislodged several stones which shot down the gully. A stone about the size and shape of a pack of playing cards struck the leader below in the neck. By incredible good luck it was a glancing blow that only left temporary redness. The leader then moved to a better position in the gully, away from potential rockfall. The group debriefed the incident and the leader discussed alternative to being in the gully below descending climbers.

August 1, 2014 – Mt. Stuart Climb (Intermediate rock climb outing)

Branch: Everett

Category: Minor

Incident Type: Informational – route conditions

Injury: None

Summary: The party was four others and myself. We encountered three thunderstorms on our climb. We hiked in Friday, made camp below Long's Pass. We left for the North Ridge at 3am on Saturday. There was some delay on the approach as a member had left their headlamp back at the car. Arrived at 'the notch' of the ridge at 9-10am and began climbing shortly thereafter.

August 2, 2014 – Silvertip Peak (Basic alpine climb outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: None

Summary: The subject climb includes a 4 mile bike ride into Monte Cristo from the gate on the Mountain Loop Highway, and a stream crossing over a large log. During this climb they didn't have anyone fall in the river from the log but we had 4 falls, total, on bicycles, on the way in and out. No injuries that a bandaid wouldn't take care of.

August 2, 2014 – Lundin Peak, West Ridge (Basic rock climb outing)

Branch: Seattle

Category: Minor

Incident Type: Logistics – routefinding, overdue party

Injury: None

Summary: The plan was to hike in via Cave Ridge, climb the West Ridge, descend by rappelling via the East Ridge and return via Commonwealth Basin where we had left a car. The actual climb went well but several things contributed to it taking longer than expected resulting in an unplanned overnight bivouac in Commonwealth Basin.

- Some of the basic students were not comfortable with exposure on the scramble sections so I fixed hand lines which took extra time.
- We spent some time waiting out a thundershower and some additional time waiting for the rain clouds in the sky to dissipate enough to give confidence that the weather would remain favorable.
- There were route-finding issues resulting in going the wrong way before finding the second pitch.
- One of the two rope leads who had signed up for the climb had cancelled so we had three basic students, an intermediate student and myself. Having one less rope lead made it take longer to set up and take down hand lines and rappels.
- On the hike down Commonwealth Basin one student was slow due to his being uncomfortable on the terrain. The descent was free of snow and from the base of the East Ridge there was a stretch of moderately steep gravel and scree descending 1,200'. Our party was able to plunge-step and descend briskly except for the one student who was only able to take small tentative steps in spite of coaching. This same student was also slow crossing the boulder fields.

At around 1:30pm I had explained to the students that it was late in the day to be starting the climb and that we could turn back or we could continue and complete the climb but that we would be hiking out with headlamps and returning to the trailhead at a late hour. All were enthusiastic about continuing, especially the two students for whom this climb was their graduation climb. I knew that there was the possibility that we would not make it to the trail before dark. If not for the forecast for high temperatures and clear conditions for the next several days I would not have considered continuing.

It had taken longer to complete the climb and rappel off of the ridge than expected. Truth be told, even without the slower student we might not have made it to the PCT before nightfall. We went as far as we could until around 8:30pm when it was apparent that it would soon be too dark to bushwhack safely. We found a relatively clear flat area in the trees and after refilling water bottles we hunkered down for the night. The warm windless night made for a relatively suffer-free bivouac. At 4:30am it was light enough to travel again so we brush-bashed our way to the PCT and hiked out.

August 16, 2014 – Mt. Angeles (Alpine scrambling outing)

Branch: Olympia

Category: Minor

Incident Type: Bites – insects

Injury: Stings on hand, arm, legs

Summary: On Saturday 08/16, I had a full roster of 12 on a Mt Angeles scramble. The weather was cloudy and we were in fog/cloud through the entire outing. As we began ascending on the lower wooded portion of the trail toward the ridge our group encountered angry insects that stung two individuals. We assumed that they were yellow jackets but no one actually saw the aggressive critters. One hiker was stung on the hand and the other twice on his right bicep.

From a MOFA perspective we made sure that antihistamines were available and provided. We also applied topical cream to help with pain. One participant (the bicep sting) indicated that he has had negative reactions to stings in the past and carried his own preferred brand of medication. We then continued on our trek.

A short time later, we had a third participant that was having problems keeping up with the group. She has been experiencing health issues all season and had decided that she would not be able to continue on this trip. Since we were on good trail and within a short distance of the vehicles, she was allowed to leave the group and descend by herself to the car.

Upon continuing our ascent, the bicep stung individual was experiencing significant discomfort and due to his history, decided that he too should not attempt to continue. We again decided that it was safe to allow him to return to the vehicles. Both solo hikers were directed to meet us back at the trailhead at a predetermined time.

A while later as we were ascending the ridge we again encountered an angry mob of ground dwelling yellow jackets. This time we were able to find an alternate route around them without incident. As we approached the summit, there was a group of mountain goats that we had to move past. They were not aggressive and did move off as we became loud and obnoxious. This was necessary since they were blocking our approach to the summit block.

Upon our descent, we re-encountered aggressive insets in the same locations. We had two additional hikers stung. Each participant was stung once on a leg. Again, antihistamine was provided. When we reached the trailhead, we re-connected with our two solo hikers.

August 17, 2014 – Mount Maude North Face (intermediate ice climb outing)

Branch: Seattle

Category: Minor

Incident Type: Near miss or lessons learned – rockfall on party

Injury: None

Summary: The leader reports a near-miss from a rock fall on the North Face of Mt Maude on August 17. By the time they were about halfway up the climbing route (around noon), the rock face on the right of the route was getting more active spitting rocks about 3-4 times. In one instance this included a fridge-sized boulder intercepting their route. An Intermediate student on the trip dived into a moat a split second before the rock would have hit him. He only suffered a minor scratch on the lower part of his right arm from jumping into the moat. After the incident the leader decided that the quickest way out of the danger zone was to continue to the top. The intermediate student finished the climb with no issues. The leader suggests that the route description strongly encourage doing this climb early in summer and early in the day to mitigate the risk of rock fall.

August 17, 2014 – Lichtenberg Mountain (Alpine scrambling outing)

Branch: Everett

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Knee

Summary: We reached our summit via Lichtenwasser Lake's fisherman's "trail" then as a group discussed our conditioning and whether or not we should try the harder (T3+) rock on the summit closer to Lake Valhalla. The group agreed, so we added some distance and difficulty to our trip. Now, instead of seven miles RT, it would be more like eight to eight and a half miles RT. In the steepest parts of the descent, mostly along the fisherman's "trail", many of the group lost footing due to slippery conditions, thus using ice-ax, trekking poles and/or vegetable belay to continue. One student screamed out at one point, approximately the seven mile mark, which sounded like a serious injury. That's when he mentioned he had knee surgery six weeks prior and just banged it on a rock. He was able to descend the rest of the way on his own power but needed guidance to re-cross the river at the trail head.

Prior to the trip, the leader had emailed each participant and asked "Do you have any Injuries / Medications / Allergies I and the team should be aware of?" The student had not disclosed his knee surgery and indicated only that he needed to stop and stretch periodically. The student said he told the leader about the knee surgery prior to the trip, but the leader does not recall a phone conversation including any knee surgery. At the trailhead, he did not divulge the information to the team at the trailhead either.

August 23, 2014 – Gobblers Knob (Hiking outing)

Branch: Tacoma

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving stomach

Injury: Stomach spasms

Summary:

After reaching the summit, taking a break, enjoying lunch and views, the group started back to the trailhead. 3/4 of the way thru hike or half way back, I (the leader) developed severe stomach spasms and experienced vomiting. While the group did partake in blueberries and huckleberries along the way, I was only one to experience the stomach spasms, which have continued into Sunday. While I had consumed plenty of water, based upon frequency of urination, pulse rate was slightly elevated 100

beats per minute, which did slow to normal after completion of the trip, recheck at the park-n-ride. While I didn't have anything for lunch, that I didn't consume the previous night, with the exception of the 1/2 eaten cliff bar, from last weekend's hike. The only thing I can come up with, it the fact I used a water bottle, sitting in my vehicle for a week or two to make my Gatorade for the trip. Attempting to stretch my muscles didn't help, nor did a good night sleep.

August 24, 2014 – Ingalls Peak/South Ridge (Basic alpine climbing outing)

Branch: Seattle

Category: Minor

Incident Type: Logistics – party split

Injury: None

Summary: The reporting leader was asked by another leader to take over as climb leader for two climbs of Ingalls Peak - one Intermediate climb of the E Ridge on Aug 23, and one Basic Climb of the S Ridge on Aug 24. 2 intermediate students who climbed the E Ridge remained with the reporting leader on Saturday night to wait for the arrival of the Basic students at Ingalls Pass early Sunday morning. The basic students were in the other leader's SIG, so the other leader had asked one of the more experienced Basic students with ferrying the rest up to Ingalls Pass for the rendezvous.

The forecast for Sunday was 40% chance of thunderstorms after 11 am - the reporting leader's plan was to be off or nearly off the peak by then, or turn around and abort the climb if the weather deteriorated. The S Ridge - 3 short low 5th pitches, can be rapped at any point.

No one showed up on Sunday. The reporting leader and intermediate students waited until 9 am, 3 hours after our scheduled rendezvous, then hiked out. The weather was fine, and it was the reporting leader's assessment that the climb, as planned, would have gone without a hitch, although they were prepared to bail if the weather did, indeed, go south. The other leader, in light of a more current forecast of 60% chance of thunderstorms for Sunday after 11, cancelled the trip on Saturday while the reporting leader and his group were in the back country. They could not communicate, and so could not be aware of the cancellation.

August 31, 2014 – Yellowjacket Tower (Basic rock climb outing)

Branch: Everett

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Bruised elbow

Summary: One of the rope leads took a leader fall on the last pitch as he was attempting to climb the summit block. His last piece of protection held, but with the short distance to the ledges below his last piece and the rope stretch, he hit the ledges and bruised his elbow. Other than a few scratches on his hands, and the bruised elbow, he did not sustain any other injuries. He lowered/down climbed back to the belay and rested. He decided not to attempt the pitch again and was able to descend and deproach without assistance.

September 3, 2014 – Mount Pugh (Hiking Outing)

Branch: Seattle

Category: Minor

Incident Type: Informational – assist other party

Injury: Helicopter rescue of independent solo hiker, who had fallen

Summary: Just prior to reaching the summit they encountered a hiker that had passed the group earlier on the way up. However he was not on the established trail and none of the group could see him initially. The hiker asked the group to go back where he could see the group. The leader gave permission for the last person in line to go back where the leader could still see him and the last person in line could see the other hiker. The other hiker wanted to see where the trail was so that he could move over to it, although he was on very steep terrain. The person in our group attempted to give the hiker some advice on where there was a crack that might give him a foot hold. The leader and one other person heard the fall but the last person in line in our group, saw the first drop before the hiker was lost in the fog. The group did not have ropes or helmets with us, so the leader decided it was too risky for any of the group to go down and locate the hiker or give assistance.

Consequently the leader called 911 and reported the fall. They asked the group to wait at the scene until help could arrive. Miraculously the injured hiker somehow managed to climb up the cliff and approached the group. He had severe injuries to his head and legs but no apparent broken bones. He was covered in blood and was still bleeding from his head and right leg. He had nothing in his pack in the form of clothes or medical supplies to dress his wounds. The leader put a t-shirt around his head and secured it with an elastic bandage. The leader also put a couple bandages and gauze on his leg to control the bleeding. The group used two space blankets to stop the wind and help keep him warm. The hiker was conscious and wanted to sit up or roll on his side because his back hurt. His breathing was regular and the leader did not suspect any broken ribs or spinal break so they allowed him some limited movement. Their main focus was to keep him as comfortable and warm as possible until help arrived.

The helicopter was not able to get close enough to lower anybody on the top of the mountain so the group had to wait over 4 hours for help to arrive after they were dropped at about the 4000 ft level. The group was then told to wait on the side while the paramedics attended to the hiker and accessed his injuries more completely. More assistance was hiking up from the bottom but that would take a lot more time. There was still no window to get a helicopter in to pick the injured hiker up and it began to look like it would be not be possible before dark. Consequently the leader asked if the group would be permitted to hike down starting at about 7 pm so they could at least get off the knife edge before dark. That worked out ok as the group was down past the scree section and into the wooded slope by dark. The group thought they each had a working headlamp, but unfortunately one was corroded and would not work even with fresh batteries. Nonetheless they were able to stay in close formation and proceed with 2 working headlamps. They were safely back to the vehicle at about 10:30 pm after a very long day. They learned from the Sheriff on the way out that the helicopter did get the hiker off using night goggles.

September 13, 2014 – Snoqualmie Mountain (Alpine scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Bites – insects
Injury: Sting

Summary: Hornet or bee stings. The first person up the trail managed to upset a bunch of bees or hornets. The second person up (the leader) saw the rising cloud and issued a warning. The leader managed to pass through the swarm with just one sting. Everyone below the leader retreated down the trail. They waited a few minutes for the swarm to die down before the rest continued up the trail. All passed without incident except the sweep, who received one sting.

September 16, 2014 – Kangaroo Temple / North Face (Basic rock climb outing)

Branch: Bellingham
Category: Minor
Incident Type: Fall/slip/trip on rock
Injury: Cuts and bruises

Summary: The four climbers: leader, rope leader, and two participants met in Bellingham at 4 pm Friday, September 12, and then drove to Cutthroat Lake TH and camped the night. Drove to the Highway 20 switchback the next morning and we were hiking at 6:20 am on the way to Kangaroo Temple. Got to the Notch and started the climb at 9:05 am, had some difficulty route finding as the leader was actually climbing the Northeast Face but was using Mountaineers North Face route description. The leader last climbed Northeast Face in 1994 and after completing the second pitch he readily recognized the "open book" of the third pitch. He was about half way up the third pitch and the second rope leader was about half way up the second pitch when the incident occurred.

At this time, the second rope leader set a piece of pro and was testing its hold when it came loose and he fell backwards. He estimated his last pro piece was 12-ft back. He sustained some cuts and bruises on his left side during the fall, he quickly got to his feet and decided to go back. The climb leader was in the middle of the third and final pitch he elected to complete the climb and rappel down. Summited at 12:15, took a break and then rappelled down back to the Notch where we all regrouped and hiked back to the highway arriving at 5:40 pm. Immediately drove back to Bellingham, arriving at 8:30 pm. Everyone was doing well up to the time the second leader fell, and his belayer did excellent belaying and holding the fall. Fortunately the climber only sustained minor cuts and bruises.

September 20, 2014 – Mount Pilchuck / East Ridge (Alpine scrambling outing)

Branch: Seattle
Category: Minor
Incident Type: Fall/slip/trip on non-technical terrain
Injury: Hit head on rock

Summary: Descending along Iodine creek, one member slipped, slid down the slanted face of a boulder about 6 feet and landed sideways in a pool in the creek about 2 feet deep, leaving her face down and completely submerged. She hit her head against a rock, but luckily was wearing her helmet and was not

knocked unconscious. Had she not been wearing her helmet, and had she been knocked unconscious, they might have had a problem. As it was, she was able to regain her footing, stand up, and walk out of the pool before anyone could get to her.

September 20, 2014 – Eagle Rock (Alpine scrambling outing)

Branch: Everett

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Lacerated elbow

Summary: One participant slipped on a talus/boulder field 45 minutes into our trip to Eagle Rock Saturday the 20th September 2014. The rock was dry in that particular location, but not stable. I did not see the slip/fall but from his explanation he stated he lost his balance when the rock moved after stepping on it. He received a laceration on his left elbow about 1-2 inches with some bleeding that stopped after cleaning and dressing the wound. No other injuries were incurred. Continued on to summit and checked the wound again, no bleeding or discomfort, and had full range of motion, same was done when returned to car at TH and at the carpooling area in Monroe. Advised to see medical professional. Walking on boulders/talus requires practice, balance, and attention

September 20, 2014 – Seattle Program Center (Intermediate climbing field trip)

Branch: Everett

Category: Minor

Incident Type: Hit/cut/abrasion on equipment (rope)

Injury: Burned fingers

Summary: The student suffered 2nd degree rope burns on fingers due to losing control of assisted rappel during two-person self-rescue simulation. Location was the South Plaza climbing area at the Seattle Program Center. First Aid was cold water bath for several hours. Formal medical treatment not required/sought. The student was able to participate fully in seminar next day wearing gloves, full recovery within one week.

The student and Partner were seminar participants, and were closely watched by a Seminar Assistant Instructor who was on a static line about 6 feet away. The Assistant Instructor maintained the same elevation as the student through use of ascenders/gri-gri. The student was practicing their first multi-pitch transition of assisted rappel. The student and Partner descended from the top of the 25' tall wall to a lower anchor 12' above ground.

The pair clipped into lower anchor with personal anchors (PA's), and the student then transitioned the master point of rappel spider onto lower anchor with a 7mm cordellette-based Munter-Mule acting as a Load Releasing Hitch. The student removed the rope from the upper rappel, and setup to continue the assisted rappel to the ground, utilizing an accessory cord loop to form a 2-wrap autobloc on the harness leg loop. Once ready to rappel, the student relocated the PA's from the anchor to the rappel device carabiner. The student then released the Mule knot on the Load Releasing Hitch, but immediately lost control of the descent speed. The student and Partner descended to the ground at walking speed, with

the student gripping the rope and cordellete above the load releasing hitch in an attempt to stop. Once the Partner reached the ground, the load on the rappel device lessened, and the autobloc then locked, which stopped the student about 3" above the ground. Other seminar participants lifted the student so that the autobloc could be loosened and the student brought to the ground.

After the incident, review indicated that the load-releasing hitch was oriented upside down from how taught, the autoblock had only two wraps, and no backup not was installed. This resulted in course and field trip changes.

September 28, 2014 – Le Petit Cheval/Spontaneity Arete (Intermediate rock climb outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on rock

Injury: Abrasions on hand

Summary: An intermediate student took a short leader fall onto a cam. He was about 3' above his second piece of pro when he slid and the piece caught his fall. He was not injured. He attempted the move again and fell in the same place, this time resulting in abrasions on his right hand. The tip of the little finger on his right hand had a laceration which we stopped and bandaged. I rigged a point of aid and cleaned the gear. The leader then scouted for and found a more moderate route. The intermediate student completed the pitch and rest of the climb without incident.

The leader and intermediate student had followed their first (faster) rope team to what they thought was the start of the third pitch. However, based on the difficulty of this move, the leader believes they followed them to a tougher variation of the pitch's start. The area the leader scouted and which they ultimately climbed was more consistent with the grade of the climb.

October 4, 2014 – Fox Island (Sea Kayaking outing)

Branch: Seattle

Category: Minor

Injury Type: Personal illness/preparation/conditioning involving hand

Injury: Blisters

Summary: One participant developed a blood blister about the size of a small nail head on her mid palm during our Fox Island trip. The leader applied aloe vera, band aid, bandaging tape and a latex glove to be worn under her regular paddling glove. The participant had no more complaints.

October 4, 2014 – Mount Thompson/West Ridge (Intermediate rock climb outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Bruised shoulder and hand

Summary: The leader lost his footing on the approach and slid down a slope 15-20 meters before coming to a stop at a small tree. He bruised his shoulder and hand but was otherwise fine. He continued the climb without incident. After reaching the summit they descend the E ridge using two rappels and a short scramble which went fine. They got onto the trail that wound back to Bumblebee Pass and our camp at Gravel Lake.

October 4, 2014 – Mount Thompson/West Ridge (Intermediate rock climb outing)

Branch: Seattle

Category: Minor

Incident Type: Fall/slip/trip on non-technical terrain

Injury: Rolled ankle

Another participant rolled his foot on a rock and over-extended his calf muscle. He was in a lot of pain and understandably his pace became extremely slow. He wouldn't let the leader carry his pack and managed to make it to Bumblebee Pass. He had taken some ibuprofen which he said helped a lot. The participant who rolled his foot asked the others to rig a rappel at the pass but it was very low angle terrain. He agreed to go slow and with a little pep talk made it back to camp. He felt he could make the long hike out with his heavy backpack. The leader sent the other two ahead on the Pacific Crest Trail with specific instructions on the route they were to take and the leader hiked out with the participant who had rolled his foot. It was a slow, long hike but they made it, connecting with the other two at the trailhead. The leader checked in with the participant who rolled his foot the day after they returned and he said his leg was sore but that he was doing OK.

October 11, 2014 – Teanaway Park (Alpine Scrambling outing)

Branch: Seattle

Category: Minor

Incident Type: Hit/cut/abrasion from rock

Injury: Bruised leg

Summary: A participant sustained a bruised left thigh and a lesser injury to his right thigh when two football-sized rocks were kicked loose in quick succession. The incident occurred in the south-to-north gully on the south face of Teanaway, which is littered with a considerable amount of loose rock. They were climbing in close intervals and the rocks fell less than five feet before striking the participant. He was able to continue to the summit and descend under his own power without assistance.

October 17, 2014 – Barrier-Governors Ridge (Alpine Scrambling outing)

Branch: Tacoma

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving leg

Injury: Sore calf

Summary: A participant stepped on a rock when crossing a small creek and felt a pop in his left calf. He said he had strained it the previous day, but felt it was just a sore muscle and had worked it out. This occurred just a few hundred feet from the main trail. He was unable to proceed and remained at Owyhigh Lake/trail for the rest of the group to complete the peaks. Once he saw us on the summit of Barrier he began to descend, completing minor trail maintenance and collecting mushrooms as he went. He was able to descend on his own without assistance. The remainder of the group overtook him about 30 minutes from the trailhead. He will ice and elevate. He considered but did not follow up with his personal physician.

NOTE: The following incidents were reported after publication of the 2013 report. They are not included in the 2014 incident totals.

December 4, 2013 – Skiing/Snowboarding (Avalanche Field Trip)

Branch: Everett

Category: Minor

Incident Type: Fall/slip/trip on snow

Injury: Pain in knee

Summary: One participant fell awkwardly from a standing position at slow speed. Splitboard with skins on with poor visibility. Participant reported intermittent shooting pains in tendon area close to knee. Participant states better next day and wants to continue field trip.

December 4, 2013 – Skiing/Snowboarding (Avalanche Field Trip)

Branch: Everett

Category: Minor

Incident Type: Personal illness/ preparation/conditioning involving an unspecified illness

Injury: Felt ill

Summary: One assistant leader had to turn back to parking lot, states on antibiotics, not feeling very well. Assistant leader states ok to drive home alone and checked in once back in town.

May 26, 2013 – Duckabush River to Five Mile Camp (Hiking outing)

Branch: Kitsap

Category: Minor

Incident Type: Personal illness/preparation/conditioning involving ankle

Injury: Ankle Pain

Summary: I had to turn around about a half mile short of 5-mile camp because of an ankle injury from a previous hike. One of the other hikers went with me and a qualified hike leader, took over and successfully completed the hike.