

The Mountaineers Annual Safety Report for 2016

January 2017

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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 2016 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.

With the growing ability to perform data analytics, two additional categories are added in 2016.

- Party Assists are incidents where a Mountaineer group assisted a non-Mountaineer party in some way.
- Near Misses/Lessons Learned are situations where the occurrence of an incident was averted: no injuries, no outside agency needed, potential difficulties were overcome. Safety experts at the 2016 Mountaineer Leadership Conference emphasized the advantages of tracking Near Misses separately from the others.

SUMMARY AND STATISTICS

In 2106, there were 114 incident reports. 109 incident reports were reported via the Mountaineer website incident reporting feature. 6 incident reports were received via email.

Of the 114 incident reports, 7 were MAJOR incidents, 14 were SIGNIFICANT, and 74 were MINOR. There were also 4 report that described situations where Mountaineer parties assisted other groups needing help. Finally, 15 reports described NEAR MISSES – situations where no one was hurt but easily could have been.

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

1. *Hit or cut by equipment, Lacerate cheek (emergency medical attention) – Paradise area, Basic Climbing field trip, April 2*
2. *Separated from party, (SAR deployed) – Umtanum Ridge, Backpacking, April 23*
3. *Slip or Fall, Sprained ankle, fall on rock (emergency medical attention) – Leavenworth, Intermediate Field Trip, April 30*
4. *Personal Illness, Seizure (emergency medical attention) – shore of Lake Washington, Kayaking, Youth trip, May 15*
5. *Slip or Fall, Fractured ribs and bruised knee with complications (emergency medical attention) – Mount Tebo, Scramble, June 25*
6. *Slip or Fall, Fractured hand (emergency medical attention) – Dorado Needle/Northwest Ridge, Intermediate Alpine Climb, June 25-26*
7. *Slip or Fall, Facial Lacerations (emergency medical attention) – Iron Peak, Conditioning Hiking Series, July 2*

These major incidents were categorized as:

- Fall/slip – 4
- Personal illness, sudden onset – 1
- Hit or Cut - 1
- Separated from party - 1

Significant Incidents involve medical attention or SAR or 911 called but no search performed. There were 14 significant incidents reported.

1. *Fall while skiing, injured wrist – Methow area, skiing, January 10*
2. *Fall while skiing, broken ribs – White Pass Nordic Center, Skiing, February 28*
3. *Fall on snow, sprained knee, ice axe practice – Paradise Area, Climbing field trip, March 19*
4. *Fall on Rock, Back compression fracture – Squamish, Climbing, Leading on rock field trip, April 9*
5. *Slip on non-technical rock, Knee injury – Hawkins Mountain, Scrambling, May 7*
6. *Fall on rock, Sprained ankle – Leavenworth, Climbing, Intermediate Rock 2 Field trip, , May 14*
7. *fall on snow, head injury, unable to self-arrest – The Tooth, Climbing, May 25*

8. *Hit by rock, Arm lacerations – Petunia Peaks, Scrambling, June 25*
9. *Slip or Fall on snow, dislocated fracture reduced in field – Clark Mountain/Walrus Glacier, July 3-4*
10. *Slip on trail, finger dislocation – Perry Creek, Day Hike, July 17*
11. *Slip off-trail, foot injury – Chair Peak, Basic Climb, July 23*
12. *Fall on rock, sprained ankle – Ingalls East Peak, Intermediate climb, July 30*
13. *Cut hand on rock , hand laceration – Roosevelt & Kaleetan Peak, Scrambling, August 20*
14. *Fall on rock, collarbone fracture – Ingalls East Peak, Climbing, Basic Climb, August 26*

These significant incidents were categorized as:

- Fall/slip/trip – 12
- Hit/cut/abrasion – 2

Three occurred during organized course field trips.

Minor incidents involve 1) situations involving Mountaineers groups where injuries were minor, or 2) the situations affected the party in a negative fashion such as gear problems, party separation, personal conflicts, etc.

[There were 74 Minor incidents. A chart illustrating the most numerous types of Minor Incidents appears below. Additional details appear in a separate APPENDIX spreadsheet.]

Party Assists denote that a Mountaineer group came to the aid of another group that had an incident that could be described as MAJOR or SIGNIFICANT.

Summaries:

1. *Non-Mountaineer Fatality, two Non-Mountaineer hypothermia (SAR), Party Assist - Camp Muir Mount Rainier, March 26, Intermediate Climb*
2. *Non-Mountaineers, Lost and off-route – Mazama Ridge Mount Rainier, April 9, Climbing Snow Field trip*
3. *Non-Mountaineers, off-route – Forbidden Peak West Ridge, June 4, Climbing, Intermediate Climb*
4. *Non-Mountaineer injury, hit by rock fall (SAR response - helicopter) - Mount Stuart Cascadian Couloir, August 13, Intermediate Climb*

Near Misses and Lessons Learned are leader-designated situations where no one was injured but safety concerns were raised. Safety experts at 2016 Mountaineer Leadership conference suggested that Near Misses are very important to track. Many of these were reported by trip participants.

Summaries:

1. *Multiple foot drop while doing Munter sit and spin rappel – Seattle Program Center, March 27, Basic Field Trip*
2. *Student protection pieces adjusted by instructor who then asked the student to fall on the reset pieces. Student refused. – Leavenworth area, April 16, Intermediate Rock 1 field trip.*

3. *Rock fall induced by participant took a crazy bounce and missed another participant by 8 feet. – Skyline Ridge at Steven Pass, April 23, optional “mini-scramble” following a Ice Axe Refresher field trip.*
4. *Unfit participant yet with strong willingness to participate forces party to accommodate him -Ingalls Creek, June 4, Backpacking trip*
5. *Safety Concerns about belay into crevasse by another student were ignored – Mount Baker, June 4, Basic Snow 2 field trip.*
6. *Camp fire at after field trip BBQ was started using gasoline and then left unattended – Teanaway area, June 5, Scramble field trip*
7. *Lack of preparations and navigation skills apparently displayed by leader – Tiger Mountain, June 12, Day hike*
8. *Participant was disrespectful and uncooperative towards female climb leader – Dragontail Peak, June 19, Basic climb*
9. *Slips on snow while on running belay in snow conditions unfavorable to self belay – Dragontail Peak, June 19, Basic Alpine climb*
10. *Gun in classroom, instructors appeared at a loss as to what to do. – Seattle Program Center, June 25, Wilderness First Aid course*
11. *Ice/snow fall from a ridge during a period of rising temperatures – Ingalls Peak, June 26, Basic climb*
12. *Microwave oven-sized Rock fall missed participant by inches – Mount Rainier Kautz Glacier, July 23, Intermediate climb*
13. *Rope problems during rappel off newly installed rappel station chains – Pinto Rock/Bowling Alley, July 24, Basic Climb*
14. *Safety concerns at rappel station regarding anchoring in – The Tooth, August 3, Basic Climb*
15. *Safety concerns for another party during lowering off the summit – Sahale Peak, August 4, Basic climb*

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

APRIL 2, 2016 – PARADISE AREA (BASIC FT WINTER OVERNIGHT)

Branch: Tacoma

Category: Major (Emergency Medical Attention)

Incident Type: Hit or cut by equipment (ice axe)

Injury: Cut to cheek

Summary: On the first day of the Tacoma BACC FT3-Winter Overnight, a student lost control of his ice axe while learning/practicing ice axe arrest. This resulted in a partial thickness laceration to his right cheek. He was evaluated by our first aid leader and taken to the medical facility in Morton, WA. He received one stitch and was able to return to our camp later that afternoon. He participated in the remainder of FT3 and successfully passed all stations and completed all skills safely.

APRIL 23-24, 2016 – BACKPACKING- UMTANUM RIDGE

Branch: Foothills

Category: Major (Search and Rescue)

Incident Type: Lost hiker

Injury: None

Summary: The incident involved backpacking trip to Umtanum Ridge/Black Canyon with a mentor and co-lead on April 23-24, 2016. We were a party of seven, 4 of whom were students in the Foothills B3 Backpacking course and one other that although not in the course was also a new backpacker.

We departed the trailhead at approx. 10:45am and arrived at our campsite at approx. 1:50pm. We set up camp, lounged and had dinner at approx. 7:00 pm.

At approximately 5:30pm a group member came to the leader and said that she wanted to go on a side trip back on the ridge road. She was going to go back to the junction of our trail and the ridge and turn right and go for about a half hour and then return. The leader said OK. We had been talking on and off during the day and the leader came to the conclusion that since she was a hike leader, demonstrated that she was a strong hiker, and the trail was very well defined, the risk was low.

While the group ate dinner at about 7:00pm the leader made an observation asking the group "is that XXXXX (the lost person) on the ridge?" Others in the group thought the object the leader was looking at was a person and we didn't think about it anymore.

Just a little before sunset the group walked to a point on the ridge to watch the sunset. When we returned to our camp the person had not come down from the vantage point on the ridge. At that point the leader and two others hiked up to the vantage point to "get" her. When we arrived at the ridge the object we thought was her, was in fact a bush. At that point the leader and one other person decided that we would go and search for her along the trail she said she was going to go. One other person went back to camp to let the co-leader know that we were going to search.

The leader and the other searcher walked approximately two miles along the path she said she was going. That took us almost an hour to get that far. We shouted her name a number of times hoping that she would hear us. When we were not successful we turned around to go back to talk with the co-leader who decided that he was going to join us so we met him a short ways on our return at 9:28. He wanted to see where we had gone so we turned around again to show him how far we had gone down the trail.

At 9:40 we called 911 and relayed our lost hiker information to the operator. The operator indicated that another call had come in about a lost hiker on Black Canyon and described our lost hiker. The initial conversations with the sheriff's department were very difficult. The dispatch was not familiar with where Black Canyon was and it appeared they were having a hard time locating their SAR coordinator that the leader assumed handles the backcountry SAR. In addition we had numerous dropped cell phone calls during the various conversations.

We finally heard back from the SAR coordinator, Sgt Briscoe, at 10:38pm. We had numerous discussions during which he told us not to continue searching on our own as he didn't want us out in the dark and that he also thought that it would be a pretty "quick" search so he would be leaving shortly. Earlier in the day a couple of dirt bikers had run into the lost party and reported to 911 that they had run into a person that said she was lost but that they were not in a position to give her a ride. They gave her directions on where they thought she needed to go, which the leader believed may have been bad information. The report by the dirt bikers made it a little confusing for Sgt Briscoe to know exactly where she may have been.

We called the Mountaineers emergency number and reported the incident at approx. 11:00pm

In order to maintain cell communications we had to stay on the top of the ridge because when we went back to the campsite we would lose comms. A little before 2:00am we saw the lights of Sgt Briscoe's car and met him on the road. We talked a bit and then he continued along his search. At that point he said he was going to call his volunteer ATV searchers and "saturate" the area. We said we would go back to camp and call him on the morning.

Sgt Briscoe continued on his search along the ridge road. At some point Sgt Briscoe turned around and headed back in the direction he had come. After he had passed the road on which we were camped, and at approximately 2.5 miles he ran into the lost person on the road.

She had apparently lain down in some sagebrush that was next to the road and didn't hear the car the first time it went by. When she did hear it and got up she was not able to gain their attention and they drove off. When they returned she was able to hear them and was rescued. Sgt Briscoe returned her to our campsite at 2:47am.

Lessons Learned

- 1) Do not let anyone go out on a side trip by themselves (or only allow this if the person clearly agrees with the leader on their turnaround point and time and keeps the group in sight). Everyone thinks that it won't happen to them, but as was demonstrated in this case it can happen even to a person that is "experienced".
- 2) If a group does go on a side trip, get a time for turnaround and an expected time back at camp. If they don't return by that time send another group out to find them.
- 3) Any group that leaves on a side trip will carry the 10 essentials. In this case, the lost party did not have a rain jacket, map, compass, or a light. She had minimal food and had a jacket. A light would have been extremely useful as a signaling device.
- 4) Backpack group participants should be encouraged to carry some kind of communication device, at least a cell phone, and encouraged to download and get familiar with available smartphone GPS software like Gaia. If the lost person had Gaia and a cell phone she would have been able to find her way back, or at least contact the leader(s) (though cell signals are of course not always available on remote trails).
- 5) Don't assume that a person will always use good judgment even if they are a trip leader and seem, or portray themselves as, 'experienced'.

APRIL 30, 2016 – LEAVENWORTH AREA, INTERMEDIATE ROCK FIELD TRIP

Branch: Tacoma

Category: Major (Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Sprained ankle

I am a student in the Tacoma intermediate climbing class. During my second lead climb I fell from approx 15 ft. Oppositional at base and 1 piece of pro 8'-10' off ground. Past the crux move, looking for next place for pro. I Fell hit R ankle on the way or more

likely landed on boulder on ground. No recollection of details of fall. I tried two steps but couldn't put weight on my foot. I found shelter in shade of large rock w/ elevated foot. Fall occurred approximately 10:30 am. Learned afterwards route rated 5.7 some thought more like 5.8.

An ER Doc (student) checked injury, likely sprain or fracture. Will need to get X-Ray today. Swelling will need to go down before anything else can be done. One of the instructors went to get trekking poles and ice. I splinted ankle with items from pack. The physician finished stabilizing foot and ankle w/ cordelete. Evac started around 2 pm, approx. ½ mile from road. Started w/ shoulder assistance from two assistant leaders, no weight tolerated on foot. One climber carried me, piggy backed out a lot of the way, I weigh 150 lb. A little extra training for his Denali trip in a couple weeks.

Taken to Leavenworth Medical Facility. X ray showed no fracture, diagnosed as sprain.

MAY 15, 2016 - LAKE WASHINGTON, SEATTLE YOUTH PIONEERS KAYAKING

Branch: Seattle

Category: Major (Emergency Medical Attention)

Incident Type: Personal illness or lack of preparation

Injury: Seizure

The group was on the shore, preparing to kayak when one of the students, a seven year old male, collapsed unexpectedly. He remained rigid for 30 seconds in a possible seizure. After a few moments he was able to tell his parents he was nauseous, and sit up. The student's parents took him to the hospital immediately.

JUNE 25, 2016 – MOUNT TEBO, ALPINE SCRAMBLE

Branch: Olympia

Category: Major (Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Fractured ribs and bruised knee with complications

This incident occurred on 25 June 2016 on Mt. Tebo, which is in the SE Olympics. It happened between elevations 4000 and 4200 ft on the route listed in the Climber's Guide to the Olympic Mountains.

I had noticed one of the party struggling with this section and so had started trying to stay with her; she seemed tired. Another member of the party told me that she thought she had knee and shoulder problems. If that was true, then given the amount of difficulty she was having ascending it was easy to conclude that she could easily injure herself.

Initially, my primary concern was that she would fall and tumble. I asked her if she wanted the rope, and she said yes and indicated that she could not go up from there without it. Our Asst. Lead was already up near 4200 ft and anchored the rope and tossed it down. She made it, still with difficulty, up to 4200 feet. After a break, we began a rising traverse toward the SW ridge. The injured member lagged behind a little, but the Asst. Lead was with her. He radioed me to come back down to their location, which was probably only 50 to 75 ft lower than the remainder of the group. I left my radio with them and descended. The injured member indicated that she had pulled a muscle at her hip/thigh joint on the right side (someone later pointed out to me that these are the hip flexors). The injured member indicated that the pulled muscle was causing pain up her side and into her back. She said that she could only go down. It was about 1:45pm at this point.

My decision was to terminate the scramble at this point and begin our decent. The decision was based on the following:

1. If I waited with the injured party member for the others to summit and return to us, even though we were relatively close to it, I figured this would be a minimum of 1.5 to 2 hours. I did not want to wait and then start what I knew would be a very slow descent.
2. I did not want to start down alone with the injured party member in case she got injured worse or I got injured.

We decided that we would use the rope for her and anyone else that wanted it. She used her harness and tied into the rope with a prussik. We only did two rope lengths (~30 m each) and then she started descending unaided. She did the remainder of the descent to the road and then to the cars without assistance. We reached the Clearing (3600 ft) at 3:45 pm, the road at 5:00 pm and the cars at 6:06 pm.

Other than the pulled muscle, at some point during the ascent she had fallen and severely bruised herself near the bottom of her rib cage on the left side. However, it was not until some point during the descent (that I recall anyway) that she showed us the bruise. After telling us about it, this seemed to be her main concern. I did not hear her complain about the pulled muscle after she initially told me about it at the top. I later learned that she has a blood clotting issue and therefore takes blood thinners. Hence she was very concerned about internal bleeding and clotting. She showed us the bruise several times, and it was becoming progressively worse, i.e., more swollen and more discolored. At the outset of the trip she had told us during our MOFA briefing that she took blood thinners and showed us her MedAlert bracelet. I have to admit however to not making the connection with the clotting issue until told.

About 0.2 mile from the car, she stopped and had the Asst. Lead bring the car up. She told me that her knee was through. This validated the knee issue that the other party member told me about. She had not indicated that her knee was part of her immediate issues on this trip. I do not know if she reinjured her knee on this trip, or if it would have been hurting her regardless.

She went to the emergency room upon our return to town. Following up with her the evening we returned and then 3 days following the trip she told me that the injuries were not too severe. There were no issues with clotting. They told her they could not tell if her rib(s) were broken, but that if they still hurt in 2 weeks that they probably were. There is no treatment.

JUNE 25-26, 2016 - INTERMEDIATE ALPINE CLIMB - DORADO NEEDLE/NORTHWEST RIDGE

Branch: Seattle

Category: Major (Emergency Medical Attention)

Incident Type: Slip, Trip, or Fall

Injury: Fractured hand

Six intermediate students were descending from the East Ridge of Eldorado. They were tired and had heavy packs; they had taken off their helmets. The trail was wet and muddy. As they continued down the drainage they came to a section of 3rd and 4th class rock between boulder fields. One party member slipped on the rock (he was holding trekking poles; that may have hindered his ability to grasp the rock). He tumbled over a 5-foot step onto a ledge then over a 10-foot step onto the rocky trail. He continued rolling another 25 feet before he stopped by bumping into the party member in front of the group.

By the time the rest arrived the injured party member, a physician, was sitting up with his pack off. He had lacerations on his head and right leg, had hurt his left hand and had multiple bruises. Another physician in the group examined him and they determined that the best thing to do was to continue walking rather than call for a rescue. They distributed the contents of the injured party member's pack between Mountaineers and another group who assisted, and walked out slowly. They made sure to spot the injured party member at difficult places, and someone else walked in advance to manage route finding and point out problem spots. The Mountaineers drove the injured party member directly to the trauma center at Harborview. He received stitches for lacerations on his head and right knee and a splint for his left hand, as he had fractured the second metacarpal on that hand.

JULY 2, 2016 - IRON PEAK – CONDITIONING HIKING SERIES 2 HIKE

Branch: Seattle

Category: Major (Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Facial lacerations

A party of nine Mountaineer hikers with the Conditioning Hiking Series set out from the Beverly Turnpike trailhead for a loop hike. Mid afternoon, about a mile south of Navaho Pass, one of the hikers tripped on a tree root or rock and fell straight forward, hitting his head. He sustained a one-inch gash above his nose, an abrasion on his nose and a bloody lip.

The group administered first aid and concluded the facial laceration was the main injury. The injured hiker was conscious and in good spirits. He was not dizzy and was able to hike with trekking poles, but they doubted he would do well on the planned route with its significant gain back to the trailhead. The party therefore decided to split up.

An experienced member and three other fast hikers took the planned route back to Beverly Turnpike so that they could retrieve the cars and drive them to the closer trailhead. The leader, first aid person and two others accompanied the injured hiker to the closer trailhead. Both groups hiked out without incident and were waiting at the closer trailhead when the faster group arrived with the cars.

The injured hiker went to an emergency room that night and received 10 stitches.

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

JANUARY 10, 2016 – METHOW, CROSS-COUNTRY SKI

Branch: Youth

Category: Significant (Non-Emergency Medical Attention)

Incident Type: Fall/slip/trip while skiing

Injury: Sprained wrist

One of the participants had skied downhill a number of times, could wedge, turn downhill and herringbone up. This was the first time she had Nordic skied. She skied without difficulty for about 4 miles on undulating green trails, but on a downhill section she felt "stuck in the tracks" and fell, injuring her left hand. After having a snowpack applied to her hand to ease the swelling the participant was able to complete the trip with a mix of walking and skiing slowly, using one pole in her right hand. The participant sought medical attention with her own physician after returning to Seattle.

FEBRUARY 28, 2016 – WHITE PASS NORDIC CENTER, CROSS-COUNTRY SKIING

Branch: Olympia

Category: Significant (Non-Emergency Medical Attention)

Incident Type: Fall/slip/trip on snow

Injury: Broken ribs

A great day of Nordic Skiing on at White Pass on Feb 28, but an early fall on some hard snow resulted in 4 broken ribs for a novice student skier.

The trip was part of a graduating ski trip for Olympia's Winter Travel Course. The trip began with 2 or 3 easy passes on the short warm-up loop East of the yurt, then as we skied down onto the entrance of the first Lake Loop, a student skier took a short fall onto the partially groomed margin of the trail when one of his skies got tangled up on a frozen furrow. I was behind him as he fell, and noted that he had not been going very fast, but fell forward heavily to his right side onto his ski pole and right arm. I stopped just past him and walked back up see how he was- he got up somewhat heavily and complained of pain on his lower right rib, indicated that he thought the ski pole may have bruised his side when he fell on it. We were no more than a couple hundred feet from the Yurt at that point, so I suggested that we walk back up, sit down inside and look at it. He would have none of that, said he would walk down the short slope, put his skis back on and continue the tour. He specifically refused to have anyone examine his side, or to walk back up to the Yurt for a short break. He was quite insistent about continuing the ski tour, saying he merely had to "shake off" the fall.

The Ski Tour was quite moderate, lasted about 4 hours, and the student skied well at the pace of the rest of the group. He had a couple of other falls- nothing significant- and walked down one short steeper section with several other students. I watched him closely the whole tour and he did not seem comfortable with his right side, but consistently refused to let me examine it closer, or to consider shortening the tour. He was adamant about finishing with the group. I called a turnaround around 1pm as the weather started deteriorating. We returned to the cars (the student skier again refused to have his side examined) and we stopped for a meal in Packwood where his discomfort made it obvious to everyone that he was very sore. I made him and his son promise me that they would have it looked at when they got home.

I spoke to the student skier Monday following the trip and it turns out that the ski pole broke 4 ribs in the fall. He missed 3-1/2 days of work and is to "go easy" on his outdoor activities for about 6 weeks to let the broken ribs heal. He's proud that he finished the tour and his "graduating" trip.

MARCH 19, 2016 – PARADISE AREA, BASIC SNOW FIELD TRIP

Branch: Kitsap

Category: Significant (Non-Emergency Medical Attention)

Incident Type: Fall/slip/trip on snow

Injury: Sprained knee

Late in the day during the ice ax self-arrest portion of the Snow I field trip A student twisted their knee.

The student was helped down the slope to a flat area for evaluation. Significant pain and tenderness were noted on the left knee. No other symptoms were noted and the student stated that there were no preexisting conditions. The knee was elevated and packed with snow. The student also self-medicated with ibuprofen from their pack.

After about 15 minutes it was determined that the student could not continue with the field trip and that evacuation would be necessary.

The injured student was carried by instructors back to the parking lot. After that the student was driven to Longmire, transferred to another car and driven home.

The injured student went to an Orthopedist later in the week and was diagnosed with a minor ligament issue, no surgery was required.

It was noted by the field trip leader that snow conditions and overall fitness of the participant may have contributed to this incident.

APRIL 9, 2016 – SQUAMISH BC, INTERMEDIATE ROCK FIELDTRIP

Branch: Tacoma

Category: Significant (Non-Emergency Medical Attention)

Incident Type: Slip, trip or fall on rock

Injury: Back L1 compression fracture

Summary: As the field trip was wrapping up, the FT leader was climbing a 5.7 route next to where the students were working. He had previously climbed the route on top rope and wanted to lead it. He had placed a piece of protection as high as he could reach above a ledge. He started up the lie back, slipped and took a six foot fall back to the ledge. The alpine draw extended the protection so that the pro didn't arrest his fall. He was able to rappel back to the ground and walk out. He was quite sore after work the next day so he went to the doctor and got a CT scan which revealed an L1 compression fracture. The doctor said he should recover without any problem.

MAY 7, 2016 - HAWKINS MOUNTAIN, SCRAMBLE

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip, Trip, or Fall

Injury: torn meniscus knee

As they approached the first block of rocks near the summit ridge one of the students took a “good knock” on her left knee. Her knee did not bother her while they continued to scramble upwards and she did not alert the leader to having any problem. Once they started down and she put pressure on her foot, however, she found that her left leg was wobbly and that she could not put much weight on it. Then, as she descended a steep snow slope and put weight on her left leg she experienced shooting pain and slipped. The student performed a well-executed ice axe arrest and stopped herself from sliding further. She was able to walk out to the trailhead, but was slow and in pain. The injured scrambler saw an orthopedic physician within 2 days of the trip; he identified the problem as a torn medial meniscus.

MAY 14, 2016 – LEAVENWORTH, CRAG ROCK CLIMB

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip, Trip, or Fall

Injury: Fractured leg

On the third (crack) pitch of R&D the lead climber, a student, took a short lead fall after placing three pieces of protection. She had protected the climb appropriately and the gear held, but between rope stretch and slack she landed on the ledge below the crack. The belayer lowered the lead climber to the belay ledge and taped her ankle. He then led the remaining two pitches and used a 3:1 system to assist the injured lead climber up the vertical crack section. The group descended by the normal (gully) route without incident. They protected the injured lead climber by short roping and belaying her where possible; she also used a stout branch for support. The injured lead climber felt she was in acceptable shape to drive home and did so. She went to own health care provider the next day and learned she had fractured her fibula; she had surgery for the injury that same day.

MAY 25, 2016 - THE TOOTH/SOUTH FACE, BASIC ALPINE CLIMB

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip, Trip, or Fall

Injury: bruises

After summiting the Tooth the group descended from Pineapple pass around 4pm. One of the intermediate students was the first to go down the single rope rappel onto the steep snow below. She went off rappel and began descending facing outward, but the snow was not good for plunge stepping and she slipped. She attempted self-arrest but was unsuccessful and slid approximately 40 feet down the steep snow. In her slide she hit her back hard on a large stump, then spun and slid further before coming to rest in a tree well. At some point she hit her head. She was wearing a helmet and that absorbed the impact (it was crumpled). Her backpack also may have protected her back.

The rest of the group descended without incident by facing into the slope, using their ice axes in self belay and kicking steps. The leader and one student administered first aid. Examination showed that the injured intermediate might have suffered a minor concussion and had injured her upper back. She also had a short gash on her chin which might have been caused by her ice axe. The injured intermediate appeared totally lucid although she indicated she had a minor headache.

The group divided the injured intermediate’s gear to carry out and, after a few minutes had her carefully stand up. She was able to walk out on her own and appeared to do better and better as they approached the cars. The next day she reported that she had seen a doctor and had no injuries to report other than muscular bruising in her upper back.

JUNE 25-26, 2016 - PETUNIA PEAKS, ALPINE SCRAMBLE

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Hit or Cut

Injury: Lacerations

There were 6 in the party and loose rock in the final gully to the summit so the leader divided the party into 2 groups of 3. One group moved while the members of the other group stayed against the gully wall. Near the top the first, an intermediate student, tested a foot placement but even that pressure was enough to send several large rocks bounding down the gully. She immediately yelled "ROCK!" but a rock about the size of a bowling ball nicked a scramble student in the knee (with no apparent injury) and struck the leader's lower left arm. They continued upward to get out of the gully and attended to the leader's wounds at the top. Steri-strips and a syringe to irrigate the wound were helpful. To descend, the leader divided the party into 3 groups of 2, with each 2 moving together very closely. That ended up a safer, yet slower, means of traveling given the looseness of the rock in the gully. The descended without incident. The leader obtained medical care when he returned home and received a compliment on the first-aid that been done. No sutures were necessary.

JULY 3-4, 2016 - CLARK MOUNTAIN/WALRUS GLACIER, BASIC ALPINE CLIMB

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Shoulder dislocation

One of the basic students had dislocated his right shoulder two months before, but his physical therapy team had released him to resume normal activities. On the descent from the summit, however, that student slipped on a snow slope and re-dislocated the same shoulder. He was in pain so they removed his pack and laid him on an insulated pad. Providentially, another member of the team had suffered multiple dislocated shoulders and knew exactly what had worked for his shoulders in the past. With the injured student's help he applied the same solution in this case and was successful in reducing the dislocated shoulder. The injured student appeared to pass out and was non-responsive from the pain for some seconds, which caused the rest of the group considerable anxiety, but was better after resting.

After taking two ibuprofens and resting, the injured student reported that he was not in pain but that the shoulder was tender. After ascertaining that the injured student was not feeling light-headed and felt confident to stand, they resumed the descent. The leader distributed the contents of the injured student's pack among the rest of the group and put him in the middle of a 5 person rope for the glacier. Because the injured student could not use his ice axe safely they stopped at steep points so that the team above could belay him down. They checked every half hour to verify that he was not in pain, and felt comfortable continuing the descent. The descent was slow but uneventful, and back at camp the student mentioned that he thought he could take a light backpack, so he carried a pack full of lighter gear to the trailhead. The leader was grateful that there was someone on the trip with experience dealing with dislocated shoulders, and wonders if there is any training available to help leaders respond to such situations.

JULY 17, 2016 - PERRY CREEK/ MT FORGOTTEN MEADOWS, DAY HIKE

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Finger dislocation

On the way up the trail, the person hiking in the sweep position slipped on the trail and, in bracing his fall, caused one of his fingers to bend in an odd direction. The finger remained bent at an odd angle until he reduced it himself and taped it to prevent swelling.

The group, including the injured hiker, completed the trip without further slips or falls (even though the trail was in worse condition on the way out, as there had been some thunder/lightning and rain). The leader checked in with the injured hiker periodically- the finger appeared ok and the injured hiker reported only minor discomfort.

Afterward, the injured hiker went to the emergency room at the UW. X-rays indicated that he had dislocated the finger, as suspected, and that the self-reduction had been successful.

JULY 23, 2016 - CHAIR PEAK/NORTHEAST BUTTRESS, BASIC ALPINE CLIMB

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Fracture foot

As the group was ascending the scree below the ridge where the climb began, one of the basic students slipped and felt a pain in her foot. After a brief rest the basic student decided she could continue, and she climbed the objective with the group (although she realized after the first pitch that her injury would be an impediment, by then she felt they were fairly committed to the climb).

As the day wore on her pain became worse and she was sufficiently slow on the hike out that they did not get back to the trailhead until 2am.

X-rays the next day revealed that she had injured the metatarsal bones of her foot, requiring some time to heal.

JULY 30, 2016 - INGALLS EAST PEAK, INTERMEDIATE CLIMB

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Sprained ankle

The Mountaineer party climbed as 3 rope teams of 2 climbers each. As the first lead climber pulled over a ledge at the top of the first pitch, both of his handholds broke and he fell several feet. He was able to radio his belayer, who lowered the lead climber to where he could build an adequate anchor; from there the belayer lowered the leader to the base of the climb and they descended.

The group set rappels to assist the injured climber over steep portions of the upper approach. He was able to hike, with poles, down the scree section to Ingalls Lake, where they wrapped and iced his ankle before hiking out on the trail. The lead climber had bumped his elbow but his more serious injury was to his ankle - he saw a physician that evening who diagnosed a sprain.

AUGUST 20, 2016 - ROOSEVELT/KALEETAN SEATTLE ALPINE SCRAMBLING

Branch: Seattle

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Hut or cut

Injury: Lacerated finger

Late in the afternoon, while descending through the boulder field between Melakwa Pass and the lake, one of the participants slipped and cut himself on a sharp rock. Fatigue and inattention may have been a contributing factor, as this was a strenuous trip. The injured scrambler had a significant cut on the middle finger of his left hand. Initially the cut bled freely but they stopped the bleeding using gauze to apply a pressure bandage. When they reached the lake the injured scrambler reported minor numbness in the finger tip so they removed the pressure bandage, washed the wound with clean water and re-banded it using steri-strips to close the wound, protecting it with more gauze. The injured scrambler reported only minor discomfort. Upon return to town (about 10:30pm) the injured scrambler drove himself to the emergency room, where he received 6 stitches and a tetanus shot.

AUGUST 26, 2016 – INGALLS EAST PEAK, SOUTHWEST PEAK

Branch: Olympia

Category: Significant_(Non-Emergency Medical Attention)

Incident Type: Slip or Fall

Injury: Fractured Collarbone

Party arrived at Ingalls Lake Trailhead ~ 9 PM Friday and bivied at trailhead. Party woke ~ 4 AM and began hiking ~ 5 AM. At approximately 8:30 AM party arrived at base of climb for Ingalls Peak, East Peak, Southwest Face. Party scrambled up what could be considered a first pitch of class 4. L eventually began up the first pitch of true climbing and was unable to clear the pitch, a chimney believed to be rated 5.4, reporting slick rock on the chimney walls. Party regrouped and rappelled down to base of climb. At approximately 11:15 AM L decided Party would attempt another route, the Ingalls Peak, East Peak, South Face. By ~ Noon Party was together at the base of the South Face, and L began climbing the first pitch, belayed by S1. Just before reaching a rap station (Rap 1) L instructed Party to leave his pro in place, to save time.

All three ropes climbed the first pitch. L, belayed by S1; followed by AL1, belayed by S2; and then AL 2, belayed by S3. The first two ropes climbed the second pitch, a slab scramble to an established rappel station (Rap 2). L, belayed by S1 began climbing the third (and final) pitch while AL 2 climbed the second. Just as AL 2 reached Rap 2, at approximately 2 PM, L took a leader fall. Ls fall was observed, at least in part, by AL1, AL2, and S3. L may or may not have climbed up too far from his last piece of protection (Observation of AL1, but disputed by L who maintains pro placement was unavailable.) when he fell and landed on a rocky outcropping approximately 15-20 feet below where he was climbing. AL 2 observed L falling and noted he appeared to land on his back.

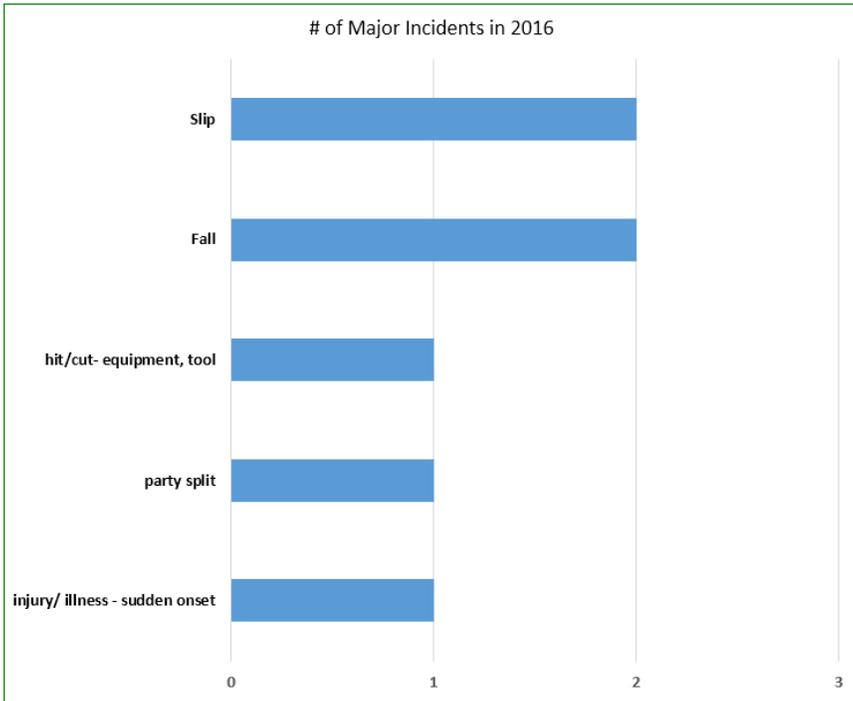
AL 2 called for a MOFA response. It was first ensured that all remaining climbers were protected by their personal anchors. It was then decided that AL 2 would be belayed up to the fallen climber L, 15-20 feet above, while AL 1 would ensure the safety of the students, collect the entire party at Rap 2, and begin managing ropes for either additional help at L, or an eventual descent.

Party was able to communicate w/ fallen climber L. L relayed to Party that he fell and was injured, and Party instructed L to stay in place. S1 was charged with maintaining conversation with L so that Party could monitor Ls condition until he was reached. AL 2, now belayed by S2, climbed to L. AL2 arrived to L and began conversing with L to monitor condition, make sure he remained in place, and to let him know a MOFA check would ensue once AL2 was secure. AL2 built an anchor into a crack just above L and, once secure, began MOFA. L self reported an injured right shoulder and moderate to minor amounts of blood were visible on each of Ls legs. Pulse was checked, 68 BPM. Pupils seemed to dilate normally with flashed light. AL2 then performed an aggressive check of L person, reaching under clothing to check for additional bleeding and tenderness. Aside from right shoulder, L reported no tenderness when spine, ribs, extremities, etc were depressed. Ls helmet was temporarily removed and no blood, bruising, or tenderness was observed on Ls head. To whatever extent practical, L was kept stable all this time and instructed to not move to

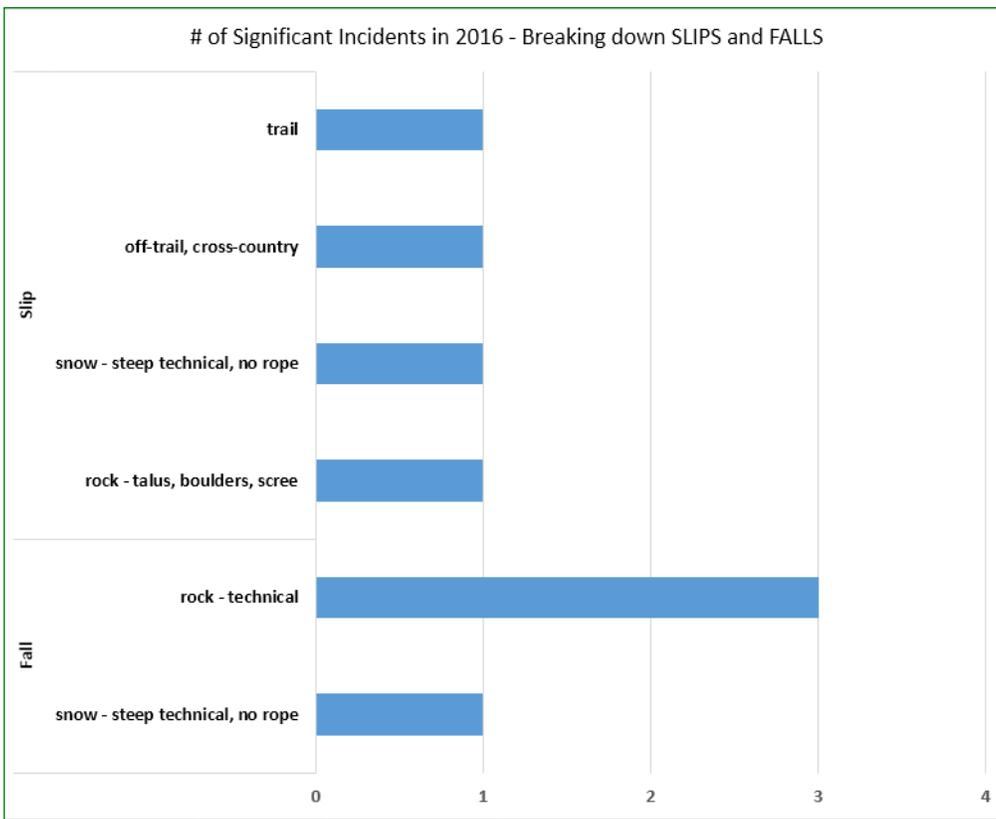
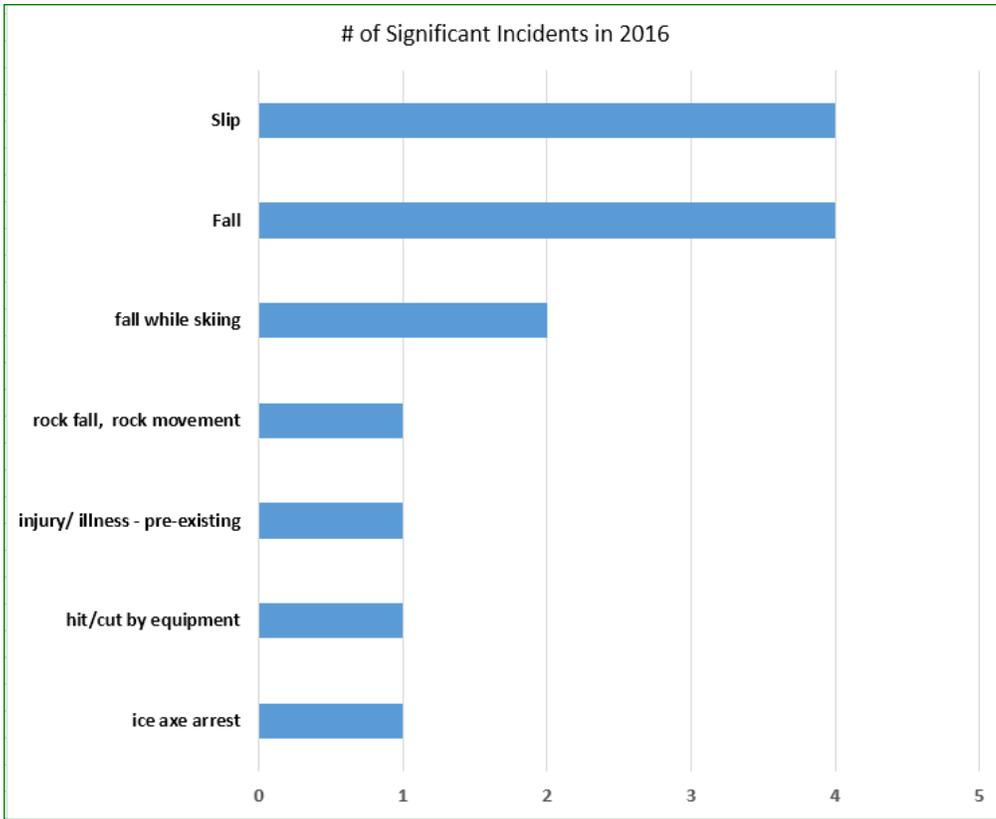
guard against further spine injury. Pulse checked continued, for a total of 4 to 5 initial readings at 5 minute intervals, each time registering a pulse of high 60s to low 70s. Even while injured, L was able to communicate clearly and provide some guidance as to MOFA protocols to the Party.

CHARTS

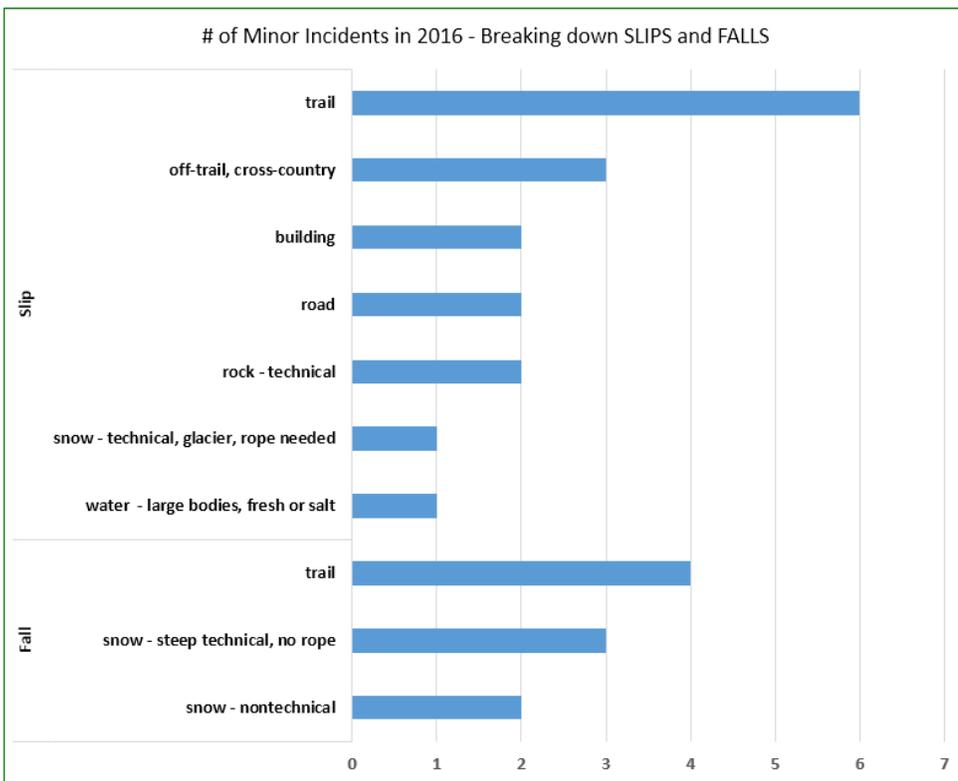
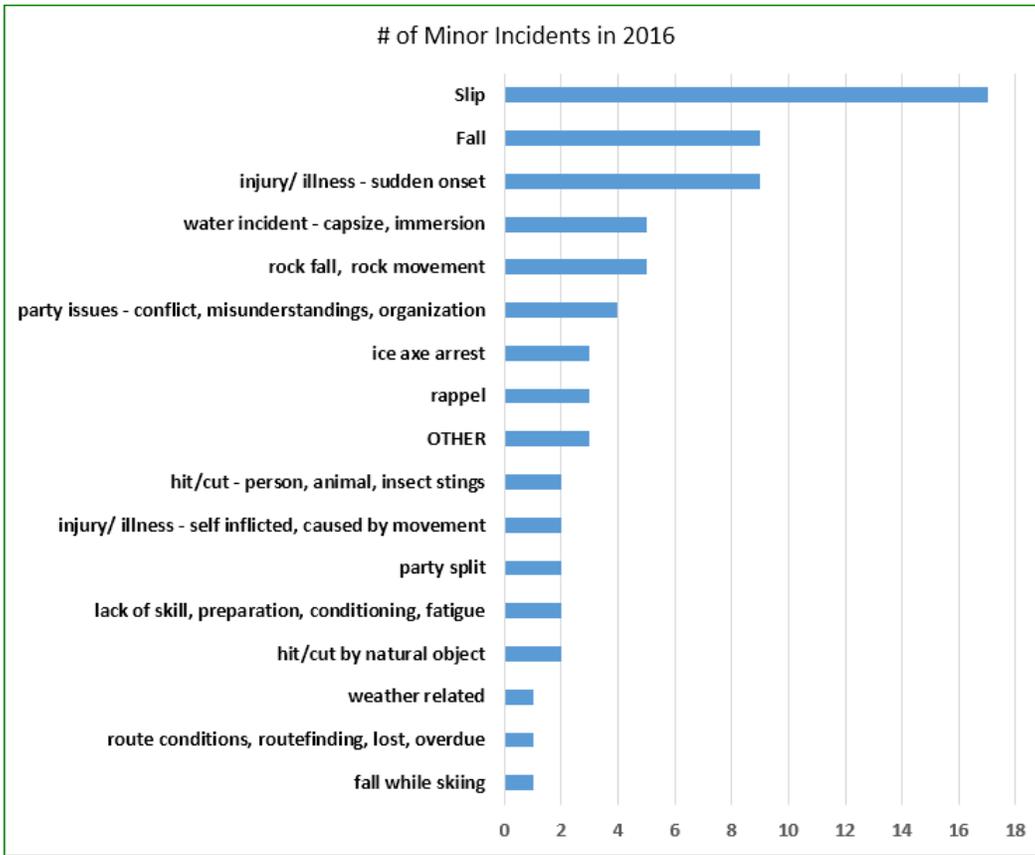
BAR CHART – MAJOR INCIDENT TYPES



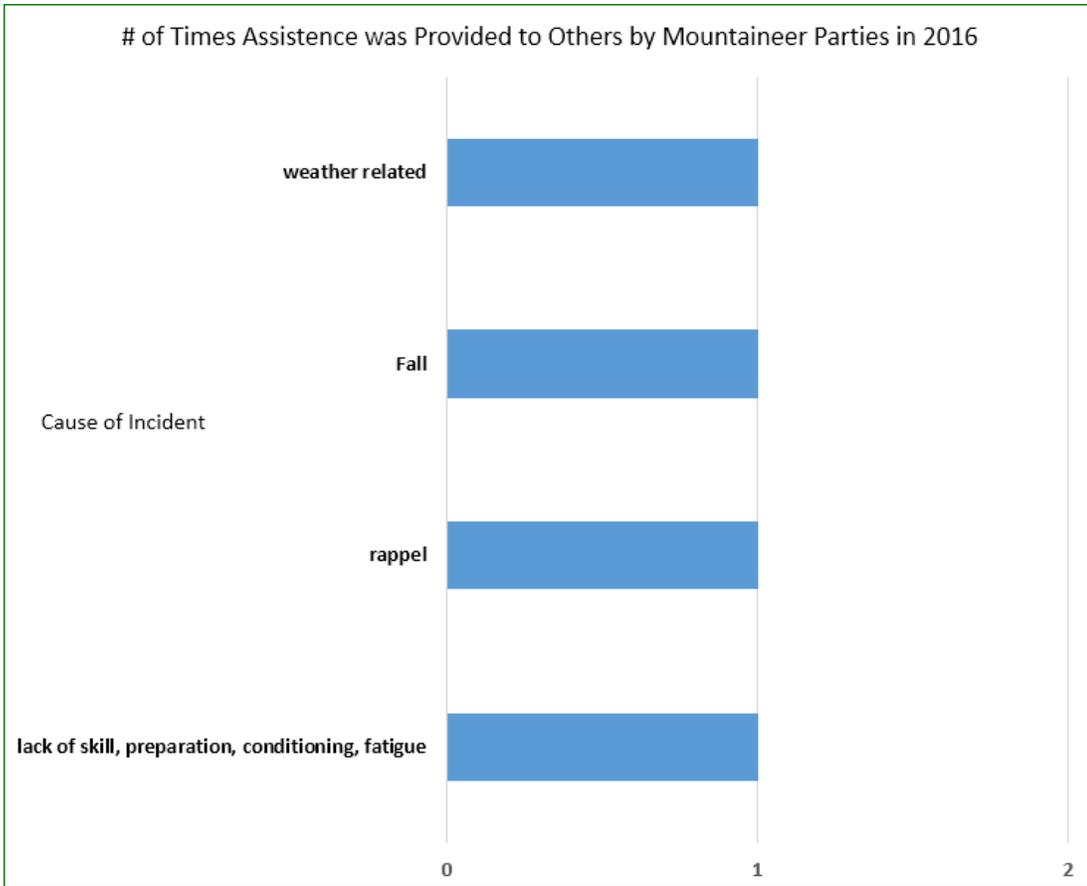
BAR CHARTS – SIGNIFICANT INCIDENT TYPES



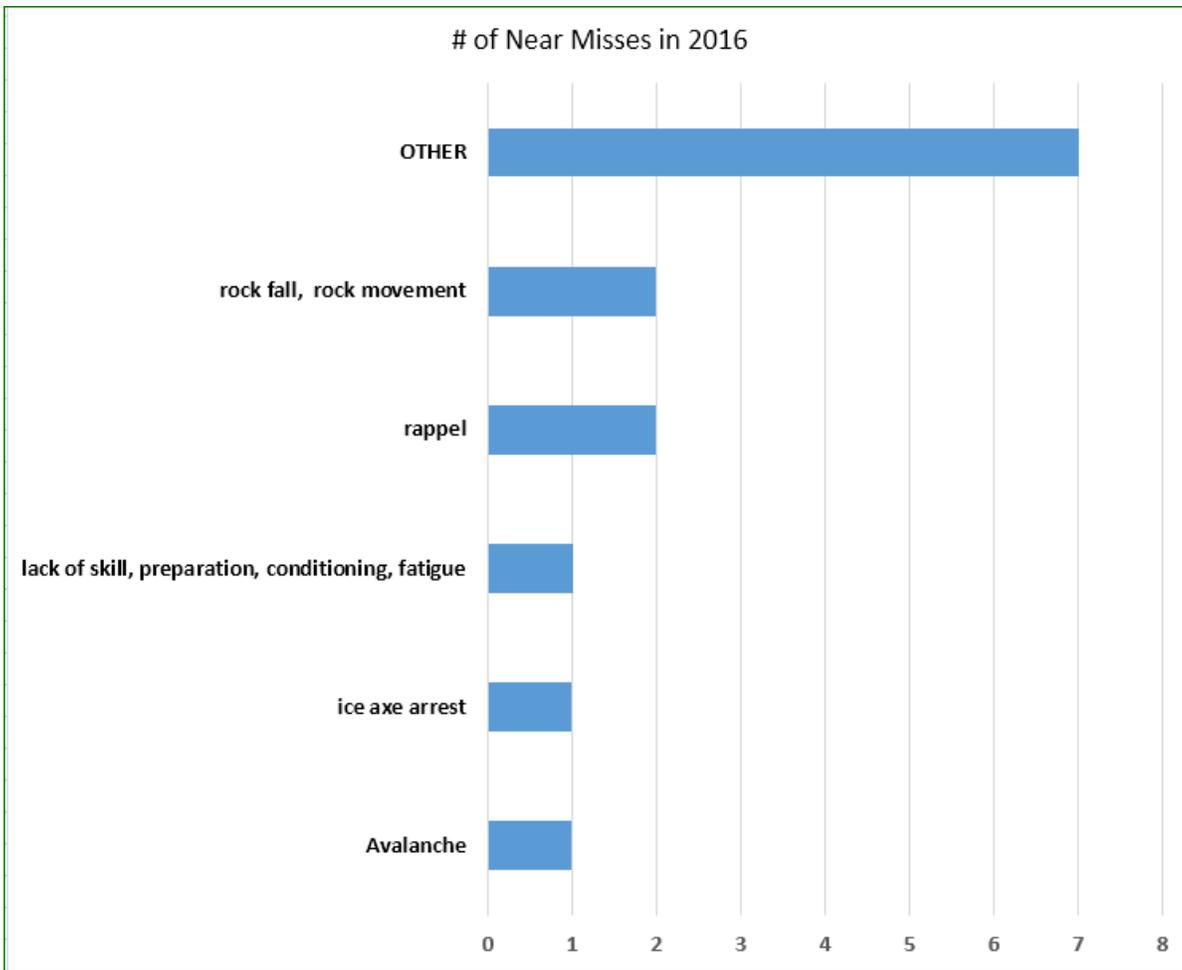
BAR CHARTS – MINOR INCIDENT TYPES



BAR CHARTS – ASSISTANCE PROVIDED



BAR CHART – NEAR MISSES



Near Misses in the OTHER category were identified as “Safety Concerns”