

The Mountaineers Annual Safety Report for 2012

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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 accidents 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, accident, near miss, and other reports, and make this data available to all branches.
- Standardize trip reporting to collect information on routes, accidents, and near misses, and enhance systems to share this information.
- Ensure a thorough and professional accident investigation is performed for all fatalities and major accidents 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 2012 included:

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

Summary Statistics

Major Incidents involve Search and Rescue, 911 call, and/or hospitalization. There were nine major incidents reported in 2012:

1. Head injury (ER) – Gold Creek, Stevens Pass, January 21 Snowshoe Field Trip
2. Torn ligaments (hospital, surgery) – Lake Valhalla, March 3 Skiing Outing
3. Broken elbow and ruptured tendons (hospital, surgery) – Discovery Park, April 5 Climbing Field Trip
4. Appendicitis (ER) – Stevens Pass, May 6 Climbing Field Trip
5. Puncture wound to thigh (ER) – Stevens Pass, May 6 Climbing Field Trip
6. Strained achilles (SAR) – Sun Mountain Lodge, June 2 Hiking Outing
7. Brain aneurysm (ER) – Lost Lake, July 1 Hiking Outing
8. Broken wrist and head injury (ER) – Liberty Bell, August 7 Climbing Outing
9. Fractured fibula and sprained ankle (EMT) – Monte Cristo, August 11 Hiking Outing

These major incidents were categorized as:

- Fall/slip – 3
- Hit/cut – 3
- Illness/preparation – 3

Four occurred during organized course field trips.

Significant Incidents involve injury and follow up with medical attention, but no SAR or 911 call. There were 12 significant incidents reported which resulted in the following injuries:

1. Foot pain (doctor) – Deception Pass – Goose Rock, April 15 Hiking Outing
2. Head injury (doctor) – Bean Creek Basin, April 28 Climbing Field Trip
3. Hyperextended knee (physical therapist) – Bonanza Peak, June 2 Climbing Outing
4. Facial laceration (doctor) – Lane Peak, July 7 Scrambling Outing
5. Cuts and bruises (doctor) – Mount Shuksan, July 21 Climbing Outing
6. Cut hand (medical attention) – Crater Mountain, July 21 Scrambling Outing
7. Broken ankle (doctor) – Mount Adams, July 27 Scrambling Outing
8. Chipped tooth (dentist) – Sahale Peak, September 1 Climbing Outing
9. Heart arrhythmia, gastrointestinal (doctor)– Wind River Highline, September 2 Mountaineers Outing
10. Broken thumb (doctor) – Chair Peak, September 20 Climbing Outing
11. Knee pain (physical therapist) – Island and Rainbow Lakes, September 22 Hiking Outing
12. Vomiting, fatigue, possible AMS (doctor)– Mount Ruth (Mt. Rainier), September 29 Scrambling Outing

These significant incidents were categorized as:

- Fall/slip – 8
- Illness/preparation – 4

One of these significant incidents occurred on an organized course field trip.

Minor Incidents involve anything else reported but no medical attention is sought. See Appendix A, Summary of Minor Incidents. There were 66 minor incident reports made, categorized as:

Fall/slip – 25

- Fall on nontechnical terrain – 12
- Fall on snow – 8
- Fall during stream crossing – 3
- Fall on rock – 1
- Fall on ice – 1

Hit/cut – 4

- Hit/cut tree – 1
- Hit/cut by rock – 3

Illness/preparation – 21

- Head/eye/nose – 2
- Back – 1
- Leg/knee/ankle/foot – 3
- Shoulder/arm/hand – 2
- Fatigue/weakness/conditioning – 7
- Gastrointestinal/organs – 3
- Heat/dehydration – 2
- Bugs – 1

Logistics – 6

- Routefinding – 1
- Party split from group – 3
- Automobile – 1
- Conflict with other party – 1

Near miss – 7

- Equipment – 1
- Rockfall – 1
- Fire – 1
- Kayak flip – 2
- Boat wake – 1
- Anchor – 1

Informational – 3

- Assist other party – 2
- Equipment – 1

Eight of these minor incidents occurred on an organized course field trip.

Major Incidents (Search and Rescue, 911 Call, Emergency Medical Attention)

January 21, 2012 – Gold Creek, Snoqualmie Pass Snowshoe Field Trip

Incident type: Major

Injuries: Head injury with possible concussion (Emergency Room [ER])

Cause of Incident: Snow/ice falling from tree

Summary: One student was struck on the head by a lump of hard snow and ice falling from a tree. She felt like she was hit by a heavy weight. She had no signs of physical or neural damage. Her pupils were equal and responsive to light, she did not see stars, and she remained fully conscious and responsive to questions. She said she felt sleepy. She seemed to improve for a short time, then after talking with other students, decided to return home in her car driven by her carpool passenger. The student went to the ER, waited for hours, and left without being seen by a physician.

March 3, 2012 – Lake Valhalla Ski Outing

Incident type: Major

Injuries: Torn ligaments and broken tibia plateau (hospital, surgery)

Cause of Incident: Ski turn (randonee) in heavy, dense, wet snow

Summary: A skier was making a normal turn with randonee gear in heavy, dense, wet snow when he heard a “popping” sound in his left knee. He could not bear weight or descend. The group self-rescued using a sled and rope system to the parking lot. Another skier drove him to Bellevue where a local hospital diagnosed him with a broken tibia plateau. During the following week, subsequent medical attention indicated three torn ligaments that required surgery.

April 5, 2012 – Discovery Park Climbing Field Trip

Incident type: Major

Injuries: Broken elbow and ruptured tendons (hospital, surgery)

Cause of Incident: Hit by bicycle while walking on street

Summary: A group of students and instructors was walking back to the building following crevasse rescue practice at Discovery Park. A bicycle hit a student from behind, and he ended up sprawled on his belly on the pavement with his right arm underneath him. An emergency room nurse who was part of the group evaluated the bicyclist (no injuries) and the student. She found a bleeding right elbow and bruised foot but no other signs of injury. After the injured student declined calling for an ambulance, another participant drove the student to a hospital near his home where he was diagnosed with a broken elbow and ruptured tendons. Surgery was required to repair the elbow.

May 6, 2012 – Stevens Pass Climbing Field Trip

Incident type: Major

Injuries: (A) Appendicitis (ER) and (B) puncture wound to thigh plus head injury (ER)

Cause of Incident: (A) Appendicitis and (B) lost control during ice axe arrest practice

Summary: A student reported extreme abdominal pain at the end of the field trip. She left the field trip with her husband, went to a hospital, and was diagnosed with appendicitis. She reported feeling abdominal pain for two days prior to the field trip. A separate incident occurred when a student lost control during ice axe arrest practice. His ice axe hit him in the face and left a puncture wound in his thigh. A doctor who was part of the group treated him in the field and he was able to self evacuate. An ER visit indicated the ice axe had penetrated 6 inches but had missed bone, arteries, and nerves. No other treatment was required.

June 2, 2012 – Sun Mountain Lodge Hiking Outing

Incident type: Major*

Injuries: Strained Achilles tendon (SAR)

Cause of Incident: Unknown

Summary: A hiker reported a sore ankle without any apparent injury. A doctor within the party evaluated the hiker and suspected a strained Achilles tendon. The group called the Sun Mountain Lodge to request assistance, self evacuated to an intermediate trailhead, and the hiker returned to the lodge. The hiker did not respond to requests for further information and no other information regarding her injury is available.

* Given that the group requested outside assistance, this is categorized as a major incident. Details are unavailable.

July 1, 2012 – Lost Lake Hiking Outing

Incident type: Major

Injuries: Brain aneurysm (ER)

Cause of Incident: Brain aneurysm

Summary: The second morning of an overnight backpack, one hiker reported a throbbing headache and diarrhea. She returned to her tent to recuperate but was unable to stabilize. After discussing options, the party walked out together and slowly. About 3 miles from the trailhead, a small group continued at a faster pace, as the injured hiker rested frequently and the leader recorded the injured hiker's vital signs regularly. When her vision deteriorated further, another hiker ran the final mile to the trailhead to meet the advance party. They drove to the Greenwater General Store and called for emergency services. Paramedics met the party at the trailhead. The injured hiker was emergency evacuated to Harborview with a brain bleed.

August 7, 2012 – Liberty Bell Climbing Outing

Incident type: Major

Injuries: Broken wrist and head injury (ER)

Cause of Incident: Leader fall on rock

Summary: A rope leader fell on the third pitch of Liberty Bell. She had clipped a fixed pin and may have placed a cam higher up but off route (a mangled cam was found later but the party could not confirm the gear). She landed on a ledge, hit her head, and broke her wrist. With the help of a professional

guide on the same route, the party evacuated to the trailhead. Another climber drove her to a hospital in Everett. CT scans indicated no head injury although surgery was required to repair the broken wrist.

August 11, 2012 – Monte Cristo Hiking Outing

Incident type: Major

Injuries: Fractured fibula and sprained ankle (EMT)

Cause of Incident: Fall on trail

Summary: A hiker rolled his ankle on a short downhill section of trail about a mile from the trailhead. A retired physical therapist wrapped the ankle. The leader asked another party to flag down a volunteer with the Monte Cristo Preservation Association, who was in a car a short distance away. Two people assisted the injured hiker to the car, and the volunteer drove him to the Verlot Ranger Station. EMTs were called and treated the injured hiker. His daughter arrived and drove him to the hospital where he was diagnosed with a bad sprain and a fractured fibula.

Significant Incidents (Non-Emergency Medical Attention)

April 15, 2012 – Deception Pass State Park - Goose Rock Hiking Outing

Incident type: Significant

Injuries: Foot pain and fatigue (doctor)

Cause of Incident: Foot pain and fatigue

Summary: A hiker was fatigued and experiencing foot pain while ascending Goose Rock. After discussion, the participant decided she could not finish the hike and she decided that she could not. The participant waited at the Deception Pass bridge with other party members in shifts until the rest of the party finished the hike and drove there to pick her up. The participant returned safely to Seattle and appeared to be walking normally at the Lynnwood Park and Ride. She planned to visit a podiatrist to manage the foot pain she experienced on the hike.

April 28, 2012 – Bean Creek Basin Climbing Field Trip

Incident type: Significant

Injuries: Head injury (doctor)

Cause of Incident: Slipped and hit head during stream crossing

Summary: A climber slipped during a stream crossing on the way back to the trailhead and hit his head on a rock. The climber had a headache but no other signs of injury at the time, on the way out, or at dinner afterwards. The climber went to a doctor the next day, but there were no injuries.

June 2, 2012 – Bonanza Peak Climbing Outing

Incident type: Significant

Injuries: Hyperextended knee (physical therapist)

Cause of Incident: Post holed into tree well

Summary: A climber post holed into a hidden void near a tree well and hyperextended his knee on the way into base camp. The knee was sore but not swollen, but the climber elected to stay at base camp while the team attempted the route. The climber walked out on his own but checked with a physical therapist afterwards.

July 7, 2012 – Lane Peak (Mt Rainier NP) Scrambling Outing

Incident type: Significant

Injuries: Facial laceration (doctor)

Cause of Incident: Post holed into rock moat, fall, ice axe hit face

Summary:

The trip leader post holed into a rock moat. His ice axe jammed on the rock and the spike swung up as he fell, hitting him in the face, causing a facial laceration below the right cheek. Another participant performed MOFA. He later visited the hospital in Enumclaw where the doctors removed a small piece of dead skin and provided antibiotics and a bandage. In a separate incident, another participant fell just below the Pinnacle saddle, self-arrested, but received several scrapes to arms and knee. The same MOFA leader provided care for the scrapes. No doctor visit was planned.

July 21, 2012 – Mt Shuksan/Fisher Chimneys Climbing Outing

Incident type: Significant

Injuries: Cuts and bruises (doctor)

Cause of Incident: Fall on snow

Summary:

Beginning in low visibility, the party started up what turned out to be the wrong gulley. They were kicking steps and self-belaying using ice axes up the 45-degree slope. No one was wearing crampons, and the trip leader was wearing ski boots. A student slipped on a steep, hard snow slope and was unable to arrest using his ice axe. He slid 200 to 300 ft to the base and hit rocks in a creek bed at the bottom. He suffered scrapes and bruises on the knee, thigh, and elbow. An EMT in the party evaluated the climber and bandaged his knee and elbow. The rope leader accompanied two students back to camp immediately, and the rest of the party turned around soon after. The injured climber sought medical attention several weeks following the trip as he continued to suffer knee pain.

July 21, 2012 – Crater Mountain Scrambling Outing

Incident type: Significant

Injuries: Cut hand (medical attention)

Cause of Incident: Fall during descent

Summary:

One party member fell on the descent and cut his hand. He sought medical attention, but no stitches were necessary.

July 27, 2012 – Mt. Adams, South Spur Scrambling Outing

Incident type: Significant

Injuries: Broken ankle (doctor)

Cause of Accident: Glissade and hard snow

Summary:

While glissading, a participant caught his foot on harder snow wedged into the side of the chute around 11,000 ft elevation. He thought it was a minor strain or sprain and walked down to the campsite that evening, iced it with snow, and took Ibuprofen for pain and swelling. The next day he wrapped it with a clinging bandage and hiked out with little trouble. A later visit to the doctor revealed a fracture of his left ankle, which required 4 to 6 weeks to heal.

September 1, 2012 – Sahale Peak, Quien Sabe Glacier Climbing Outing

Incident type: Significant

Injuries: Chipped tooth (dentist)

Cause of Incident: Fall on nontechnical terrain

Summary:

A participant slipped on the slabs and broke off the corner of a tooth. She completed the climb without any problem, but required a trip to the dentist.

September 2, 2012 – Wind River Highline, Wyoming Mountaineers Outing

Incident type: Significant

Injuries: Heart arrhythmia and gastrointestinal, fatigue (doctor)

Cause of Incident: Illness

Summary:

During a remote outing in the Wind River Range, a participant experienced a significant loss of energy and heart arrhythmia. As an MD, the participant self-evaluated his health and conferred with the trip leader. The group discussed options. He reported being very comfortable hiking out alone, and he decided to hike out to an intermediate trailhead for 3.5 hours rather than continue over a pass to gain additional altitude on the trip. Within 30 minutes of leaving the group, he ran into two men who hiked out with him; he had earlier shared his situation with them. He experienced diarrhea on the way out and on the drive home to Seattle. He returned safely and checked with his doctor upon return. He left cell phone messages for the leader as previously arranged, but he could not reach their satellite phone to confirm he was ok. His doctor found the heart arrhythmia was not as big of a concern as the diarrhea. However, no infections were identified after testing for multiple pathogens. He had treated all water with chlorine dioxide.

September 20, 2012 – Chair Peak, SE Route Climbing Outing

Incident type: Significant

Injuries: Broken thumb (doctor)

Cause of Incident: Fall on rock, loose rock, off route

Summary:

While ascending an exposed class 3 section, the trip leader set a handline and the other climbers prusiked across. After realizing they were off route, the climbers retreated and the leader broke down the anchor. As he stepped on a ledge/shelf he had previously crossed, it sheared off the face and slid down the rock beneath it. As the leader fell toward the rock face, he stemmed against the sides to prevent himself from sliding further. He also jammed his left thumb, leaving it swollen with some blood at the tip. The team improvised a splint, and they retreated back down the gully and out to the cars. An x-ray revealed a broken phalange that required a splint for 4 to 6 weeks while it healed.

September 22, 2012 – Island and Rainbow Lakes Hiking Outing

Incident type: Significant

Injuries: Knee pain (physical therapist)

Cause of Incident: Previous injury recurred on descent

Summary:

A hiker experienced a recurrence of old knee pain. The co-leader accompanied the hiker as she descended via a shorter and easier trail. The rest of the group returned along the original route and met the co-leader and participant at the trailhead. The hiker had a small amount of swelling/heat at the joint which indicates a more minor injury, and she could not trace it to a specific moment or incident during the hike. She sought medical attention from a physical therapist following the trip.

September 29, 2012 – Mount Ruth (Mt Rainier NP) Scrambling Outing

Incident type: Significant

Injuries: Vomiting, fatigue, possible acute mountain sickness (doctor)

Cause of Incident: Illness

Summary:

A participant who had previously reached Camp Muir twice with the trip leader began to slow down around 8000 ft. They reached the summit, and after eating lunch he indicated that he had a headache. Just after leaving the summit, he vomited. Vital signs taken multiple times on descent were within normal limits, and he did not experience dizziness or shortness of breath. He stated that his stomach ached more than his head ached. However, he did say he was sleep deprived and exhausted. The leader considered acute mountain sickness a possibility. He indicated that he would visit his doctor to determine what triggered the event.