

2007 Mountaineers Annual Safety Report

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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 & 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 committee (from the Charter):

- 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 the year included:

- Collecting information on accidents in a systematic manner
- Writing up reports for major incidents in a systematic format
- Communicating summaries of facts from the accidents to club members
- Facilitating discussion of accidents and safety measures among club members
- Increasing reporting of all incidents, even those with less serious outcomes

The committee met on December 1, 2007 to review all submitted incidents for the year, develop recommendations, and discuss next steps.

Summary Statistics:

Major incidents involving Search and Rescue and/or hospitalization

There was one major incident reported. This incident occurred on a hike and resulted in a fatality.

Significant incidents involving injury and Dr. visit, but no SAR

There were thirteen significant incidents reported. Twelve of these incidents involved slipping/tripping/falling:

- Slip/Trip/Fall on non technical terrain = 8
- Fall on technical terrain = 4
- Hit by falling rock/ice = 1

The thirteen significant incidents resulted in the following injuries:

- Lip laceration, bruised and sprained ankle
- Distal bicep tendon rupture, quadriceps strain, hyper-extended knee
- Gash on forehead
- Broken ankle
- Broken thumb, numerous bruises and a minor concussion
- Broken wrist
- Gash on leg
- Bruised or cracked ribs, scrapes on arm, back & leg
- Bruised shoulder, possible hairline fracture
- Torn ligaments in knee
- Broken ankle
- Sprained ankle
- Dislocated Shoulder

Four of these significant incidents occurred on an organized field trip:

- Basic Rock One
- Cragging Class
- Intermediate Ice One
- Intermediate Ice One

Minor incidents reported where no Dr. visit occurred

There were thirty-seven minor incident reports made, categorized as:

16 involved falls:

- 1 fall on rock/ice
- 4 fall on snow
- 10 fall on other “non technical” terrain
- 1 glissade

17 involved insufficient preparation or illness:

- 8 personal illness
- 2 hypothermia

- 4 conditioning
- 2 insect bites
- 1 missing fundamental skill

2 involved being hit by falling rock/ice

2 were warnings logged as to route

Summary of Incident Reports:

- July 14, 2007 – Mount Jupiter
- Summary of Significant Incidents
- Summary of Minor Incidents

July 14, 2007 - Mount Jupiter

Location: Mount Jupiter, standard hiking route

Injuries: Fatality

Cause of Accident: Congenital coronary artery hypoplasia

Summary:

On July 14, 2007, a party of nine set out to hike Mount Jupiter via the standard trail. The hike is rated Very Strenuous with a RT length of 14.5 miles and elevation gain of 3,700'. The group started out at 9:00am on a partly cloudy and humid 70 degree day. After the first mile, the party split into three groups, a fast group containing 4 people, medium group with 3 people, and a slow group with 2 which were T and TG. During breaks the slowest group would catch up to the middle group, although clearly exerting and sweating, TG appeared upbeat, comfortable, and motivated to continue. All groups came together for a lunch break at the 3,600' overlook, with the slow group arriving 15 minutes after the middle group at 12:30pm. TG was hot and sweating and complained of leg cramps. The leader made sure TG was drinking and eating salty snacks for electrolytes.

At 12:45pm the fast group left the lunch area, as did the middle group shortly thereafter. T and TG caught up to the middle group on one more break, they then lost contact for a couple of hours. The first two groups summated around 2:15pm, then started the descent at 2:45pm. Just a few switchbacks from the top the leader met up with TG. He was taking a break and drinking. He was out ahead of T. He was breathing hard and sweating profusely. His color appeared normal. The leader talked with TG for several minutes. He was responsive and upbeat. The leader was concerned about TG's exertion and asked if he wanted the leader to stay and hike with him. TG said he felt OK, and since he was with T, the leader felt OK to continue down, and did so.

Both T and TG reached the summit, rested and took pictures. TG seemed to be doing better on the descent, with conversation while they hiked. They reached the overlook and took a long break as TG's legs were cramping again. They left the overlook at 5pm, then

stopped again for a 5 minute break about 1 mile later. While TG took a restroom break, T started slowly hiking up the slight rise, looking back after 1 minute to see if TG had resumed hiking. TG was disoriented and waving his arms, then he collapsed. When T got back to him, he noticed his skin was pale and pasty, he asked questions but TG did not answer. T checked airways for blockage and found them clear, then laid TG on his back, placing his head on his pack and began treating for heatstroke. TG stopped breathing and pupil response was not normal. T started CRP, TG resumed breathing, his color improved and his pupils began to respond. A young couple happened by on their way up the trail, they stopped to assist. The young woman was asked to run back to the trailhead and notify the trip leader of the situation and bring water and help, which she did. TG stopped breathing again, his color went pale and his lips blue. T and the young man that stopped to help resumed CPR but could not restart TG's heart or obtain a pulse. The young man was sent down the trail to tell the leader that TG had died and to call 911, it was 5:30pm.

At 7:00pm the young woman made contact with the rest of the group at the trailhead, said a hiker was in distress and needed assistance, then turned around and ran back up the trail. The leader collected food and water, and because not enough supplies to keep everyone OK on the trail during the night, sent 4 members home who had driven in one car and needed to catch a ferry, then continued back up the trail with 2 other party members. At this point he thought they were dealing with a dehydrated hiker who could recover with assistance. They met the young couple on their way down, the couple said they were going to call 911 and appeared in distress, but did not mention TG had died. The group reached T at 8:15pm and learned of TG's death. Two people were chosen to descend to the trailhead, to call family members and wait for SAR, those calls were made about 10pm. At 11:30pm, the first SAR team made contact. Evacuation by litter started at 1am, the leader and remaining party member arrived at the trailhead at 4am, where they were debriefed by the Sheriff's incident team.

A subsequent autopsy declared cause of death "Congenital Coronary Artery Hypoplasia"

Summary of Significant Incidents

(No SAR or overnight hospital stay, but did require Dr. visit)

Location: Chair Peak/NE Buttress (winter)

Date: February 3, 2007

Injuries: Lip laceration, bruised and sprained ankle

Cause of accident: Leader fall on ice pitch

The accident happened on the third pitch in the hourglass water icfall, which is the crux of the climb. It is a 15-20 feet vertical icfall. MV was leading the pitch. He placed a 22 cm screw+screamer at the base of the waterfall on a solid patch of ice and started up the

waterfall. When reaching the lip of the 90 degree section, he was looking for solid tool placements to lift himself over the lip. Ice was bubbly and shattered easily. While looking for a good placement with one ice tool, the other one came off and he lost his balance and fell. The fall continued 30-40 feet and was arrested by the screw, which held without the screamer becoming undone. The injury was a laceration and bruise on his upper lip (likely caused by tool hitting face) and a sprained right ankle. This didn't prevent the continuation of the climb. The injured could continue up the pitch though we swapped leads so that the injured could follow the pitch. We then followed an easier route to the left of the icefall and completed the climb. The injury was treated by a doctor in Seattle after the climb. The lip laceration did not require stitches. The ankle has a third degree bruise and sprain, no broken bones. It should heal within 4-6 weeks.

Location: Spire Rock - Basic Field Trip Rock 1

Date: April 28, 2007

Injuries: Distal bicep tendon rupture, quadriceps strain, hyper-extended knee

Cause of accident: Flipped upside down while on rappel

During his first rappel off of Spire Rock, OS sustained an injury during the rappel. The rappel was rigged with the anchor at foot level. OS had teetered on the beginning of the rappel. When he did not go over the edge in balance he flopped down onto his back. He held his brake and he was on a fireman's belay. When he got to the bottom he realized it was difficult to walk. His left quad hurt when he weighted it. After some rest he tried to walk off the pain for about 15 minutes. It did not subside. He also noted his left bicep hurt. He decided he was going to go to urgent care and have it checked out. **Injuries:** Distal bicep tendon rupture, quadriceps strain, hyper-extended knee, had surgery to repair.

Location: Ingalls Peak/S Ridge

Date: May 19, 2007

Injuries: Gash on forehead

Cause of accident: Fall in dark parking lot

We car camped on Friday night at the Beverly Creek CG. During the night one of my students fell on his way to the bathroom and gashed his forehead. It was an ugly, deep gash which needed stitches so he couldn't participate in the climb. He got to drive to the emergency room instead, got stitched up and is fine - although more than a bit embarrassed.

Location: Icicle Canyon – Cragging Class

Date: June 2, 2007

Injuries: Broken ankle

Cause of accident: Leader fall on rock

On Saturday, 02 June at about 1545, LB took a leader fall and was injured. The Crag Class was climbing on the "Keen Acres" formation in Icicle Canyon. The route LB fell from is "Take Out", a traditionally protected 5.7 face climb on the right of the formation. She successfully climbed at least three routes in this area on top rope, including "Take Out". The other routes ranged in difficulty from 5.8 to 5.9+. Lisa began the climb and placed a piece of protection at the first opportunity, as she moved past this piece, she got into an awkward position. It appeared to me that she was trying to down climb or at least lower herself to lessen the impact of a fall, when she did fall. Her protection held and her fall was approximately five to seven feet. Unfortunately, her left heel impacted a small ledge.

Location: Liberty Bell/Concord Tower Combo

Date: June 30, 2007

Injuries: Broken thumb, numerous bruises and a minor concussion

Cause of accident: Leader fall on rock, protection pulled out

HL was leading the second pitch of Concord Tower, and was about 30' above his belayer MP, when HL took a leader fall. All three pieces of protection ripped out, HL hit the belay ledge and bounced into the gully; he was held by MP's belay on the anchor, which was a cordellette slung around a large block. HL was lowered the rest of the way to the ground by MP. He had some difficulty untying the rope from himself, due to a hand injury. HL had some scrapes and bruising on his left knee, and a disabled thumb. After about an hour of monitoring, we decided to self-evacuate. After about four hours, we reached the parking lot and MP took HL to the emergency room. HL suffered a broken thumb, numerous bruises and a minor concussion (he'd been wearing his helmet).

Location: Mt Stuart/N Ridge

Date: July 25, 2007

Injuries: Broken wrist

Cause of accident: Trip while navigating boulders

We did a planned bivy on summit, on following day during descent of Cascadian Couloir, JF was stepping from one boulder to another and his foot slipped causing him to fall. During the fall he made a "perfect" wrong landing exacerbated by a full pack injuring his left wrist. First aid was administered by other party members including application of a SAM splint. Leader continued to TH with no other assistance. During a medical evaluation it was discovered that the head of the ulna had been fractured as well as a small piece of the radius.

Location: Vesper Peak, 6214

Date: July 28, 2007

Injuries: Gash on leg

Cause of accident: Slip on a rock

One party member slipped on a rock & gashed her leg. We patched her up & after she rested for an hour or so, we returned to the TH. She called me after visiting the doctor - all is well & she will be hiking again in a week.

Location: Mt Rainier/Emmons Glacier

Date: August 3, 2007

Injuries: Bruised or cracked ribs, scrapes on arm, back & leg

Cause of accident: Fall on scree

Two climbers fell while descending the scree slope to the Emmons Glacier on the way to Camp Shurman. One climber had scraped left arm and either deeply bruised or lower left side cracked rib and scraps on back of upper left leg. Pain from this injury prevented him from completing the climb. He plans to see a Dr. for an X-ray.

Location: Mt Maude/Entiat Icefall

Date: August 4, 2007

Injuries: Bruised shoulder, possible hairline fracture

Cause of accident: Hit by falling rock

ZD was following on the first pitch of Entiat Icefall on Mt Maude, with BF leading on a running belay. After traveling about 40-50 feet, ZD was struck by a rock squarely on his left shoulder; he fell and yelled. BF was able to jam his ice tool in a crack and hold onto it, while ZD fell about 10 feet. It took him about one minute for the excruciating pain to subside enough so that he could regain his footing. ZD lost the use of his left arm and was unable to continue climbing. The leader, RM, wanted BF to retreat with ZD. But since ZD could walk without any problem, and the terrain back to camp and trailhead, though long and treacherous, presented no technical difficulty, ZD offered BF to stay with the rest of the group. ZD hiked back to camp, packed his camping gear, and walked back to trailhead uneventfully. The size of the rock was about 4-5 inches across. It landed on the shoulder pad of ZD's backpack. This apparently prevented a far more serious injury.

Location: Mount Rainier/Nisqually Glacier - Intermediate Alpine Ice 1 Field Trip

Date: August 11, 2007

Injuries: Torn ligaments in knee

Cause of accident: Trip and fall on low angle glacier ice

MB and GF were standing unanchored at the base of an ice pitch preparing for a yo-yo belay when MB takes a step backwards, trips and falls on 20 degree ice. MB slides about 20', when his slide is stopped by GF on a partially tied rope. MB sustained a knee injury, the party self evacuated and reached the parking lot by 10pm. Dr. visit confirmed torn knee tendons.

Location: Mt. Baker/Coleman Glacier - Intermediate Alpine Ice 1 Field Trip

Date: August 18, 2007

Injuries: Broken ankle

Cause of accident: Caught crampon on sling while downclimbing

At 6pm on Saturday, ES was descending from the Coleman glacier back to the trailhead on low angle glacier ice. ES was about to step forward with left foot but since the section was a little steeper (~30 degrees), ES crouched down lower to have better balance. Just as ES moved the right leg forward, one of the crampon points got caught in one of the alpine slings (stashed tripled up on the harness). ES's right leg twisted badly (inner ankle towards the ice) and was not able to bear weight on it for several minutes. The party self evacuated to the trailhead the next morning. Dr. confirmed spiral fracture of the ankle with some displacement of the bone.

Location: Sourdough Mtn

Date: August 25, 2007

Injuries: Sprained ankle

Cause of accident: Tripped while hiking

One of the hikers (CC) sustained a slight sprain on her left ankle. We wrapped the ankle in a support and lightened the load in her pack and she was able to walk out. Once back at the car, we put some ice in a bag and she put it on the sprain. It looked slightly swollen. CC said she would go see the doctor.

Location: Stevens Pass Backcountry

Date: December 12, 2007

Injuries: Dislocated Shoulder

Cause of accident: Fall while skiing

JP took a fall while skiing that caused his shoulder to dislocate. JP went to the hospital that night to have the shoulder put back in place.

Summary of Minor Incidents

(Incident or injury, but no Dr. Visit)

Location: Wallace Falls

Date: February 24, 2007

Incident: One of the hikers started to feel ill and her lips were turning blue. We first rested, then 1/2 the group turned around and once we stopped climbing, she was feeling

better. We split the group in two. The group that continued was told they were no longer on a Mountaineer trip. They called my cell phone once they were safely to their vehicles.

Location: Manning's Reach/TMT

Date: April 21, 2007

Incident: One participant turned around and left the group without checking out. This resulted in search time and extra distances attempting to locate the missing person.

Location: Mt Hood/Leuthold Couloir

Date: April 29, 2007

Incident: Assistant leader struck by softball sized ice chunk in tricep. No MOFA needed.

Location: Mt Ellinor, 5944

Date: April 28, 2007

Incident: We started the glissade a little high, unable to see clearly over the short horizon but seemed to be in same fall line as other glissade tracks. I went first for safety, and had to abort after 200' when cresting the horizon due to trees appearing ahead near my fall line. When the next participant came over the crest and saw me, he was distracted and lost control of his descent, tumbled once or twice before arresting. No injuries. We shifted a few yards S and completed the remaining 800' glissade.

Location: Bean & Earl Basin - Scrambles overnight field trip

Date: May 5, 2007

Incident: CF was standing on the Bean Creek trail at the creek crossing when the snow collapsed and she fell into the creek and injured her hand. She was approximately 1 foot above the creek. The injury was bruising and swelling of the hand. She has complete mobility of fingers and wrist. I spoke with her on Monday and she indicated that her hand was OK.

Location: East Wilmans Spire/S Face

Date: May 11, 2007

Incident: I hate to say this, because it is otherwise an exceptional outing, but the combination of poor rock quality, poor rap anchors, and serious rockfall have led me to place it on my "never will do again" list. I felt fortunate to have had a very competent party so it was comparatively easy to work through the issues. I don't know if we have any hazard criteria for evaluating climbs for the climbs list, but if there is, I'd recommend that we look at this climb from a hazard standpoint.

Location: Mt Garibaldi/NE Face

Date: May 11, 2007

Incident: One of the intermediate students on this climb pulled a leg muscle while descending a snow slope about 4 miles in on the approach; this individual also was not in condition for moderate basic climb. At 4.5 miles in, we decided to split the party into two groups, allowing half the team to continue with the climb and the other half to remain in camp. This was done after assessment of all the objective hazards, weather, strength of the party, route, and that everyone on the trip has climbed regularly together for 3+ years. That intermediate student remained in camp, and was able to return to the cars without any further problems.

Location: Lake Serene

Date: May 19, 2007

Incident: One older member who had thought he recovered from the flu turned out to be sick as we approached the Bridal Veil Falls. Fell behind, and when approached, indicated he had thrown up his lunch. Initially he wanted to return to his car, but then decided to continue. He significantly slowed our ascent and descent. I give him credit for guts, but he should have known better as a very experienced hiker and climber. He completed the hike without further ill effects.

Location: Whitehorse Mtn/NW Shoulder

Date: May 19, 2007

Incident: We ascended to Lone Tree Pass without incident. The party appeared strong. At the pass, JC pointed out his leg was stiff as he was recovering from a leg injury, but thought he would be OK. The rest of the party headed towards High Pass while I stayed behind with JC as he wanted to travel at a slower pace for a few minutes. After about 10 minutes he said he was going to turn around, but that the rest of us should go on. I sized him up and noticed he was shivering and he said he needed to stop for a few minutes. He otherwise appeared OK. I took out the thermal rest and bivy sack, gave him a spare jacket, and told him to get in the bivy and put the jacket and his balaclava and pants on. I could not reach the rest of the group by radio as they had passed over a ridge and out of line of sight. I told JC to get in the sack while I went after the group. He said he would. I was able to reach them by radio in about 5 minutes and told them to stop. I met up with them, quickly discussed the situation, and we went back to JC. About 15 minutes had elapsed since I left him. He was in the bivy, but had not put on the jacket, pants, or hat. His lips were blue, he was shivering uncontrollably, and he was not speaking or thinking clearly. He complained he could not move and was suffering from severe body cramps in his legs, arms and trunk. We quickly put more clothes on him, gave him Gatorade for the cramps and made him eat. He continued to deteriorate and requested we contact SMR for evacuation. The weather was deteriorating and the party was getting chilled because we had wrapped JC in so many articles of our extra clothing. We made a decision that we should try to self evacuate immediately. We pulled JC out of the bag and secured his harness to him and put on another dry layer of clothes on the outside and a second balaclava. Three people lifted him and he was pretty much dead weight. After a minute or two he started to be able to move his legs with difficulty, and with two other people

aiding him, we slowly made our way back to Lone Tree Pass. By the time we got him to the pass, he had improved to where he could move under his own power, but still very shaky. At this point two people tied in and short roped him to descend from the pass down the steep snow. Two people were also at his side to assist him for the descent. After about 15 minutes he was warming up and he regained his faculties and was soon able to move without assistance. We short roped him down to the trail at 2,800' and he was able to walk out under his own power.

This was a page right out of MOFA. We were all stunned at how fast he deteriorated. He had led the group and kicked the steps up to Lone Tree Pass and he showed no signs of distress. Within 20 minutes he was totally incapacitated and unable to move his limbs. I learned a lot on this trip.

Location: Mt Forgotten, 6005'

Date: May 19, 2007

Incident: Second year student PA was de-conditioned. Although he admitted that he was doing NO conditioning activities, he convinced himself that he could sign up for a "Strenuous 4" trip. Partway along the segment of the trip that involves gaining elevation in the steep, snow-covered forest, PA needed the party to slow down for him and required encouragement from CS, my co-leader to continue. On the return, as we ascended onto the terrain bump that separates the spur itself from the saddle/meadows area, PA major-ly "bonked." PA wanted to stop and call for a rescue. PA was encouraged to breathe deeply, to nibble, to drink, and to keep moving down and off the mountain. It was pointed out that spending the night on the mountain would be cold, uncomfortable, impractical, and a pain for himself, his party, and any rescue personnel that might become involved. Other party members split up most of the weight of PA's pack. He was loaned ski poles. PA needed to be constantly, consistently, and firmly encouraged to keep breathing, moving, and focusing on walking himself out of the situation. Having to provide this verbal admonishment/motivation was mutually unpleasant for me and PA (and probably for other party members who were forced to listen to it), however, it worked, and we reached the trailhead. PA needs to confine himself to less strenuous scrambles until he resolves his conditioning.

Location: Kangaroo Temple/N Face

Date: May 20, 2007

Incident: On the way out one student reported his boots were loose and would tighten them at the pass. A few moments later he rolled his heel over and heard a pop. We off loaded his gear and pack and he was able to get out without further incident. He reported the following day he thought it was fine.

Location: Icicle Canyon – Cragging field trip

Date: June 2, 2007

Incident: While climbing a 5.9 route on Levi Wall, I slipped and slid about 25-30 feet. I scraped my left forearm pretty good. There was also a scrape on my chest and left thigh. I did not seek medical attention for the injuries. I simply cleaned them well and kept the arm covered for a couple of days. I was 12-15 feet above the last protection. This route had described a 20 section that was unprotectable before coming to a bolt. I was nearing that bolt when I was feeling exposed. I did not think I could make the move to the bolt safely. So I moved right. A bit off route. Which put me on some lichen. The lichen was crumbly. I did not have a good hold. When I reached up to get a better hand hold, my feet slipped. After the fall I gathered my composure and finished the route. I found the means to protect off to the right on the second attempt. I then finished the route. When I got off the climb I tended my injuries. The lesson I learned was to either stay on route out of the moss or if the climbing gets to stiff for my ability to lower to the previous protection and reconsider my options.

Location: Camp Muir

Date: June 9, 2007

Incident: Minor twisted ankle. Participant was able to walk out, just slower. Felt fine by the time he got to the parking lot.

Location: Red Mtn (Snoqualmie Pass) 5890

Date: June 9, 2007

Incident: LM slipped on the steep snow and was not properly self belayed with the ice axe. He failed to self arrest before sliding about 20 feet into the gap between a rock wall and the snow. No injuries occurred.

Location: DeRoux, 6260

Date: June 14, 2007

Incident: One party member experienced extreme exhaustion and did not summit. She delayed the party by two hours. We had planned to do a loop trip but because I had to stay with her we revised our plans. The rest of the group summited.

Location: Baring, 6125

Date: June 9, 2007

Incident: One participant slipped while descending through a steep forest with needle litter, sticks and duff. In the event of slipping, he slid onto a branch stub of a stick which lacerated his shin. The laceration was nearly 4 inches long and just over 1/4 inch deep at the deepest part. First aid was administered by myself and another participant. The wound was washed with water and dried with gauze. Blood coagulated quickly. 6 Steri-strips were applied, covered with gauze pads and extra cushioning. Roll gauze covered the whole wound area and was secured with first aid tape. The injured participant walked out on his own power.

Location: Easton Ridge

Date: June 9, 2007

Incident: MT was hiking so slowly that she became a liability to the whole party. LK, another CHS hike leader, volunteered to stay with MT because she knew MT would be slow. We waited for MT and LK at the signed junction for about a half hour. Waiting for MT was difficult because the weather was nasty and other members of our group were getting chilled. When they finally arrived we continued and waited again at the first rock outcropping. Again, waiting was uncomfortable so when LK and MT arrived, LK and I talked it over and LK agreed to stay with MT and hike a little further at MT's pace while the rest of us went on. Members of my party were getting a little annoyed at the long waits because of MT but we continued on without them. MT and LK started back to the trailhead ahead of us -- even at that we caught up to them when we reached the cars. MT did not get anywhere near the "destination" and was advised to leave the CHS course. It is unfortunate but the decision was necessary -- when anyone is hiking that slowly they become a safety hazard themselves (and to others), especially when the weather is nasty.

Location: Iron Bear

Date: June 24, 2007

Incident: Hike leader and one other hiker felt ill and had to turn back with the remaining two members continuing. Trip was listed as cancelled since two people don't constitute a Mountaineers event.

Location: Hibox, 6560

Date: June 24, 2007

Incident: One party member slipped and fell while descending on a section of wet, slimy, slick rock. He slid and tumbled about 15 feet. He had some bumps, scrapes, and bruises. He took some ibuprofen. Our MOFA leader took a look at him, but no other first aid was performed. He was shaken but able to continue the descent and walk out. He was advised - and intended - to wash and treat his scrapes when he got home.

Location: Ingalls Peak, East Peak/SW Face

Date: June 23, 2007

Incident: Due to the large number of people at or heading for the notch, we elected to do the South route (See Basic Climbs Guide from 20-25 years ago). It seemed more difficult and harder to protect -- and perhaps more risky -- than I had remember it from the last time I did it (1980). I suspect something has fallen off it. It is NOT RECOMMENDED that this be repeated as a Basic climb.

Location: Pratt Lake

Date: July 7, 2007

Incident: A participant took a tumble on the trail but other than a bump on her forehead, seemed to be fine. CW, a registered nurse, looked her over to make sure she was OK which she was (I was bringing up rear guard).

Location: Mt Rainier/Emmons Glacier

Date: July 7, 2007

Incident: One rope leader came down with altitude sickness and did not summit. She safely descended the route and resumed duties as rope leader at about 12,000 feet.

Location: Mt Ruth-Icy Peak/Traverse

Date: July 7, 2007

Incident: One team member has asthma. When we reached the rope up area for Icy (approximately 2 hours from camp) she announced she did not have her inhaler. She said she forgot it at camp. She said she was fine to wait at that location on the rocks for our return. This is the 5th medical issue and 6th time I recall being on an outing with this person in which she has not been able to continue. Fortunately in all those events it has not impacted the ability of the team to complete what they were doing. I do believe it creates a safety issue for the rest of the group and I have informed her she will not be allowed on my climbs in the future.

Location: Fay, Hessong & Pleasant, 6492, 6385 & 6454

Date: July 8, 2007

Incident: There was a successful self-arrest by a student that could have been very serious.

Location: Summerland

Date: July 28, 2007

Incident: One member of the group is disabled due to a stroke. She gets by pretty well, but is a liability hiking. She stumbled and fell at least 6 times and it was just luck that she didn't get hurt. She has a great attitude about it and loves to hike, but held back the group and put the entire outing in jeopardy. In my opinion, she needs to be told that she can not participate in Mountaineer hikes.

Location: Sahale Peak/Quien Sabe Glacier

Date: July 28, 2007

Incident: Left camp at 5:15am, ascended to shelf and roped up. Whiteout led me to ascend toward Boston Peak rather than traversing a few hundred feet more to the right. After I realized my mistake, I thought it would save time if I asked the assistant leader to go ahead, continuing the traverse around the right to where we could go up to the saddle, rather than waiting for me to come down. He went up a 50° couloir, melted out near the top, followed by the other rope leader, leading the second rope team. By the time I was

in a position to see what was going on, the assistant leader had gathered his team at the top of the couloir, off the snow, and the other rope leader had continued up, exited the couloir, and scrambled up and right on some very rotten rock. I thought it best to continue on and advised him to set up a belay anchor using his ice axe placed down between some large blocks. After two rockfall incidents (hardhat and pack, no injuries) we traversed around a shoulder of Boston and got to the saddle. Easy from there on, no pickets required. Lesson 1: If in a whiteout and you have done it before and can recognize landmarks (and anti-landmarks – “This is definitely wrong”), don’t let someone who has not been there lead the first rope while you lead the third. Lesson 2: Leader should have a whiteout plan (a la Houston & Cosley, Alpine Climbing) for any climb. This route is not as easy to follow in a whiteout as I had thought.

Location: Mt Stuart/W Ridge

Date: July 28, 2007

Incident: I had a fall that resulted in superficial injuries, but was nonetheless nearly fatal. I was stepping down on soft snow about 2' above a rock slab when the snow collapsed under my weight. My axe placement also failed and I fell on my back head first down the slab. I fell into a hole (a fissure really) in the slab that had a flat bottom where I stopped after a tumbling fall of about 20'. This point was less than 10' from a major drop. Injuries were minor abrasions and a bruised shoulder that initially prevented raising my right arm for the next 2-3 hours. The shoulder regained full mobility after a period of 2-3 hours, and no follow-up medical attention was needed.

Location: Snowfield Peak/Neve Glacier

Date: August 11, 2007

Incident: We had hornets attack us both on the way up and the way back at the same location around 3,800 or 3,900' on the climber's trail. In total JW had 3 stings and GT had 3 stings. Benadryl alleviated our concern about reaction to the venom, and antiseptic wipes alleviated our concern about infection.

Location: The Tooth/S Face

Date: August 21, 2007

Incident: MR slipped on loose talus and cut the palm of his left hand. Cleaned, bandaged, and wrapped. Should be fine. JB took a fall while following on rock and injured her ankle in some way. She was able to walk out, though was slowed a little. She is a rehabilitation nurse at a hospital and seems to have the knowledge and access to resources to take care of herself.

Location: Goat Lake (ONP)

Date: August 25, 2007

Incident: A guest with pins in his ankles experienced discomfort and returned to the trailhead without completing the hike.

Location: Melakwa Lake

Date: August 25, 2007

Incident: Participant AM fell on the return trip, skinned her right knee and hurt the ring finger of one of her hands. She was able to walk out.

Location: Upper Enchantments/RT via Colchuck Lake

Date: August 25, 2007

Incident: JL had minor bruises on her knee and first-aid was applied. She completed the trip without problems.

Location: Stillaguamish, 5683'

Date: September 1, 2007

Incident: Mistaken detour brought us to steep pinnacles/cliffs which were difficult to negotiate; one participant took a slip; luckily no major injury but could have resulted in serious accident. Worthy to inform leaders considering this destination in future of the curious anomaly in the climbers trail that led us to our mistaken detour.

Location: Sahale Peak/Quien Sabe Glacier

Date: September 9, 2007

Incident: A student from another branch informed me after we were roped up that she had never been in crampons before. I asked her if she had gone to Snow 1 and Snow 2, and she said yes. She explained that because they could not go to the usual places for these field trips for some reason, they never had the students use crampons. So, there we were on the glacier instructing her on the finer points of cramponing up the Quien Sabe. I think the other branches have the responsibility to ensure that their students have experience with crampons before they send them out on glacier climbs. Climb leaders are entitled to have an understanding of what the minimum level of training their party members have prior to the climb.

Location: MOFA class

Date: September 9, 2007

Incident: One student needed to leave the field trip early on Sat because of an eye infection from a recent surgery. The instructor team insisted that for her safety, she go home, but they knew letting her drive out would not be safe. Two of the instructors drove her safely home (one driving her car). She'll complete the training with us in Nov or Jan.

Location: Observation Rock/N Face

Date: September 21, 2007

Incident: One of the students slipped and bent one finger the wrong way. It was determined that it wasn't broken and nothing had been torn. She didn't have a full range of motion with it but felt that everything was O.K. She completed the climb without it giving her any trouble, or aggravating it.

Location: Mt Higgins

Date: September 29, 2007

Incident: At least four of us were stung by hornets/wasps.