

# The Mountaineers Annual Safety Report for 2015

June 2016

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## 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 2015 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.

## SUMMARY STATISTICS

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

1. Broken leg, fall/slip/trip on snow (emergency medical attention) – Meany Lodge ski outing, December 31, 2014 (not reported in 2014)
2. Fractured leg, partially torn knee ligament, cracked ribs, fall/slip/trip on rock (emergency medical attention) – Leavenworth climbing, March 28, Crag climbing field trip
3. Severed finger, hit/cut/abrasion by rock (emergency medical attention) – Stevens Peak, June 22, Alpine scramble outing
4. Lacerated knee, fall/slip/trip on nontechnical terrain (emergency medical attention) – Seattle Program Center, July 6, Youth programs outing
5. Fractured arm, fall/slip/trip on rock (emergency medical attention) – Squamish, July 7-8, Youth programs outing
6. Vomiting and dehydration, personal illness/preparation/conditioning (emergency medical attention) – Wahpenayo Peak, July 12, Alpine scramble outing
7. Lacerated leg needed stitches, hit/cut/abrasion by rock (emergency medical attention) – The Tooth, September 11, Alpine rock climb outing
8. Cut shin needed stitches, fall/slip/trip on nontechnical terrain (emergency medical attention) – Big Craggy Peak, October 24, Alpine scramble outing

These major incidents were categorized as:

- Fall/slip/trip – 5
- Hit/cut/abrasion – 2
- Personal illness/preparation/conditioning – 1

One occurred during organized course field trips.

**Significant Incidents** involve medical attention or SAR or 911 called but no search performed. There were 14 significant incidents reported which resulted in the following injuries:

1. Sprained arm, fall/slip/trip on snow (medical attention) – Winthrop, January 31, Adventure Club ski outing
2. Sprained knee, fall/slip/trip on nontechnical terrain (medical attention) – West Granite, April 19, Alpine scramble outing
3. Separated party, logistics (911 called) – Dragontail Peak, May 9, Basic alpine climb outing
4. Fractured leg, fall/slip/trip on nontechnical terrain (medical attention) – Mt. Spickard and Redoubt, May 28, Basic alpine climbing outing
5. Puncture wound to finger, fall/slip/trip on nontechnical terrain (medical attention) – Gothic Peak, June 13, Alpine scramble outing
6. Elbow pain and plantar fasciitis, personal illness/preparation/conditioning (medical attention) – Olympic Coast, June 26, Backpack outing
7. Shortness of breath and possible HAPE, personal illness/preparation/conditioning (medical attention) – Sahale Peak, July 12, Basic alpine climb outing
8. Broken foot, hit/cut/abrasion by rock (medical attention) – Liberty Bell, July 19, Intermediate alpine climb outing
9. Fatigue while swimming, personal illness/preparation/conditioning (lifeguard called) – Magnuson Park, July 20, Youth programs outing
10. Fatigue while swimming, personal illness/preparation/conditioning (lifeguard called) – Magnuson Park, July 21, Youth programs outing
11. Sternum separated from ribs, fall/slip/trip on nontechnical terrain (medical attention) – Vesper Peak, August 8, Alpine scramble outing
12. Separated party, logistics (911 called) – Curtis Gilbert, August 25, Basic alpine climb outing
13. Injured ankles, fall/slip/trip on ice (medical attention) – Mt. Baker Coleman Glacier, October 3, Intermediate ice climbing field trip
14. Vehicle slip on ice, other (emergency assistance) – Mount Zion, November 28, Day hike outing

These significant incidents were categorized as:

- Fall/slip/trip – 6
- Personal illness/preparation/conditioning – 4
- Hit/cut/abrasion – 1
- Logistics – 2
- Other – 1

One 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 68 minor incidents reported:

Fall/slip/trip – 30

- Fall/slip/trip on nontechnical terrain – 17
- Fall/slip/trip on snow – 7
- Fall/slip/trip on rock – 5
- Fall/slip/trip in stream – 1

Hit/cut/abrasion – 7

- Hit/cut by rock – 2
- Hit/cut by equipment – 4
- Hit/cut by other person – 1

Personal illness/preparation/conditioning – 10

- Head/eye/nose – 1
- Leg/knee/ankle/foot – 2
- Gastrointestinal/heart/organs – 5
- Heat/dehydration – 1
- Cold/hypothermia – 1

Bites – 5

- Insects – 5

Boating – 2

- Kayak flip – 2

Logistics – 2

- Party split from group – 1
- Conflict with other party – 1

Near miss or lessons learned – 6

- Party-caused rockfall or rockfall on party – 3
- Equipment limit or lack – 2
- Route conditions – 1

Informational – 6

- Equipment limit or lack – 1
- Assist other party – 4
- Major rockfall observed – 1

Thirteen occurred on field trips.

## MAJOR INCIDENTS (EMERGENCY MEDICAL ATTENTION; SEARCH AND RESCUE OR 911 CALL AND SEARCH PERFORMED)

### DECEMBER 31, 2014 – MEANY LODGE

Branch: Properties

Incident Type: Fall/slip/trip on snow

Injury: Broken leg

*(Missing from 2014 report)* A 4 year old boy was skiing at Meany Lodge at 10 am on 12/31/14 and sustained a broken leg. From a stopped position the young skier entered a turn of his skis and his right ski hit the top of a small pine tree, twisting the ski and resulting in a broken tibia. First aid was administered onsite, and he and his father were transported by SnoCat to the parking lot. His father drove him to the hospital where X-rays showed that the leg was broken. The ski bindings were reportedly set to recommended specifications according to the skier's height and weight.

There was not a great amount of snow present, and it could be that some of the natural features that normally would be covered were exposed.

### MARCH 28, 2015 – LEAVENWORTH CLIMBING (CRAG CLASS FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on rock

Injury: Leg fracture, partially torn ACL, and two cracked ribs

A student climber took a leader fall on the Pitch 3 of the Regular Route on Careno Crag. This is a trad route rated 5.10b; pitch 3 is a crack rated 5.7. When the climber fell her (small) cam failed and she fell about 20 feet onto a dirt ledge. The climber's party reached her shortly after the accident and set up a double rappel to evacuate her, based on an initial evaluation that indicated she had a broken leg only. However, when they lifted the climber to begin the rappel her right leg made an alarming popping sound (apparently related to a partially torn ACL), so the team contacted Search & Rescue. Search & Rescue responded quickly since another rescue was already in progress and there were enough S&R members present to divert some to this incident. The climber was taken to the Wenatchee hospital and it was determined that the climber had suffered a tib/fib fracture of her left leg, a partially torn ACL and two cracked ribs. Since the accident the climber has recovered well.

### JUNE 22, 2015 – STEVENS PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Hit/cut/abrasion by rock

Injury: Severed finger

At about 12 hours into the scramble, while descending back into the Snow Lake Basin down a 20 degree boulder field, one of the participants (2014 Scramble Grad) knocked loose a large rock, which triggered a slide above the participant. In the slide a rock landed on the participant's hand and severed the last .5 inch of her third finger on her right hand. The participant, who is a registered nurse and took charge of the incident, was in pain but able to hike the two hours out while holding her hand above her head. Other party members carried both her and the leader's packs while the leader guided the injured participant down the boulders and then out the trail. The leader drove the injured participant straight to Good Samaritan Hospital in Puyallup. They arrived just before midnight and remained there through Sunday afternoon. The surgeon reattached the severed digit but the

reattachment was not successful and the last [phalanx] and knuckle of the injured participant's finger were ultimately amputated.

#### JULY 6, 2015 – SEATTLE PROGRAM CENTER (YOUTH PROGRAM OUTING)

Branch: Youth programs

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Lacerated knee

During the first day of Summer Camp, a field group was walking on the trail down to the south plaza when a camper remembered he had forgotten something and quickly turned to "run back and get something he forgot". In the quick turn and run on the sandy trail he slipped and fell, causing a significant laceration to his knee. Camp staff treated the wound and successfully stopped the bleeding, elevated his leg and called his emergency contacts, anticipating that he would need stitches. His father came to pick him up within an hour and took him to the emergency room. The injured camper was not able to return to camp and indicated he would be on crutches for several weeks.

#### JULY 7-8, 2015 – SQUAMISH (YOUTH OUTREACH TRIP)

Branch: Youth programs

Incident Type: Fall/slip/trip on rock

Injury: Fractured arm

As one of the participants returning, on his bike, to the Brennan Park Campground (from Tim Hortons), he lost his balance and fell, hurting his arm. The RCMP responded and he was taken to Squamish General Hospital by ambulance. At the hospital it was determined that the participant had fractured arm. The participant's arm was splinted and he was discharged. The participant, with his parents, determined that he would remain in Squamish the rest of the group for the trip.

#### JULY 12, 2015 – WAHPENAYO PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Personal illness/preparation/conditioning

Injury: Vomiting and dehydration

The outing was a 13-hour hike and scramble with multiple water and food breaks. One participant was slower than others on the return, and began vomiting shortly after the group returned to their cars. Other party members thought his condition might be an electrolyte imbalance and he opted to take more water as well as a salt tablet. The group started driving home, while regularly monitoring the ill participant's pulse and respiration, and keeping him warm. They had to pull over shortly after they started out, so the ill participant could vomit again. The group had the ill participant lie down on his side with his feet elevated and he reported feeling much better until he was vertical, at which point he would again become nauseous (unfortunately, it was impractical for the ill participant to lie down during the drive). The group took the ill participant to the hospital in Puyallup, and telephone his partner so she could meet him there. The group delivered the ill participant to the emergency room and then drove home. The ill participant reported that he had been diagnosed with dehydration and acid stomach, and that he was fine after receiving IV fluids.

## SEPTEMBER 11, 2015 – THE TOOTH/SOUTH FACE (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Hit/cut/abrasion by rock

Injury: Lacerated leg, stitches

On the approach hike in the talus, an intermediate student stepped on a loose flat rock. The rock turned upwards and hit the intermediate's left leg, causing a large (3"), deep laceration all the way to bone. The intermediate is a firefighter/ paramedic; there was also a former firefighter/nurse in the party. They administered first aid and concurred that it would be best if the injured intermediate went to a hospital within the next 6 hours to have the wound cleaned and stitched up. The two also felt that at he would be ok to hike out to the trailhead on his own, and the leader agreed to let the intermediate do so while the leader continued to complete the climb with the remaining party members.

The leader gave the intermediate student one of the Personal Locator Beacons in the party, and told the student to keep in contact with the rest of the party via phone/text (there was cell phone reception the entire way). The intermediate hiked out without incident and drove himself to the Urgent Care center in North Bend where he was treated by receiving multiple stitches and being placed on antibiotics.

## OCTOBER 24, 2015 – BIG CRAGGY PEAK AND WEST CRAGGY PEAK (ALPINE SCRAMBLE OUTING)

Branch: Bellingham

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Cut shin, stitches

After a successful summit of Big Craggy our party was descending the talus slope to the saddle on the ridge leading to West Craggy. One member had a short slip and banged his shin into the sharp edge of one of the rocks. This resulted in about a 2" somewhat deep laceration. We dressed the wound and immediately descended and hiked out as we knew stitches would be needed. The injury did not have any on his physical ability. Upon reaching the ER in Sedro Woolly the wound was cleaned and stitched.

Slips on loose talus are common and it was a bit of a fluke that our party member happened to strike his shin. He did have 3/4 length pants on however and if his shin had been covered that may have at least resulted in a smaller wound.

## SIGNIFICANT INCIDENTS (NON-EMERGENCY MEDICAL ATTENTION; SEARCH AND RESCUE OR 911 CALL BUT NO SEARCH PERFORMED)

### JANUARY 31, 2015 – WINTHROP, JENKS CORNER (MOUNTAINEERS ADVENTURE CLUB SKI OUTING)

Branch: Youth programs

Incident Type: Fall/slip/trip on snow

Injury: Sprained arm

On a Mountaineers Adventure Club outing, one of the youth participants fell while skiing downhill on a community cross-country ski trail. He fell on his left arm, suffered scratches on his left elbow and felt pain when he rotated the arm. The participant reported that the pain he felt was similar to a previous incident where he had broken his arm, so he was concerned that he fractured it again in the fall. The participant visited a doctor later in the day and on examination it was determined that his arm was sprained, but not broken. The doctor suggested that the participant wear a brace for about a week.

### APRIL 19, 2015 – WEST GRANITE (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Sprained knee

On the descent, and while on the Granite Mountain trail, while still about 2000 feet above the trailhead, one member stepped "funny" on the trail and twisted her knee. The party member did not fall but heard and felt something "snap" on the outside of her left knee. Any weight bearing on her knee was quite painful (a "7" on a scale of 1-10). The other party members had a brace for her, gave her two ibuprofen and distributed all of her gear and backpack among the rest of the party. With the aid of two hiking poles and no backpack she was able to slowly, painfully, limp to the trailhead. The party member later reported that she had been diagnosed as having a bad sprain which would require about a month of physical therapy.

### MAY 9, 2015 – DRAGONTAIL PEAK/COLCHUCK COL (BASIC ALPINE CLIMB OUTING)

Branch: Tacoma

Incident Type: Logistics – party split

Injury: None

The trip leader became separated from the rest of the party. The party was eventually reunited. The trip objective was aborted.

During the first part of the approach hike to Colchuck Lake the trip leader was in the front of the party. At the junction of the Colchuck Lake trail split from the Stuart Lake trail the trip leader took the sweep position at the end of the party. The team guidance was to stop at Colchuck Lake to regroup, as the party might get stretched out during the hike in to the lake.

During the approach, the trip leader stopped twice, once to take a picture of the objective and once to set the altimeter at the marked 5000ft position. The trip leader lost sight of the rest of the party and was several minutes behind the next-to-last party member.

Upon arrival at Colchuck Lake, the trip leader did not find the rest of the party. Since the trip leader knew he was the last one on the trail he continued along the trail skirting the edge of Colchuck Lake. The climb route is at the far end of the lake so it seemed plausible that the party had continued on to the point where they would need to prepare for the next phase of the trip (crampons, ice axes, helmets, etc.).

Upon reaching the base of the climbing route the party was still not encountered. There were climbers ascending the snow slope above, heading up to Colchuck Col. It seemed very unusual that the party would not have stopped to regroup prior to heading up the snow slope. Trip leader waited at the base of the route for about 10 minutes or so and then headed up the snow slope to a small level area. There a descending climber was met. The descending climber described two parties of three ascending toward the col, and one of the groups had a woman. That sounded remarkably like the rest of the party (total of six climbers, with one woman), although proceeding up the snow slope without first regrouping was distinctly uncharacteristic. Trip leader tried calling out to the surrounding area to locate any other parties, specifically a bivy area in the adjacent boulder field, and the boot track at the edge of the lake, all with no responses.

Meanwhile, the rest of the party had stopped adjacent to the trail, short of Colchuck Lake, to regroup. The team waited for about 10 minutes and was surprised that the last party member had not rejoined. The team waited another 30 minutes before backtracking to the last known position, the marked 5000ft level where the trip leader had stopped to set the altimeter. With no luck there the team continued on to the Colchuck Lake campsites and waited for some additional time, about an hour. At that point the party determined that the best course of action was to return to the trailhead and report the member as missing, while there was still an opportunity to conduct a search. The party hiked out to the trailhead. Along the way out they told other parties that they were missing a member and to be on the lookout.

Trip leader eventually determined that the climbers above were not his party. After turning back he was able to confirm that the rest of his party was still on the trail below and actively searching for him. Trip leader hiked out to the trailhead (2 hours) and eventually reunited with the rest of the party. The party had sent a couple of people down the road to get a cell phone signal and activated emergency personnel (911 call). After uniting with the party emergency personnel were re-contacted to stand down, and notifications were made to others who had been contacted about a missing party member. Trip leader personally contacted the local sheriff department to confirm arrival back at the trailhead.

Still not sure exactly how the lost member missed rejoining the rest of the party on the approach and in fact leap-frogged their position. There was one section where there was some blowdown on the trail, perhaps a boot path was followed for a short distance that shortcut the actual trail. Alternatively, there are a couple a places where the trail comes out across rock and the trail is rather indistinct; there are several worn routes that all eventually rejoin to the main trail. At any rate, the trip leader's conviction that the party was ahead of him, and the party's conviction that he was behind them delayed a reassessment that other possibilities may have occurred.

The party had a trip leader, an assistant trip leader (intermediate student) plus another intermediate student, in addition to four climbers. The assistant trip leader had completed this climb the previous year.

## MAY 28, 2015 – MOUNT SPICKARD/SOUTH RIDGE & MOUNT REDOUBT/SOUTH FACE (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Fractured leg

On the hike out from the climb, about an hour out of camp on the fourth day, one participant stumbled and twisted her left ankle when her overnight pack was caught on a tree branch. This event occurred on a flat section of the climbers' trail. The participant recalled hearing and/or feeling a snap inside the ankle.

Another member of the party immediately attended to the injured participant, and wrapped the ankle to keep the swelling down. Also, the 8 other climbers in the group distributed all of the injured participant's gear among themselves. The injured participant was able to hike out by herself going slowly. The group set up a belay line at the waterfall crossings to help her get through this section smoothly. In the end, the group was back at the trailhead around 4 pm, just a couple of hours later than expected.

The injured participant sought medical attention the following day and learned that she had sustained a double fracture in the fibula. The assessment was that the fracture would heal without the need for surgery.

This occurred on a flat section of the trail with a largely grassy surface. It was down to really bad luck. The only takeaway lesson is to remind everyone to be extra cautious when hiking out with tired muscles after three big exhausting days.

#### JUNE 13, 2015 – GOTHIC PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Puncture wound to finger

After scrambling Gothic Peak, on the trail below Gothic Basin the leader slipped and caught his left ring finger on a weathered piece of wood. The resulting wound was deep enough that one could call it a puncture wound. The leader irrigated the wound using a syringe, and was able to clean it pretty well. He was unsure whether medical attention was really necessary but did seek non-emergency medical attention and was prescribed an oral antibiotic "just in case" (he was unsure if he would take the medication).

#### JUNE 26, 2015 – OLYMPIC COAST SOUTH (BACKPACK OUTING)

Branch: Foothills

Incident Type: Personal illness/preparation/conditioning

Injury: Elbow pain and plantar fasciitis

The participant went on a coastal backpacking trip rated "Easy" which involved using ropes to assist in steep headland climbs. During the trip and at the trailhead at the conclusion of the trip, the participant did not show any signs to the leader of being hurt, though he did slip walking down a steep rope with the aid of a rope. After the trip, the participant visited an orthopedic doctor. The participant reports the trip aggravated his existing medial epicondylitis (commonly called "golfer's elbow") and plantar fasciitis.

#### JULY 12, 2015 – SAHALE PEAK/SOUTH SLOPE (BASIC ALPINE CLIMB OUTING)

Branch: Olympia

Incident Type: Personal illness/preparation/conditioning – shortness of breath

Injury: Shortness of breath and possible HAPE

During a climb of Sahale Peak- South Slope from Sahale Arm, a student developed shortness of breath/shallow breathing and reported nausea, necessitating a turnaround of our small (6) group at 6800'. The BC student involved, had been Helicoptered off Rainier (around 12800') four weeks before with severe HAPE (High Altitude

Pulmonary Edema) developed after reaching the summit, but had been "cleared" by her Doctor for regular mountaineering activities with the admonition that any future "High Altitude" excursions include three prescribed medicines (including Diomox) as a prophylactic (she was not taking these on this "low Elevation" peak).

Her symptoms of shortness of breath and nausea at 6800' were NOT accompanied by bloody froth, disorientation, elevated heart rate, nor lack of coordination and weakness, but WERE paired with severe apprehension at the thought of "roping up" on the short glacier section before the final rock pinnacle above us. Her carpool driver offered to walk her back to the trail head, but given the recent history I decided it would be better to have the entire group at our disposal in case symptoms got worse. As it was, she felt better by the time we reached Cascade Pass and was close to her usual exuberant self by the time we reached the trailhead. I urged her to followup with her Doctor again this week, and give some thought to sticking with lower elevation pursuits for the near future.

The student was allowed on this moderate elevation climb with the thought that she had been cleared by her Doctor and that it would be a good "recovery" experience for her after the trauma on Rainier. Clearly this didn't go as planned. Thankfully her recent history was known and everyone in the group was watching out for her. It would be helpful for her to get a better understanding of the recovery regimen from HAPE, and what the Doctor's definition of "high Altitude" entailed.

#### JULY 19, 2015 – LIBERTY BELL/SOUTHWEST FACE (INTERMEDIATE ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Hit/cut/abrasion by rock

Injury: Broken foot

As a climber was scrambling the final portion (the last 10-20 feet) of the approach, he grabbed a large (30-35 Kg) stone, which dislodged and slid down onto his own left foot. The climber was able to free himself from the stone and finished the scramble to the base of the climb where the rest of the party was located. He was able to remove his own shoe and indicated that he had localized pain in the area of the first metatarsal of his foot. The party first aid leader (a nurse/ EMT) examined the subject and his foot, noting soft tissue swelling / bruising, but no deformity or crepitus. The climber wanted to continue the climb so they wrapped his foot with athletic tape and observed him throughout the remainder of the climb. The climber limped out to the car with poles but otherwise unassisted. The climber later reported that an x-ray indicated he had sustained a non-displaced broken 3rd metatarsal.

#### JULY 20, 2015 – SEATTLE PROGRAM CENTER (YOUTH PROGRAMS OUTING)

Branch: Youth programs

Incident Type: Personal illness/preparation/conditioning – fatigue

Injury: Life guard assist while swimming

On 7/20, the Youth Outreach Committee group had a camper out swimming in the lake at Magnuson Park. The group had its own certified lifeguard as well as a number of "watchers" scanning the water. Besides the Mountaineer's group staff, Seattle Parks and Rec also had a lifeguard on duty. The camper had passed the lifeguard's swim test earlier in the afternoon. He swam fine all afternoon (he is a member of a competitive swim club). When the camper was called and asked to return to shore he leapt from the dock and started to swim back. About halfway, he began to fatigue after taking a wave in the face. He also swallowed some water and signaled for the lifeguard for some assistance. The certified city life guard assisted the camper and brought him back to shore. The camper let the group that the lake was his first experience in open water and he found it harder than swimming in the pool. The camper's parents were notified of the incident.

After the incident the group decided to have a discussion with all campers about the differences between open water and swimming in the pool. They do not let campers take their swim test on our first day to the waterfront if they have not swum in open water before. Campers are allowed to take the swim test once they are comfortable in an open water environment.

#### JULY 21, 2015 – SEATTLE PROGRAM CENTER (YOUTH PROGRAMS OUTING)

Branch: Youth programs

Incident Type: Personal illness/preparation/conditioning – fatigue

Injury: Life guard assist while swimming

On 7/21 the Youth Outreach Committee group was swimming in Lake Washington at the Magnuson Park Waterfront. They had a certified staff lifeguard, numerous "watchers" and the Seattle Parks and Rec lifeguard on duty. One camper had passed the lifeguard swim test after informing staff that she had experience swimming in open water. The camper was out in the deep end swimming when the campers were called to return to shore. This camper bypassed the dock and swam straight for shore. About ¼ of the way to shore the camper fatigued and signaled for help. The Park's lifeguard then assisted the camper back to the beach. She was fine, but a little tired. Her parents were notified.

#### AUGUST 8, 2015 – VESPER PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Sternum separated from ribs

The leader was lowering himself off the summit of Vesper peak over an edge that was about a 5 foot drop. He was facing outward and lowering himself with his hands using down pressure mantled on the rock. As he had full weight pressure of his body distributed between his two arms there was a "pop" across his sternum. It hurt a bit at the time but not too badly. He did not use poles going down the trail, because putting pressure on his arms was painful. However, his overall ability to walk and complete the trip was not impacted.

The leader thought he had just a minor injury that would heal in a few days but the pain increased over the next couple of days to the point that he sought medical attention. Two weeks later the pain had not decreased and he had another doctor visit. The pain was severe enough the doctors prescribed opiates and anti inflammatories. The ultimate diagnosis was that the cartilage around the leader's sternum had separated from the ribs. This was an injury that would take months to fully heal. He could still do hiking, but would like not be scrambling or climbing for a while. Also, he would be prone to having a recurrence of this injury, having had it once.

#### AUGUST 25, 2015 – CURTIS GILBERT (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Logistics – party separation

Injury: None

The planned objective was rained out so the leader offered the alternative of a one-day scramble of Curtis Gilbert on Saturday. The party members agreed to meet in Renton and then carpool to a stated meeting place at White Pass--the leader's email had included the specific address of the meeting place at White Pass. At the carpool place in Renton two participants decided to carpool together; the remaining three rode with the leader in his truck.

The leader (and passengers) arrived at White Pass ahead of the other car. It was raining heavily. After waiting for more than 30 minutes the leader tried to call/text the other car but was unable to communicate with it. The leader then retraced the entire route back to Enumclaw but saw no sign of the other car. After waiting an hour in Enumclaw the leader drove back to the original meeting place in Renton with his passengers.

In early afternoon the leader contacted the Mountaineers emergency hotline as well as the “emergency contacts” listed for the two in the other car. The leader also contacted the Washington State Patrol, which referred him to the Enumclaw Police. Enumclaw Police confirmed there had been no reported accidents or problems involving a car of the make the other two participants were driving in.

One of the emergency contacts called the Pierce County Sheriff’s Office. The Sheriff’s Office called the leader for information and checked (without success) to find indication that the other car had travelled the planned route. The Sheriff’s Office then “pinged” the cellphones of the two in the missing car. One of the phones was still in a car left back at the original Renton meeting place. The other cell phone, however, showed as being located in Richland, WA.

The Mountaineers contacted Richland Police. Also during this time, one of the missing participant’s emergency contacts searched the highways the missing car would have travelled.

In the evening the Sheriff’s Office reached the driver of the missing car and told her of the search underway. The driver contacted the leader and let him know that everything was “ok.” Apparently what happened is that the participants had thought they were supposed to go to directly to the trailhead, and did not stop at the White Pass meeting place as arranged. When the leader’s truck did not show up at the trailhead they decided to go for a long hike instead. As a result of their long hike they had not returned to Seattle until late.

#### OCTOBER 3, 2015 – MT. BAKER LOWER COLEMAN GLACIER AND SERACS (INTERMEDIATE ALPINE ICE 1/ICE 2 FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on ice

Injury: Injured ankles

During the Ice 2 segment of a combined Ice 1/Ice 2 field trip held on the Coleman Glacier, a lead climber built an anchor at the base of a 20 - 25' ice feature and brought a follower up. The follower led the next pitch, placing three screws about 4 to 6' apart. When that climber was approximately 6' above his last ice screw he struck at the ice but his ice tool failed to stick. His other tool came off, the climber lost his balance and he fell approximately 10 to 12 feet. The belayer caught the fallen climber and his protection held. However, the climber injured his ankles in the fall. The climber was able to walk off the glacier with some assistance, and made it back to the car under his own power. The climber obtained medical care on his own, rather than go to an emergency room.

#### NOVEMBER 28, 2015 – MOUNT ZION (DAY HIKE OUTING)

Branch: Olympia

Incident Type: Other – automobile slid on ice

Injury: None

After completing the hike, our group departed around 3:30pm in 4 separate cars from the Deadfall Trailhead parking area. The parking area was on Spur FS Road #060, approximately 50 feet from the heavily traveled main access road (FS Road # 82).

The third departing car, which I drove with one passenger, started sliding down hill on ice immediately after turning onto FS Road 82. I was able to steer out of the slide after sliding about 25 feet down the road and stopping on the left hand side of the road.

The fourth and last departing car with two passengers was following behind me as my car started its slide down the road. This car also went into a slide when the driver braked and turned towards the right to avoid hitting my car. The driver couldn't regain control before sliding off the right hand side of the road high centering with the passenger's side leaning down towards a steep drop off.

The passengers of the stuck car were able to safely get out of the uphill side doors of the car. We found out from the responding Forest Service Officer that a person in another party driving by called 911 to report the incident. The officer arrived within 45 minutes after receiving the call and stayed with the driver of the stuck car until a tow truck arrived about 5 hours after the incident. I drove the passengers of the stuck car to Quilcene where we waited. Fortunately, the car was towed out without any damage. The driver then drove his car down the FS Road to meet us in Quilcene.

Compact snow turning to ice in below freezing temperatures during the day contributed to the cars sliding on the heavily traveled FS Road #82. As I was turning onto FS Road #82, my slide was initiated when I hit the ice with my tires in the turned position. Also, the fourth car was a four wheel drive vehicle, but the driver said he had the car in two wheel drive when departing from the trailhead. Had the car been in four wheel drive, the driver may have regained control before sliding off the road.

Be mindful of possible icy road conditions when traveling to and from the trailhead. A trip is not successful until everyone gets home safely!

## APPENDIX A – MINOR INCIDENTS (NO MEDICAL ATTENTION OR 911/SEARCH AND RESCUE)

### JANUARY 24, 2015 – TACOMA PROGRAM CENTER (INTERMEDIATE COURSE QUALIFIER)

Branch: Tacoma

Incident Type: Fall/slip/trip on rock

Injury: Sprained ankle

A student sprained their ankle while beginning a rappel. The injury occurred at 1pm; no one witnessed the event (or at least knew it resulted in an injury), and no one was notified of the injury until after the students & instructors had left the program center for the day. No aid was administered at the site. Instructors were notified that night by the injured student, whose ankle was too injured to participate in the conditioner the next day. As there were no witnesses, from an email correspondence with the student:

"Sat down on rappel wall to slowly slide off and put tension on the anchor. Had put foot down below on a rock ledge, to support myself. Between the added weight from backpack, damp wall, and mountaineering boots, I slipped and sprained my ankle."

The anchor is at the same elevation as the ledge, so the only method to start a rappel is to sit at the ledge and slowly transition your weight from sitting to the rope over the ledge. It's a common configuration on climbs, and one of the more difficult ones, so it is a good practical test item. The student had an autoblock properly attached to the rope, so any potential loss of control due to an injury or otherwise was backed-up.

The student's report above noted all contributory factors including the slippery wall.

Slightly better rope & body positioning could have mitigated some of the risk of injury, however this injury might be considered a basic risk of rock climbing, on par with falling while climbing the outdoor rock wall at the Tacoma Program Center; injuries can still occur with ample preparation and safety. Students were warned and were aware of the wall conditions, and more than a few slipped while making this same transition. This student was just more unlucky than the rest. One lesson to take away from the injury is that accidents can happen even in controlled scenarios, which is why you should always wear a helmet and always put on an autoblock; if either of those had not been present and the student had let go of the rope during the slip, this could have been far worse than a sprained ankle.

### JANUARY 31, 2015 – WINTHROP (MOUNTAINEERS ADVENTURE CLUB SKI OUTING)

Branch: Youth programs

Incident Type: Fall/slip/trip on snow

Injury: Twisted ankle

This incident took place on a Mountaineers Adventure Club cross-country ski outing to the Methow Community trails. At about 2:30 in the afternoon, one of the participants fell while cross-country skiing and twisted her right ankle. The pain was such that she was not able to continue skiing. The staff member on site suggested that the participant should leave her boot on and return to their hostel, which she did. At the hostel an ice pack was applied to her ankle, and she reported to be feeling better by 4:30 pm, though she felt she could still not put much weight on her right leg. No additional treatment was required.

## FEBRUARY 7, 2015 – SKYLINE RIDGE (BACKCOUNTRY SNOWSHOE SKILLS FIELD TRIP)

Branch: Seattle

Incident Type: Hit/cut/abrasion – equipment

Injury: Abrasion on thigh

While practicing Ice Axe arrest (in the position of lying on his back with his head downhill), a student participant suffered a minor superficial abrasion on his left upper thigh, at the junction with his hip. The scrape was about 2” long but did not puncture the skin, and a bandage was applied to the scrape. It appeared that the pick of the ice axe was the likely cause of injury. No other injury was noted and the student continued with his arrest practice and was successful in performing all positions of arrest. The student was advised to clean the scrape when he returned home, and to contact the leader if any complications or problems resulted from the injury (none were later reported).

## FEBRUARY 21, 2015 – GREEN MOUNTAIN, KITSAP PENINSULA (NAVIGATION FIELD TRIP)

Branch: Kitsap

Incident Type: Logistics – party split

Injury: None

On February 21, 2015, the Kitsap Navigation Course field session took place uphill from the Gold Creek Trailhead Parking Lot. The final field exercise of the day was the solo navigation exercise. This exercise terminated at the intersection of a trail. An earlier leapfrog exercise had a similar finish line comprised of a logging road where students stopped upon reaching the road to have the distance from their intersection point to the actual intersection point measured. On the solo exercise, students were told to stop at the trail when they reached it and that the distance from their intersection point on the trail to the determined bearing intersection point would determine how accurate they were. Students were advised that if they thought they were lost, they should stop and think and if they still felt they were lost, they should stay where they were and call out for help. Students were told that there were instructors positioned along the margins of the solo course and at the bottom of the solo course on the trail. Each of the students who took part in the solo navigation exercise, which was the last exercise of the field session, had successfully completed a number of field exercises earlier in the day including map and compass work, bearing shooting, and leapfrog navigation.

A student was delayed or missing when she had not appeared at the solo exercise finish line trail. Instructors on the trail had walked hundreds of feet out the trail from the correct bearing line intersection and had not observed her on the trail or uphill from there. An instructor was sent to the Gold Creek Trailhead Parking Lot, found the student there, and brought her back up to the group of students waiting at the finish line trail while the rest of the students completed the solo navigation exercise. The student appeared in good spirits and without injury. She indicated that she had come to the trail and did not see an instructor at the point where she intersected the trail and was not sure that the trail she had intersected was the correct trail. She decided to go farther downhill, intersected another trail, and then went further downhill until she was near a major river (Gold Creek). She then recognized a logged off hill that she had previously observed to be west of the Gold Creek Trailhead Parking Lot and followed the trail (Gold Creek Trail) to that parking lot just east of the logged off hill, where she was found by the instructor and escorted back up to the group at the bottom of the solo exercise.

## FEBRUARY 22, 2015 – THE TOOTH/SOUTH FACE (INTERMEDIATE ALPINE CLIMB)

Branch: Everett

Incident Type: Fall/slip/trip on rock

Injury: Sprained thumb

While climbing the route with gloves on, a climber slipped and sprained or strained his thumb. He was following at the time, rather than leading. The climber reported hearing a pop, and winced when putting on his gloves later. However, he was able to finish the climb. On the drive home the climber indicated that he was not sure if the “pop” he heard when he slipped was his thumb or his boots slipping. The climber’s thumb did not appear to be swollen.

## MARCH 7, 2015 – GIG HARBOR TRIPLE CROSS (SEA KAYAK OUTING)

Branch: Tacoma

Incident Type: Boating – kayak flip

Injury: None

One of our participants experienced an unplanned capsized and wet exit in a patch of bumpy water about 100 yards off the south end of Vashon Island. With assistance from another trip member, the paddler was able to reenter and pump out the kayak and proceed without further incident.

I don't think anything could have been done differently to avoid this incident. Capsizes are a part of sea kayaking, which is why wet exits, self rescues and assisted rescues are emphasized in our sea kayaking classes.

## MARCH 7, 2015 – STEVENS PASS NORDIC TRAILS (CROSS-COUNTRY SKI OUTING)

Branch: Everett

Incident Type: Fall/slip/trip on snow

Injury: Sore right calf

During a ski trip at the Stevens Pass Nordic Center, a participant took a hard fall when descending a short slope. She bruised her arm and complained about a “tweak” in her right calf when she got up. She took some of her own ibuprofen, massaged the calf, and put ice on it during the drive home. She was able to ski out to the Nordic Center and walk without limping afterwards. She thought that she would be sore in the next morning.

The participant encountered a snow trail which was deteriorating because of warm temperatures. She fell in order to stop before going off a deep berm into a small stream. She could not see the condition ahead of time because it was at the bottom of a curve. She had passed similar conditions earlier and should have anticipated the one which caused her fall.

## MARCH 14, 2015 – HEYBROOK RIDGE (BASIC NAVIGATION FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Twisted ankle

During the field trip one instructor twisted his foot (not ankle) during a sweep of the large landfall exercise in the afternoon. This instructor had been assigned to a seriously brushy and strenuous section--very uneven terrain and

overgrown. The leader followed up with the instructor the next Tuesday morning. There had been some swelling but the instructor had RICE'd his foot on Sunday and Monday and was using it in the gym on Tuesday morning.

#### MARCH 21, 2015 – VANTAGE, FRENCHMAN COULEE (BASIC FIELD TRIP)

Branch: Seattle

Incident Type: Informational – equipment limit or lack

Injury: None

Two basic students showed up unprepared for the field trip. They were in street clothes (cotton; jeans/sweats/tee shirt), had poor/cheap hikers, and only book-packs with nothing more than food and water. Students in this SIG had been prompted heavily for this trip to bring all the gear in the Basic Gear Matrix for a 1-day rock climb (without ice axe and crampons) as a "dress rehearsal." The two students at issue, however, had little more than a harness, helmet, and belay devices. There had been problems with the students on conditioners, and the students did not appear to be taking the course seriously, passing comments such as "do we really need to know all this stuff by June?" Seattle Basic Admin was made aware of the situation and the leader was to sign off the two students for this particular field trip given that their basic climbing skills seemed acceptable for that point. The students' progress was monitored. Neither passed a subsequent snow field trip and they were asked to leave the program without graduating.

#### MARCH 29, 2015 – STEVENS PASS SKI AREA (ALPINE SCRAMBLE SNOW FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on snow

Injury: Injured ribs

Injury one -- an instructor reported an injury to the left side of his ribs, which he said occurred while he was sliding down the hill demonstrating the "head first on his belly" ice axe arrest position. He said that he hit something under the snow that caused pain in his rib area (the injury was not caused by an ice axe). Others in the group apparently used the same track/area but did not experience any objects under the snow.

#### MARCH 29, 2015 – STEVENS PASS SKI AREA (ALPINE SCRAMBLE SNOW FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on snow

Injury: Sprained wrist

Injury two -- While a student was practicing the last ice axe arrest position (head first on her back) after she had successfully completed all other positions, she reported that when planting the axe and progressing through the move she felt pain in her left wrist/elbow area. Instructors were not aware that there was a problem until they noticed the student talking with a fellow student. When the instructors learned of the injury they immobilized the arm with a splint and sling to minimize movement and alleviate pain. The injury was apparently a strain/sprain.

#### APRIL 11-12, 2015 – ICICLE CANYON (BASIC ROCK FIELD TRIP)

Branch: Everett

Incident Type: Fall/slip/trip on rock

Injury: None

An Intermediate Student demoing an omnidirectional gear anchor was caught off guard when pro popped and he fell backwards. Quick action by another instructor caught the Intermediate Student before he tumbled down a ledge. The outcome could have been bad. This is a recurrent situation that has surfaces periodically with Intermediate Students and new lead climbers.

Lesson Learned – Treat any pro placement as suspect until tested. When testing, do not assume that pro will hold.

#### APRIL 12, 2015 – VANTAGE, FRENCHMAN COULEE (BASIC FIELD TRIP)

Branch: Seattle

Incident Type: Fall/slip/trip on rock

Injury: Bruised hip

At a SIG rock field trip at the Feathers a basic climbing student slipped while doing a sit and spin rappel from the lower boulder. The slip occurred when the student attempted to stand up at the lip, caused the rope to rise and lost the anchor point and, with a combination of pushing on one side and standing, began a slow pendulum into the side of the hill. The student received a bruised hip which required no medical attention, and student continued climbing.

#### APRIL 25, 2015 – COLONEL BOB (ALPINE SCRAMBLE OUTING)

Branch: Olympia

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Abrasion to elbow

Classic: Within sight of the cars on a sloping section of good trail I stepped on a stone which dislodged. I lost my footing and fell on my left side. I suffered a dime sized abrasion on my left elbow and thought it would bruise, but it did not. I did not administer any first aid.

Even on good trails stones, roots, and other hazards can cause slips and falls. It may be that my proximity to the trail head caused me to be momentarily inattentive.

#### APRIL 26, 2015 – MOUNT ELLINOR (DAY HIKE)

Branch: Olympia

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Sprained ankle

While descending Mount Ellinor approaching the summer/winter junction, the trail sections that are rocky and steep, were wet and slippery. The group was keeping a good pace descending, but I did observe that the group was slowing down for the wet, rocky, steep, sections. I didn't see the slip at the moment of release, only saw the participant catch themselves, and quickly expressed discomfort with their ankle. Participant stood up and said it was ok, just a little uncomfortable. participant expressed the desire to keep going, because while moving the discomfort was manageable. Checked in with participant on occasion to ensure that the discomfort was manageable. Participant made it down without further incident

When reaching that particular section of trail, it would have been good to mention a word of caution when traveling down where the rocks are slippery and wet, also steep. Consciously slowing down and taking time to descend those sections of trail and not feel rushed. Also, taking care with foot placement.

## MAY 2, 2015 – TACOMA NARROWS (SEA KAYAK OUTING)

Branch: Tacoma

Incident Type: Boating – kayak flip

Injury: None

As part of Student Paddles, students are required to perform wet exits with self and assisted rescues. On this paddle we had two students from the Everett Branch. One of the students had difficulty with her first wet exit. I had two assistants working with the Tacoma Basic Students. Wet exits were accomplished without difficulty and they proceeded with their rescues uneventfully. I monitored the wet exit of one of the Everett students which went fine, then allowed him to proceed with his paddle float rescue under the supervision of an assistant.

I then monitored the wet exit of another participant. She capsized, then had difficulty coming out of her boat. Her head came to the surface and she was able to say "I'm stuck". I immediately moved to present my bow to her. I asked her to grab my bow which she did, easily raising her head above water. I was moving to a position where I could release her from whatever was holding her in the boat when she noticeably relaxed and fell out of the boat. She said her feet got caught in the boat. We reviewed the steps to exit the boat after capsize stressing pushing the boat off at the hips. After she had relaxed and recovered we repeated the wet exit (very closely supervised) and she did fine, no problems.

Lesson learned - stay very close to students practicing their wet exits. If I had not been very close this could have been a much bigger problem.

## MAY 2, 2015 – INGALLS PEAK/EAST RIDGE (INTERMEDIATE ALPINE CLIMB OUTING)

Branch: Tacoma

Incident Type: Hit/cut/abrasion by equipment

Injury: Pinched finger

A participant got his finger pinched underneath the anchor sling when beginning the rappel. The result was a significant pinch, no bruising or cut, and a sprain when he pulled it out. To get the finger free required releasing his brake hand. This could have been quite serious if he had slipped while his brake hand was off.

Lesson learned have another person observe the rappel set-up and rappel start and use an autoblock.

## MAY 3, 2015 – STEVENS PASS SKI AREA (ADVENTURE CLUB - SNOW SKILLS AND SELF-ARREST)

Branch: Youth programs

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Bloody nose

The group was returning to the cars at the end of the field trip. There was no snow at the lower part of the ski area and everyone was walking on the gravel maintenance road. As one of the students was walking, one of her boots caught the other (apparently a gator malfunction that allowed the lacing area of one boot to lock onto the lacing of the other boot). This resulted in a slow fall to the ground. The student hit her face area on the gravel road causing some minor scrapes and a bloody nose, which initially bled significantly. First aid was administered and the bleeding stopped quickly and, after a few moments, the student was able to continue to the cars on her own.

power. At the cars the leader questioned the student and she reported that she felt fine and, other than some fairly minor scrapes, she had no lasting effects from the fall.

#### MAY 9, 2015 – MOUNT BAKER/NORTH RIDGE (INTERMEDIATE ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Sprained ankle

One of the participants slipped and sprained an ankle on the trail as the group was on the way out from the climb. The group waited for a few minutes and then continued hiking out. The participant was able to hike out without limping or any assistance. It had been a very long day: 22 hours of climbing followed by roughly 3 hours of sleep before hiking out. They were all still very tired.

#### MAY 9, 2015 – CABINET PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Puncture wound to palm

This occurred on a strenuous scramble. While ascending a slope of mixed snow and brush, one participant slipped and experienced a puncture wound on the palm of his hand from the branches of a bush. There was a fair amount of bleeding but it appeared to stop after his applying pressure for 5-10 minutes. The leader cleaned and bandaged the wound then noted that, because of the concave form of the palm, the dressing wasn't pressing efficiently on the wound. The leader then inserted another gauze pad under the bandage. The participant completed the scramble without further complaint but on return to the car the leader noted that the bandage showed enough blood to indicate that the wound had continued to bleed some after it was bandaged. The leader contacted the injured participant several days after the climb and the participant assured the leader that the wound was healing well.

#### MAY 25, 2015 – THE TOOTH/SOUTH FACE (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Hit/cut/abrasion by rock

Injury: Injured hand

As a Mountaineer party was scrambling down from Pineapple Pass after a successful climb, a non-Mountaineer party of two dislodged a baseball-size rock above the Mountaineer party. The rock travelled about 20 feet and struck a basic student on the left hand. Although no serious injury occurred the student's hand was visibly contused and she reported that it hurt a little bit. No lacerations, no decrease in range of motion, no other symptoms reported. Note -- everyone had a helmet on, and the group stayed close together as they travelled down the gully. Also, the leader had talked to the party above the Mountaineer group and they agreed to travel down the gully with the Mountaineers, staying close just in case an incident like this were to occur.

#### MAY 29, 2015 – THUNDER CREEK (BACKPACK OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip in stream

Injury: Lacerated elbow

About three miles into the 6.5 mile trek to the McAllister Camp, the group crossed several streams, with all in the party waiting until all had crossed each stream. One stream was about five feet wide and two inches deep. Three of the five in the party crossed this stream successfully in about three steps. The fourth, a current scramble student, stepped onto a moss covered rock with an outward slope. When the student shifted his weight he became off-balance, despite using trekking poles, and essentially sat down into the water. In the course of sitting down he leaned to his right and struck his elbow on another rock, causing a small laceration to the medial inferior aspect of the posterior elbow. There was a minimal amount of bleeding -- the wound was cleaned and a Band-Aid applied. At camp, the wound was again cleaned and a larger dressing applied. There was no loss of mobility or range of motion. In the morning, there were no apparent complications from the injury.

## JUNE 6, 2015 – ELDORADO PEAK/INSPIRATION GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Everett

Incident Type: Personal illness/preparation/conditioning - dehydration

Injury: Dehydration

One the students became overheated and dehydrated on the way down from the climb (severe muscle cramps). He required both myself and my rope lead to attend to him, giving him water, hydration mix, goo and assistance getting down from the boulder field. The rest of the party carried his gear. We ended up getting back to the trailhead 3-4 hours after we anticipated. The rest of the team did a great job helping out. My 3rd rope lead kept the rest of the party together in shade and assessed their status as well as group provisions. Once we got the Subject to the point where he could slowly move down the boulder field and hike the trail I led him down in the front(continuing to give him water every few minutes), 3rd rope lead swept, keeping the group together. My other rope lead led two faster students to successfully find more water lower down off trail. By the time we got to the trailhead the Subject was back to his cheerful and joking self. We had dinner in Marblemount where he had a big dinner and continued to hydrate. I checked in with the Subject the next day and he said he felt good and was continuing to hydrate. I asked him to check in one more time in the afternoon which he did. We discussed hydration, electrolytes and conditioning for future climbs.

Contributing factors. Warm, sunny weekend up on the glacier. We camped at 7800 ft (high camp) which is a lot of elevation gain the first day but a short summit day. On the way in, the Subject struggled the last 1800 feet, cramping and moving slowly. The Subject told me later that his hydration bladder sprang a leak at camp that night so he was borrowing just one liter bottle from a friend limiting his ability to carry water. I think having just one liter bottle (and not telling me) was a huge factor in his becoming so dehydrated on the way down. He had thought he was in shape but I believe his conditioning was another major factor in addition to the above. Of note, the Subject started cramping at the waterfall on the way down. 3rd rope lead and I gave him electrolyte mixes and he drank approx 3.5 liters of water at that point. We also took some of his gear at that point. He perked up well after that until the boulder field where he again started cramping and he needed assistance getting down. 3rd rope lead has a really good electrolyte mix that he gave the Subject several times on the way down. We probably gave him another 3 liters of water going down. The Subject stated he had no pre-existing medical issues.

The Subject was cramping on the way to camp on Sat. I debated camping at the lower camp (6100ft) but I am not sure that would have changed the outcome unless I had kept him at camp while the others climbed on Sun. He recovered quickly Sat night ate, drank and was in good spirits at camp. He also did well on the climb itself.

On hot days being really specific in asking students exactly how much they are drinking and what provisions they have would be helpful to head off problems before they occur.

## JUNE 6, 2015 – MOUNT STUART/CASCADIAN COULOIR (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Cut elbow, and abrasions on forearm, leg, and head

This was a basic climb, with 12 participants including 8 basic students. The group successfully summited on a clear, (hot) sunny day. The group was on the later side of what their schedule was supposed to be, but the delay was not significant enough to warrant a change of plans. Not everyone in the group had the same level of comfort scrambling rock and snow, so travel-speeds differed, and on the descent the leader ok'd the separation into subgroups of 3 to 5 people each, once he knew they were past a where navigation errors would have been likely. This allowed the faster people to return to camp quickly, and for the slower people to not feel the pressure of others always waiting for them.

At 2:40 pm at roughly 5800' elevation in the Cascadian Couloir, while acting as the sweeper, the leader spotted three group members ahead, one pouring water on his own arm. The terrain was mostly loose sand, with many chunks of granite in it (that unpleasant "everything -I-step-on-moves" kind of terrain). One of the intermediate students had fallen, and some rocks rolled with him. His most significant injury was a 2- or 3-inch cut inside the crook of his left elbow. He also had an abrasion on his left forearm, an abrasion on his right leg, and a mild scrape on his right arm. Reportedly during the fall some rocks hit his helmet, and he had a penny-sized swelling bump and abrasion behind his right ear. The intermediate student's injuries were bandaged and he was given some Ibuprofen (they also tried to assess if the bump on the head was anything to worry about). The intermediate student was very alert and answered all questions correctly. The group resumed their descent, stuck together, and kept a close eye on the injured intermediate student. He showed no further cause for concern throughout the remainder of the trip. The group returned to camp, packed up, and made it out to the trailhead later than originally planned but still before sunset.

## JUNE 7, 2015 – ESTHER, PORT OF EDMONDS MARINA (SAILING OUTING)

Branch: Seattle

Incident Type: Personal illness/preparation/conditioning – vomiting and overheated

Injury: Possible heat exhaustion

This activity was a basic Crew Class Experience Sail lasting about 5 hours. The temperature was higher than usual for this time of year, up to 80F. At about 1:30 pm, one of the four students on board became ill with symptoms of heat exhaustion. No other members of the crew were similarly affected. The ill crewmember was probably over-dressed up until the time of becoming ill, having wind/waterproof pants and a jacket, as well as a lightweight insulated warm layer under. Also, the winds had picked up, with increased boat motion. At first they thought the student was experiencing sea sickness but, after she vomited she said she felt overheated, especially her head (she was wearing a light waterproof jacket and had the hood up to keep the sun off of her head). The ill student removed her outer layer and the leader loaned her a light, broad-brimmed hat. The ill student drank water steadily to maintain hydration, and vomited several more times. The group had already started our return to port when the student became ill, so the trip was not turned early, but they made deliberate haste to return. The ill student rested while the rest of the crew handled the vessel. Upon docking, she departed directly for her car to return home. The leader emailed the ill student when he returned and she responded that she had gotten home safely and apparently did not have any residual symptoms.

## JUNE 11, 2015 – MOUNT HOOD/SOUTH SIDE, PALMER GLACIER (GLACIER CLIMB OUTING)

Branch: Olympia

Incident Type: Near miss or lessons learned – route conditions – wind blew away tent, others damaged

Injury: None

This trip had two minor class incidents. The first concerns equipment. Our party of 12 established a high camp at 9300 feet on the Palmer glacier on Mt. Hood. There were sustained winds in the 20 mph range and much stronger gusts. Two basic climbing students pitched their tent on a snow platform next to some large boulders hoping for some wind protection. They anchored the tent to the snow with a single snow stake buried "dead man" fashion and then inserted the tent poles and raised it. A gust caught the tent like a kite and it went flying off down the glacier into a field of crevasses. The tent was gone from sight in seconds. Luckily there was no other equipment in the tent. On this route you can see the parking lot from high camp and the route parallels a ski resort. The party members without a tent descended back to their car and texted that they had arrived safely 3 hours later.

About an hour after we had bedded down for the night the winds increased. The sustained winds were in the 40 mph range with stronger gusts. 4 of the party's 5 remaining tents were damaged by these winds. One Black Diamond 4 season mountaineering tent sustained fabric rips. Another Black Diamond 4 season mountaineering tent had multiple guy lines snap from the force of the wind. One REI 3 season tent had a guy line failure and another REI 3 season tent got holes in it when it briefly left the control of the person erecting it and it landed on its top. A Hilleberg one person tent performed flawlessly. This all happened in a 60 minute period. We decided to retreat while we still had daylight, and we all got back to our cars by 8:45 pm.

Lesson learned: In high winds you must fully stake out the base of your free-standing tent before erecting it to avoid it being swept away. Or I guess you could say you must maintain control of your tent at all times until you are sure it is anchored for the conditions you are in.

Lesson learned: I'd heard stories of tents getting damaged by wind but I'd never seen it. Well it's real and let me tell you when it's happening it's frightening. Thank goodness we were on a route that has an easy retreat. My takeaway is an intense respect for the destructive power of wind.

Lesson learned: In high winds one must fully cinch one's pack straps for maximum tightness to the body, then gradually loosen them in order to balance the load, which is the reverse of the process I usually follow.

## JUNE 11, 2015 – MOUNT HOOD/SOUTH SIDE, PALMER GLACIER (GLACIER CLIMB OUTING)

Branch: Olympia

Incident Type: Fall/slip/trip on snow

Injury: Abrasion on palm

In our retreat a second incident occurred, a fall. Normally when I shoulder my pack I get my arms through the pack straps, connect the chest buckle and waist belt and then start walking. I spend the first few moments adjusting the straps and the load while I am in motion so that it is all properly adjusted and the weight is balanced between hip belt and shoulder straps. I did this in these ridiculous winds. I'd taken about 6 steps when a gust hit the pack (which was not yet fully cinched down onto my body) and rotated it. I lost my balance and was body-slammed onto the volcanic pumice scree. I landed with my left arm extended and took the impact on my left hand and forearm. I had a light-weight runners glove on my hand, and through this glove I sustained an abrasion on my palm. It's about the size of a quarter. It looks as though the first layer of skin was just peeled off. There were two other abrasions on my forearm, but they were insignificant. I cleaned the area with water and determined that

there was only an abrasion with no puncture and that bleeding was minimal. I insisted that we continue our descent without further first aid. When we got to the parking lot we examined the wound further. I also sustained a bruise and swelling on the lower padded area of my left palm. The wrist joint is uninjured so no medical attention is required.

#### JUNE 13, 2015 – INGALLS PEAK/SOUTH RIDGE (BASIC ALPINE CLIMB OUTING)

Branch: Olympia

Incident Type: Personal illness/preparation conditions – hypothermia

Injury: Hypothermia

The last student waiting to climb the 3rd pitch developed partial hypothermia, despite 3 layers of clothing on her upper body (though only polypro pants and rock shoes-no socks, on her lower half). The day was cool (about 60 degrees), the wind had sprung up while she was waiting to climb at the bottom of the 3rd pitch for well over an hour. More clothing for the climb could have prevented this. I wrapped her in an emergency bivey and she recovered in about a half hour.

After the climb was turned around, she was struck by a rock that flaked off the top during a Rappel of the leading team. Luckily she received only a bruise. Ingalls is an extremely popular climb and as such has much less rock fall hazard than most, but this is a potential that can happen anywhere.

#### JUNE 14, 2015 – SOUTH EARLY WINTER SPIRE (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Logistics – conflict with other party

Injury: None

A complaint was received from a third party (a guide with a client) about multiple aspects of a Mountaineers climb. The third party questioned the leader's placement of protection, communication between leader and followers, the choice of route (gulley), a decision to step over the third party's rope and an allegedly defensive interaction with the third party. The matter was investigated and some of the allegations (including the one about protection placement) did not appear borne out by the facts. A discussion was held with the leader, who was very cooperative. The issue that stood out was that communication with inexperienced (or even experienced) followers can be challenging.

#### JUNE 21, 2015 – MEANY CREST (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Personal illness/preparation/conditioning – vertigo

Injury: Vertigo

As the group started climbing the main snowfield below the summit one of the students experienced an acute case of vertigo which prevented her from going any further. The student complained of vision problems and chest pain and had to lay down. The leader came down from above to check out the situation, and then had the first aid leader come down. The leader and first aid leader spent time with the ill student, keeping her comfortable and monitoring her symptoms. When the student recovered somewhat she indicated she felt weak and could not continue. The leaders concurred. The assistant leader and first aid leader stayed with the ill student while the leader returned to the main group and they summited. When they regrouped about an hour later the ill student felt ok to descend. After a break, they all descended, taking multiple breaks, without further incident.

The ill student seemed fine as the group had dinner in Greenwater; she was also able to drive herself and her carpool passenger home. Apparently, the ill student had experienced some trouble with altitude on a prior occasion, although not recently.

## JUNE 23, 2015 – SAHALE PEAK/QUIEN SABE GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on snow

Injury: Abrasions, dented helmet

This was a one-day climb of Sahale Peak via the Quien Sabe glacier, with a party of 6. The weather was great and the group climbed efficiently to reach the summit about 10:30 a.m. After taking some time on the summit they rappelled the south side of Sahale. The rappels reached a 45 degree snow slope. By noon everyone had rappelled. The group pulled and coiled the ropes and started descending towards the Sahale Glacier.

The group was directly above a large island of scree in the snow field so the leader had the team traverse skier's-left for better runout. The rope lead and a very experienced basic student started the traverse in fairly soft snow and soon realized it wasn't easy, but they didn't say anything. Another basic student followed the two, and slipped and fell. That student immediately arrested, used good form, and at first it looked like she would stop but she was unable to. The group yelled at her to keep arresting and she did, which kept her speed down significantly. Although she kept her speed down by arresting she still she hit the scree field with some velocity and flipped over about four times.

The leader had the rope lead and experienced basic student continue down to attend to the student who had fallen. Before they arrived she stood up and the leader called for her to sit down and stay put. The leader stayed at the top of the slope with the two remaining basic students and helped them get down safely (and slowly). The rope lead and experienced basic student initiated first aid; by the time the leader reached them with the two other students, the student who had fallen had been checked out, walked to the bottom of the snow field, and was getting tied into the rope. She insisted she was okay but was clearly shaken up emotionally. She had an abrasion on her right elbow (which had been attended to), and a dented helmet, but indicated she was okay to continue.

The group made it to the bottom of the Sahale Glacier with no problems. When they stopped at Sahale Camp the leader asked one of the other basic students, a friend of the student who had fallen, to thoroughly examine the student who had fallen. That examination revealed some more abrasions on the student's backside and found a minor contusion on her forehead, but everything else including spine and mental status checked out okay. The team divided up and carried the gear of the student who had fallen, and she wore another student's helmet down the rocky section of trail just in case she might fall. She walked the 5.7 miles back to the cars with no problems. She carpooled with the leader back to Seattle and continued to do well.

## JUNE 27, 2015 – SILVER, TINKHAM & ABIEL PEAKS (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Scraped knees and elbow, bruised fingers

One member of the group slipped and fell on the descent from the summit of Silver Peak and scraped both knees and one elbow and bruised fingers on one hand. The incident occurred at about 5000 feet on somewhat loose talus. The participant used his own bandages and tape to dress cuts and resumed descent at a slower pace. Fatigue, dehydration and conditions (high temperature in the mid 80's) may have contributed to the fall.

## JUNE 27, 2015 – MOUNT BAKER/EASTON GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Tacoma

Incident Type: Hit/cut/abrasion – crampon

Injury: Cut leg

A participant cramponed herself while ascending. The cut was somewhat deep and she was bleeding fairly good, but first aid attention to the wound stopped the bleeding. She continued to the summit and back down without any issue. She was wearing capris, so gaiters or long pants may have helped, but I have also seen climbers cut themselves easily through pants, so not sure if anything in particular would have prevented this.

Another participant also "tweaked" his knee on the way down, but walked out slowly. He just said his leg was "tight" and earlier claimed he just had "jelly legs", so I think this was more fatigue than significant injury.

## JULY 1, 2015 – MOUNT SHUKSAN/SULPHIDE GLACIER (GLACIER CLIMB OUTING)

Branch: Olympia

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

Injury: None

Our party of 9 completed an ascent of Mt. Shuksan without injury. We had a rock fall near miss. Taking advantage of all of the published information about the summit block which documents risk for party-induced rock fall we ascended the summit block sticking very close together. I was at the end of our line of ascending climbers. In a steep, loose gully a climber above me dislodged a dinner plate sized flake which started spinning on its edge down at me. I was making a move and couldn't get out of the way. The flake hit my right thigh edge-on. However because we were so close together it didn't have much velocity when it hit me, and I was unhurt.

The lesson learned is that it is crucial to take advantage of published reports about risks, and to deploy safety strategies to mitigate them. Doing so saved me from what could have been a nasty rock impact.

## JULY 3, 2015 – MAIN COWLITZ CHIMNEY (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Twisted ankle

While descending on trail towards Summerland (at ~6100' elevation and ~7pm) one member of the party twisted an ankle. After taking some time to ascertain the extent of the injury, the party member concluded he would be able to hike out the remaining distance to the cars by tightening his boot, taking an ibuprofen and passing off some of the weight in his pack to another person in the party. The group placed the injured participant at the lead position for the hike out to ensure a pace unlikely to cause additional injury. The group reached their cars at ~9:20pm. The following day the injured participant reported that he thought his ankle was fine, with no swelling. He could walk although he was hobbling a bit from sore legs. Just a little tender.

## JULY 4, 2015 – THUNDER CREEK, FOURTH OF JULY PASS (DAY HIKE OUTING)

Branch: Everett

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Twisted ankle

Twisted ankle hiking around horse poop (trail had loose/uneven dirt that horse had "chewed" up. Have horse owners be more considerate and move the poop to the side of trail.

#### JULY 8, 2015 – ALDERLEAF WILDERNESS COLLEGE (YOUTH SUMMER CAMP FIELD TRIP)

Branch: Youth programs

Incident Type: Personal illness/preparation/conditioning – vomiting

Injury: Vomiting

One camper vomited on the bus ride to the field trip. His health form reported that he got motion sickness and suggested that he sit in the front of the bus, which he did. He was fine after getting off the bus, and fine on the ride home.

#### JULY 8, 2015 – ALDERLEAF WILDERNESS COLLEGE (YOUTH SUMMER CAMP FIELD TRIP)

Branch: Youth programs

Incident Type: Bite – insect

Injury: Yellowjacket stings

During the Alderleaf wilderness College field trip, a camper was stung by a yellow jacket when a hive was discovered. The Alderleaf staff member lifted up a log, inadvertently uncovering a ground hive. The Alderleaf instructor was stung multiple times but only one camper was stung. Mountaineers staff moved the group quickly away from the hive and monitored the kids until the emergency was over. One yellow jacket was caught in the camper's shirt and stung him once. Alderleaf staff took care of the stung camper, and he returned to the activity. Parents were notified, and no further medical attention was needed.

#### JULY 10, 2015 – COUGAR ROCK CAMPGROUND (YOUTH PROGRAMS)

Branch: Youth programs

Incident Type: Personal illness/preparation/conditioning – vomiting

Injury: Vomiting, chipped tooth

An 11-year old participant vomited overnight but felt better in the morning. He also chipped a tooth eating sunflower seeds. Leaders provided with sips of water and a little food.

#### JULY 13, 2015 – MOUNT RAINIER/EMMONS GLACIER (GLACIER CLIMB OUTING)

Branch: Olympia

Incident Type: Informational – major rockfall observed

Injury: None

Our party approached the Inter glacier around 1:30 p.m. and evaluated options for ascending from the boulder fields at its terminus onto the slopes above. We had been advised by the Park Service that rock fall had been observed on the Inter glacier. Our evaluation produced 3 options for the ascent. Our party did not feel confident about travel on the steep ice at the top of the main track, and had observed rock fall adjacent to it, so we elected to ascend a snow ramp left of the main boot track. Photographs I took of our chosen line show that these snow slopes did not have rock fall evidence on them at the time we made our decision. We were traveling in 3 rope teams. The leader of the first rope heard and then spotted a boulder rocketing down from the slopes far above us. She began yelling ROCK, although at that moment she was the only one in position to see the hazard. In response

to her warning I scanned the slopes above but did not see anything. My view of the slopes above was blocked by a rib of moraine that was above us. After about 3 cries of ROCK I saw the hazard.

At that instant it was airborne hurtling across the moraine slope above me and heading directly at my rope team, and the 3rd rope team below me. By some instinct I moved as fast as possible toward the moraine, which was fortunate for it took me out of the path of the hazard. The hazard impacted the moraine slope above us giving us all the impression that it had exploded, for it sent up an enormous shower of mud, small rocks and pebbles. The climber above me said that in the fraction of a second he had to react he determined that the streaking missile would not hit him. He only took a couple of steps toward the moraine and was missed by about 6 feet. The 3rd rope team (4 people) beneath us was in the process of traversing the snow slope so that the rope leader and second were not in the immediate path of the boulder. The 3rd and 4th climbers on that rope were in the direct line of fire. The 4th climber looked up, gauged where the hazard was, and took cover behind a nearby moraine protrusion. The 3rd climber did not look up, and just went into self-arrest in the snow. It was “not his turn” as they say, for the boulder missed him by about 2 feet.

Our team spoke about the event many times during the remainder of the trip. It all happened in the blink of an eye. Estimates of the size of the boulder range from “the size of a steamer trunk” to “the size of a kitchen table”. I estimated it to be about as big as a living room recliner chair. The speed of the boulder is hard to guess. I estimate it was going somewhere around 40 mph. I cannot convey the sickening fear that gripped me as I first glimpsed this hazard flying through the air straight at me, and the helplessness I felt as it exploded on impact with the muddy moraine 30 or so feet from me.

I spoke with each party member later on, asking them what they saw and what they did. The rope leader whose alertness in spotting the hazard and whose shouted warnings gave us all time to look up may well have saved lives. The second on her rope, shouted for his team to “Hug the wall”! which was good. The 4th climber on the first rope climber hid behind the moraine in response to the command. However a basic student observed a small moat between the snow he was on and the moraine wall representing his cover. He reported he did not take cover for fear of the little moat. This level of inexperience may be present in many of our basic students. The middle climber on my 3 person rope reported one of those strange slow motion internal dialogues that can occur in a crisis. He said “I could tell that it would miss me. Then I said to myself, why am I still standing here” and then took a few steps to one side, as it passed him at 40 mph 6 feet to his right. On the 3rd rope team (with 4 people) a basic student did not look up and just went into self-arrest. While better than nothing, it would have been far better for him to look up and head for whatever cover was at hand. He was incredibly lucky that the streaking mass missed him. The person at the tail end of the 3rd rope reported looking up, judging the line of the hazard, and moving into good cover available to him.

I think I will be a long time pulling lessons from this event on a personal level. For the purposes of a Mountaineers safety report I recommend reinforcing the need to look up when someone yells ROCK and taking action to protect yourself. I will forward some photographs of the area of this event to the Safety committee. Experienced climbers may debate whether our choice of route increased our risk. Keep in mind we had no visual evidence that our chosen snow slope was especially vulnerable to rock fall. It had none of the obvious rock fall debris on it that the main boot track had.

## JULY 17, 2015 – MOUNT ADAMS/SOUTH SPUR (ALPINE SCRAMBLE OUTING)

Branch: Olympia

Incident Type: Informational – assist other party

Injury: None to Mountaineers

My group of 11 started from South Climb trailhead Friday morning July 17, 2015 and reached the base of the Crescent bowl at about 7300' below the ridge early Fri. afternoon and set up camp. There is no glacier left, only small patches of snow and a larger snowfield above two big terminal moraines. There is a good trail angling up the ridge above the Crescent bowl - the standard route. However, we observed a private party go off route up into the Crescent bowl rocks and snow early afternoon around 2:30 p.m. (est. about 1/2 mile and 300 vertical ft. from us). We wondered why they chose that route because the snow up there was very steep interspersed with substantial sections of steep, loose rock. They were too far away to see details of their gear or who they were, but we could see their slow movement up the slope. We watched them on and off for about four hours.

At some point the group split, and it appeared that several of them were searching for a way to continue upward. We saw a couple of them fall on the steep snow and get up. A few periodically disappeared behind one of the large terminal moraines. Eventually, they tried to descend, but with no progress. We began to hear loud distant voices, but could not understand what was being said. At 6:30 p.m. they were still in the same place and it would be dark and colder in about three hours. By that time we were very concerned and a participant and Olympia Climb Leader, worked his way up to the group with a first aid kit and radio. He radioed down to me that one person had an injured ankle, and another of their party was missing. It also appeared that there were probably other minor injuries.

My entire group, including myself, prepared packs and climbed up to the party in trouble. We discovered that it was a group of eleven on tour from Florida, all very young - late teens, early twenties, mostly girls. The Olympia climb leader wrapped the injured girl's ankle and assisted her down to our camp. She was extremely slow and obviously in pain. The rest of us helped who we could by walking and talking with them, they were all scared, some very upset and crying, and not all confident walking on the rough terrain.

My team worked with the group until around 10:30 Fri. evening. We helped them set up tents, talked with them and checked for injuries if anyone complained of something, we gave them gloves and hand warmers, heated water for tea, and generally reassured them that they would be okay. A young man who is deaf had left the group alone earlier in the evening and climbed the steep snowfield up toward Lunch Counter. No one knew where he was, so a member of my group called 911 to report the missing person, but search and rescue would not send anyone up there until the morning.

The wind was extreme at camp that night, but gradually dissipated Sat. morning. Nine of my group climbed, and the Olympia leader and I stayed in camp. I designated my assistant as trip leader for the climb. He headed up toward Lunch Counter Sat. morning to look for the missing person. I went to the troubled group and gave them sunscreen and filtered water for them. He came across the missing person with two other people who had very fortunately found him. He had stayed with them through the night and was not injured. A party member called the Ranger Station in Trout Lake to tell them he had been found, so the rescue was cancelled. The injured girl was able to hobble out very slowly with his assistance down to Morrison Creek, even though her lower leg was swollen with extensive discoloration at the ankle area. The two climbers (also Mountaineers on a private trip) who found the missing person assisted the whole party back to the trail head.

The group was shockingly unprepared. None of them had ever hiked anything before except Beacon Rock in the Gorge; all their gear was rented (packs, boots, ice axe, crampons, helmets); they had no gloves or mittens; no water filters; some wore jeans and soft sneaker-like shoes; little, if any, sunscreen; no headlamps; they appeared to not have a stove; and there was no clear leader of the group. If my group had not been there, the outcome would surely have been tragic.

We could have approached the group sooner, but we had no way of knowing the extent of their lack of preparedness, and could not tell for sure if they were in trouble until so much time had passed (about 4 hours). The impending darkness with growing wind/cold prompted us to take action.

Lessons learned: Do not hesitate to check in with people in another group if something just doesn't look right. Know first aid at a minimum when you head into the mountains! Preferably, be MOFA trained. One more thing: Be prepared - not only for yourself, but also for others; you could be the one who saves a life.

## JULY 17, 2015 – DOME PEAK/DOME GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Everett

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

Injury: Twisted knee

The gully that leads up to the Dome/ Dana Col is usually snow filled. Low snow this year exposed talus that is normally buried and often unsettled. As we started up the gully, one student was slightly ahead of me reporting crappy terrain, To avoid that, I opted to travel on the talus and noted that it was better and more stable. About 5 of the seven on team were on the talus, two more had not got that far up.

Approx 300ft up, I stepped on a large block 3ft x 3ft x 1 ft thick and it just took off. The rock above was the same size and shape, both had flat bottom. When the upper block went over my foot/ ankle, I twisted trying to escape, immediately yelled rock, and attempted to get out of the way. At first, it felt severe, and student went into full MOFA mode. We isolated the problem, wrapped the knee and with 10 min I felt I could continue.

Another 500 ft up snow and rock I was losing mobility and something just did not feel right. I rested, but it got stiffer. About a half hour later I called off the climb and spent several hours getting back to camp, icing the sprain with snow when possible. Was able to walk out reasonably the next day, but 13 miles certainly was uncomfortable.

I knew the party should have been 6 max, but I added one more. I was also in route finding mode and not watching everyone and was not telling folks were they need to be safe. Too many people were in the line of fire and there was other rock fall misses. I did not turn over some management duties to the rope lead as I should have.

## JULY 18, 2015 – SILVER STAR MOUNTAIN/SILVER STAR GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Tacoma

Incident Type: Fall/slip/trip on snow

Injury: Cut finger

A participant sustained a cut to his finger when he slid about 200 ft down a hard snow slope and was unable to self arrest. He was traversing a 20- to 25-degree snow slope on the approach to Silverstar Glacier when he lost his footing. He was using crampons and ice axe and was wearing a helmet. Ethan could not gain control of his ice axe as he slid and tried to stop himself with his hand. He flipped over on his back, feet downhill with his pack, and stopped at a small rock band. He was able to keep his crampons up as he slid.

The MOFA leader, a physical therapist, assessed him for injuries following the slide. She cleaned the cut and stopped the bleeding with a gauze pad, taping it in place. He had a sore shoulder and reported a bike crash two weeks ago had caused bruises to his leg. Otherwise, he was uninjured. After evaluating his condition and discussing

his experience, we decided to proceed to the top of the snow field, where we assessed the Silverstar Glacier and elected to turn around anyway given the poor conditions (see separate trip report).

After the slide he said he felt he was hurrying and hadn't made sure he had good footing before taking the next step, but he was so close to the top that he didn't think about it. Several students, including himself, did not follow the steps ahead of them and struck out on their own path to cross the slope. He also had a sizable pack for a day trip (70-L, not full but very bulky) without any side compression straps to hold the load near his back. After the fall, I was able to tighten his pack down with straps and biners. On the descent, I showed the team how to self belay with ice axe and back down the slope for more security, but injured participant chose to walk down face forward.

On the return trip, one student chose not to use a prusik or crampons to ascend the fixed line back to Burgundy col, even though he was told to do so. While he said he was comfortable with the terrain, we should have forced him to use it.

While we tried to make the most of the lack of snow for the basic climbing course hard snow field trip, we were unable to give this year's basic class practice walking in crampons. This is a very important skill, particularly in the conditions we encountered. The lack of practice could have contributed to the fall. Hurrying, possibly with fatigue, likely contributed. I could have reminded the whole team to follow in my path at the bottom of the snowfield before ascending, instead of traversing high as some elected.

#### JULY 29, 2015 – TOOTH/SOUTH FACE (BASIC ALPINE CLIMB OUTING)

Branch: Olympia

Incident Type: Informational – assist other party

Injury: None to Mountaineers party

The rock climb I recently lead up the Tooth was successful with 3 students completing it and finishing their last requirement for basic climbing. However, on the descent at the last rappel, there was another party of two who were going up the Tooth, one fell and hurt her ankle (most likely broken). Luckily, she did it before the last person on our team was rappelled down. He told me, I went back up to see what had happened and decided to wait to be sure she could make it down. When I saw she couldn't walk, I helped her up to the rappel so her and her partner could at least get back to the boulder field below the face. By the time I got down to the boulder field the students in my group had already had her all bandaged up and splinted! After about 30 min of working through the boulder field, I decided that we weren't going to be able to do it alone, as it was very slow moving. I decided to call 911 (luckily I had cell service otherwise I probably would have sent a leader and a student down to get help). Mountain Rescue arrived at about 11 p.m and by then we had gotten the injured climber within 400 feet from where the trail begins. We helped Mountain Rescue with the litter to the trail where they assured us that they could finish getting her down. We continued down with our group, as by then we had all ran out of water and were very tired from a full day of climbing. All 3 students did a phenomenal job and I was extremely impressed with how they went straight to work.

#### AUGUST 1, 2015 – KANGAROO TEMPLE/NORTH FACE (BASIC ALPINE CLIMB OUTING)

Branch: Olympia

Incident Type: Near miss or lessons learned – Equipment limit or lack

Injury: None

I prepared to rappel from just below the second rappel station from an anchor we built. I used the extended rappel set up currently being taught, and attached the loose end to my belt, also as I was taught. I made sure that

a party member checked my setup. I commenced the rappel and felt like my harness was coming loose. When I looked down my belt strap was moving through the buckle and was about 5 seconds from going all of the way through. I saw a place on the rock where I could place my feet and where I had handholds, and grabbed on. I called for assistance. The students at my station immediately tied prusiks to the rappel rope for hand holds. They helped me ease those up about a foot, and I was able to swing back up on the ledge.

When I got back on the ledge, we determined that the weighted biner on my belt slid up to the buckle. The pressure was enough to lift it to the point where it allowed the belt strap to slide through, just as if I had lifted it myself to loosen belt to take off the harness. When I reset the rappel with the loose end attached through the middle portion of the belt, the buckle and strap held.

Never put anything that will be loaded, even slightly, on a belt where it contact a buckle.

#### AUGUST 1, 2015 – SAHALE PEAK/QUIEN SABE GLACIER (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Personal illness, preparation, conditioning – knees

Injury: Sore knees

Boston Basin had no snow, so descent from glacier to basecamp caused soreness to Leader's knees and he was slow. Upon conferring with Co-Leader and Asst Leader, decision was made for Leader and Asst Leader (Crag Leader & Intermediate Student) to stay at base camp overnight and descend to the trailhead in the morning. Co-Leader (a full Climb Leader) took the rest of the party down to the trailhead Sunday evening. The Leader could have descended but would have slowed the party. Leader had a pleasant descent to the trailhead on Monday morning. Leader's daughter, upon being called by Co-Leader that Leader was staying over one more night called HotLine to see if she was needed to drive Leader home Monday morning. She was told that was not necessary because transportation was already resolved.

#### AUGUST 2, 2015 – MIXUP PEAK/EAST FACE (BASIC ALPINE CLIMB OUTING)

Branch: Bellingham

Incident Type: Hit/cut/abrasion – rock

Injury: Abrasion on shoulder and back

2 rope teams of 2 were climbing the first rock pitch after the notch of Mixup Peak. As the follower of the 1st party was being belayed up he knocked several large rocks loose on the 2nd party below. The leader of the 2nd team was able to move mostly out of the way, but was hit by one large rock on his back (the 2nd follower was not hit). He said he was ok and after reaching a safe spot, we inspected the injury. There were some abrasions about the size of a baseball, below his shoulder and to the right of his spine, but no bruising or swelling evident and no other injuries present. We finished the climb and returned to camp. He was able to carry his pack and hike out the next day. His injury still just showed abrasions, no swelling or bruising, just was very sore. He had the injury checked by his doctor the following day and it was determined there was no serious damage.

As far as any prevention goes, I think it was mainly due to a considerable amount of loose rock on the route. The student was trying to be very careful. He did have very heavy mountain boots on, perhaps some lighter boots may have helped.

## AUGUST 6, 2015 – SEATTLE PROGRAM CENTER (YOUTH PROGRAM OUTING)

Branch: Youth programs

Incident Type: Hit/cut/abrasion – other person

Injury: Bloody nose

One of the campers was accidentally elbowed in the nose while swimming in the shallow end of the lake. Another camper swimming by had accidentally elbowed her. The camper sustained a bloody nose and was treated by the City of Seattle Lifeguard on duty at the Magnuson Park Waterfront. No further treatment was needed.

## AUGUST 8, 2015 – MOUNT BAKER LOWER COLEMAN GLACIER AND SERACS (INTERMEDIATE ALPINE ICE 1 FIELD TRIP)

Branch: Seattle

Incident Type: Informational – assist other party

Injury: None to Mountaineers party

At about 3:15, when the Field Trip was concluding, field trip participants heard voices from the hiking trail calling for help. After assessing the situation, three team members (two with PLB's and one a certified Wilderness First Responder) went to offer assistance. About an hour later they reached a hiker who had fallen off the rock above Glacier Overview. They were first on scene and found the hiker with visible injuries to the head, arm, and legs. His two friends with him had taken the necessary action to protect him, but could not treat or evacuate him further. Emergency signals were sent from the beacons to initiate evacuation. The WFR took the lead in treating the injured hiker. The Mountaineers team shuttled gear necessary to protect the injured hiker from the elements and stabilized the situation to wait for a helicopter.

A sheriff's helicopter arrived on the scene around 7PM, but departed after being buffeted by gusts. On learning that a ground crew was on its way the Mountaineers prepared to spend the night with the injured hiker and brought more gear, including tents, up to the scene. However, a Navy helicopter arrived at about 9PM and the injured hiker was airlifted out at around 9:20. The Mountaineers later learned that the injured hiker had been taken to hospital in Bellingham and that he was out of the hospital that Monday afternoon and recovering.

## AUGUST 9, 2015 – EUNICE LAKE & TOLMIE PEAK LOOKOUT, MOUNT RAINIER (DAY HIKE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Cut knee

#1 - The leader slipped/fell on the trail and gashed/cut right knee. She didn't realize the knee was cut until seeing blood thru the hiking pants at a group stop. The cut was lightly cleaned, treated with bentadine/ neosporin and bandaged without further concerns. Upon return home, wound was inspected, scrubbed to remove debris, treated with antibiotic and bandaged. No doctor visit required or anticipated unless infection is detected (none so far). Probably would have got a stitch or two at a dr. office but by the time of the report it was healing well; also, her shots were up-to-date and she was fine.

## AUGUST 9, 2015 – EUNICE LAKE & TOLMIE PEAK LOOKOUT, MOUNT RAINIER (DAY HIKE OUTING)

Branch: Seattle

Incident Type: Bite – insect

Injury: Wasp sting

#2 - Another participant was stung by a wasp on her left/top forearm in the last mile of our hike. She treated it with an after bite stick w/topical benadryl and was not concerned about allergic reaction. Other than discomfort at the sting site she was ok at the end of the hike. The leader followed up by phone several hours after the hike and there were no problems.

## AUGUST 11, 2015 – SEATTLE PROGRAM CENTER (YOUTH PROGRAMS OUTING)

Branch: Youth programs

Incident Type: Hit/cut/abrasion – equipment

Injury: Struck on nose by boom

While sailing with Sail Sand Point one of the campers was struck in the face with a boom while the captain of the boat began a tacking maneuver. The Captain, another camper, had failed to call out that he was tacking so the crew could prepare for the boom to swing. Subsequently, the camper who was struck in the nose had been unaware that the boom was coming. Leader applied ice to relieve the swelling. The camper was ok but a little sore. They continued to ice until she went home for the day.

## AUGUST 15, 2015 – MOUNT DEFIANCE (HIKE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Twisted ankle

One member of the party rolled her left ankle while hiking out from a day trip to Mt Defiance, even though she had proper footwear and was proceeding with due caution. The hiker experienced soreness and some pain, but was able to hike out to the trailhead (3+ miles) without assistance. She indicated that she had experienced a similar event sometime in the past. We conducted an initial verbal assessment on the scene and observed the injured ankle at the trailhead and saw no obvious signs of serious injury. She was advised to monitor the ankle and seek professional medical attention if it did not heal promptly.

## AUGUST 15, 2015 – HIBOX MOUNTAIN (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Bite – insect

Injury: Yellowjacket stings

The group apparently disturbed a ground nesting bee or wasp or yellowjacket or some type of stinging insect. They were ascending the trail in a single file and the final two members of the party simultaneously each got a single sting. (On a previous scramble of Hibox two years ago, they disturbed 3 nests and suffered many more stings.) One member took a benydril (antihistamine) pill; the other member did not.

## AUGUST 15, 2015 – GRAND PARK, MOUNT RAINIER (DAY HIKE OUTING)

Branch: Olympia

Incident Type: Bite – insect

Injury: Yellowjack or wasp stings

Three participants were stung by yellow jackets or wasps (4 stings total). Nest was immediately adjacent to trail.

## AUGUST 15, 2015 – RUTH MOUNTAIN & ICY PEAK TRAVERSE (BASIC ALPINE CLIMB OUTING)

Branch: Seattle

Incident Type: Informational – assist other party

Injury: None

There was no incident with the Mountaineers group on this climb of Ruth Mtn. Rather, the incident was with another party on the mountain. The glacier was very broken-up and icy.

As the Mountaineers group was descending the glacier on Ruth Mtn they came across a party of two that was attempting to climb through the crux of the climb but were having difficulties. The crux was several snow bridges and two steep sections which had to be front pointed with crampons. One of the other party members had microspikes on instead of crampons, and was using trekking poles instead of an ice ax. The other party member had one crampon on, because they couldn't get the other crampon adjusted to the boot. They were struggling on the icy glacier and were now stuck and couldn't safely move forward or back.

The Mountaineers fixed the crampon problem and let the other party use the belay the Mountaineers had set up for its teams. The other party admitted that they were in over their heads and apologized and thanked the Mountaineers for assisting them.

## AUGUST 23, 2015 – TACOMA NARROWS (SEA KAYAK OUTING)

Branch: Tacoma

Incident Type: Personal illness/preparation/conditioning – seasick

Injury: Seasick

One person in the party experienced seasickness and required a rafted tow back to the launch. A follow up email that evening indicated that she was feeling much better. Encourage participants to hydrate more especially in bumpier water on warm days.

## SEPTEMBER 4, 2015 – BURROUGHS MOUNTAIN (DAY HIKE OUTING)

Branch: Seattle

Incident Type: Personal illness/preparation/conditioning – shortness of breath

Injury: None

As they were having lunch at the final summit (Third Burroughs), an unexpected snowstorm developed (4 inches of new snow). Because of the poor visibility and driving snow, they descended keeping visual contact between the hiker before and after each member of the group. Also, they took an easier and shorter route to return. One party member experienced some shortness of breath, perhaps caused by the altitude and hiking in the face of the

blowing snow. That party member improved as they reached a lower altitude - the rest of the group was patient and supportive.

#### SEPTEMBER 15, 2015 – BLAKE ISLAND (SEA KAYAK OUTING)

Branch: Tacoma

Incident Type: Near miss or lessons learned – equipment limit or lack

Injury: None

A student broke a paddle during an unassisted rescue. The student was not hurt and an assisted rescue was performed by other group members to get the student out of the water and back in the boat. We then rafted with the student to help empty the water from the boat. The student completed the paddle with no further problems using a spare paddle. We should work with this student to refine the technique of entering the boat during a paddle float rescue. Practice practice practice.

#### SEPTEMBER 23, 2015 – HUMPBACK MOUNTAIN (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: None

In the course of an after-hours scramble of Humpback Mountain, while descending big talus below on the ridge below the summit, one member of the party (someone who is generally quite sure-footed) had her feet fly out in front of her and she had a dramatic fall onto her back. This party member is generally quite sure-footed. Luckily, and surprisingly to those who saw it, the party member sustained no injury whatsoever, not even a scratch that required a bandaid. This was an after hours trip, and though dusk was setting in it did not seem that the lighting level contributed to the accident. Upon return to the cars the party member was still was not reporting any adverse effect of the fall.

#### SEPTEMBER 26, 2015 – UNION PEAK & JOVE PEAK (ALPINE SCRAMBLE OUTING)

Branch: Everett

Incident Type: Bite – insect

Injury: Bee/wasp stings

We discussed at the a.m. meeting place that at this time of the year burrowing bees/wasps are aggressively active. Normally agitated by the first person to disturb them and then stinging the next or third person to cross their territory. Unfortunately this did occur while ascending a steep section diagonally. One participant was stung 18 times (we counted) when applying 'after bite' medication from a stick applicator I had. Stung on her head torso, front and back, and her derriere. She was attended to by a nurse in our party, and had no allergies, as was questioned before the trip started. Benadryl was taken as a medication willingly by the victim.

Unfortunately common occurrence this time of year.

#### SEPTEMBER 30 – OCTOBER 5, 2015 – ENCHANTMENTS (PHOTOGRAPHY OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Twisted ankle

The trip leader twisted an ankle while we were in camp, so the rest of the group pitched him to help him get through the most difficult terrain on the trip back.

#### OCTOBER 2, 2015 –MOUNT PILCHUCK/EAST RIDGE (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Personal illness/preparation/conditioning – legs

Injury: Leg cramps, dehydration

One member of the party got severe leg cramps, maybe 3/4 or 1/2 miles before the Pilchuck summit, around 1pm (+/-). Rest, Gatorade (sugar + water + electrolytes), and ibuprofen eased symptoms. The whole party, including the party member with leg cramps, chose to continue to the Pilchuck summit (arrived shortly before 2pm), so the party member with leg cramps could descend via the shorter, easier maintained trail on the west side of Mt Pilchuck, with another member of the party accompanying him. In part this decision was made because scrambling back would take just as long (even for the non-cramping hikers!) as it took to come up, with limited daylight left and the fact that the party member with cramps thought he might have to travel even more slowly. The two groups arranged to meet up again between the Mt Pilchuck trailhead and the Mtn Loop Highway--there was no real chance of missing each other on the main forest service road. The plan worked splendidly, with no worsening symptoms and no other incidents, and the two groups re-united ~8pm.

#### OCTOBER 4, 2015 – POSTER PEAK/BLUE BUTTRESS (BASIC ALPINE CLIMB OUTING)

Branch: Bellingham

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: Abrasion on hand

At the very end of the descent from Blue's Buttress, one climber slipped in the scree and scuffed his right hand on some rocks in attempting to catch himself. Resulted in a minor abrasion.

Could have had everyone put on their belay gloves to protect their hands. Climber was already moving slowly and cautiously through the terrain, so not much more could have been done to mitigate the slip. Balance, stability and confidence in moving through that kind of terrain comes with more exposure to it.

#### OCTOBER 15, 2015 – LAKE SERENE (CONDITIONING HIKING SERIES OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: None

This was a beautiful hike day, with crowded trails and with a WTA group working on a narrow section where part of the hillside had collapsed and were working to shore it up.

Hike groups didn't necessarily stop a safe distance on either the up or downhill sides to allow for single-person passing. One of our hikers, on the uphill side, was stopped on the edge that she thought safe, but the hillside gave way and she tumbled off the edge. Fortunately, she fell in the area where hillside debris had been pushed off as part of the WTA work, where WTA workers were already working in the area, and were able to assist her back up on the trail. No injuries, thankfully!

#### OCTOBER 15, 2015 – HIDDEN LAKE PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

Incident Type: Fall/slip/trip on nontechnical terrain

Injury: None

While scrambling the north ridge of Hidden Lake Peaks, one member of the party pulled on a rock flake for balance. The flake gave way and the party member tumbled backwards. She landed in a well placed groove in the rock, and her pack may have cushioned her fall. She was not injured and did not hit her head (she was wearing a helmet). It was described as “scary” to watch. The party member reported that she did not touch the rock with much force either, but it sent her nevertheless off balance when it gave way.

#### OCTOBER 18, 2015 –ESMERALDA PEAKS: WEST PEAK (ALPINE SCRAMBLE OUTING)

Branch: Seattle

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

Injury: None

Various people kicked down rocks during the hike. I think more attention and training needs to be given to prevention of this. No one was hit, but that just seemed like luck.

#### OCTOBER 24, 2105 – VANTAGE, FRENCHMAN COULEE (ADVENTURE CLUB OUTING)

Branch: Youth programs

Incident Type: Fall/slip/trip on rock

Injury: None

A climber was climbing a 35' sport route at River View wall in Echo Basin. The route was towards the top range of the climber's ability so falling was a definite possibility. At the second bolt, the climber noticed that his belayer had a big loop of slack out. The climber asked the belayer to take in some slack and described how much slack was appropriate. Then, higher, a few feet below the last bolt and maybe three feet above the last bolt the climber had clipped, he fell. And just kept going. The rope didn't catch him until he was 5 feet off the ground. What should have been a short fall had turned into a 20-footer. Fortunately, the route was vertical to slightly overhung, so the fall was clean. The climber sustained no injuries.