

# 2009 The 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 12, 2009 to review all submitted incidents for the year, develop recommendations, and discuss next steps.

## Summary Statistics:

### Major incidents involving Search and Rescue, 911 call, and/or hospitalization

There were seven major incidents reported:

1. Hematoma on Hip ( 911 call) - Tacoma Clubhouse, January 26, 2009
2. Deep Abdominal Cut, Torn abdominal muscles, traumatic hernia, chipped pelvic bone (SAR, hospitalized) – McClellan Butte, February 22, 2009
3. Fractured right ankle (SAR) – Camp Muir, April 11, 2009
4. Deep gash on leg (SAR) – Icicle Ridge, June 14, 2009
5. Spent night out alone (SAR) – Kaleetan, June 27, 2009
6. Fainting (911 call) – Foss Waterway, August 23, 2009
7. Panic attack, fainting (911 call) – Tacoma Clubhouse, November 8, 2009

### Significant incidents involving injury and Dr. visit, but no SAR or 911 call

There were six significant incidents reported which resulted in the following injuries:

- Ice axe puncture of right leg
- Broken shoulder blade
- Torn meniscus in left knee
- Concussion, bruising
- Broken finger
- Severely sprained ankle

These significant incidents were categorized as:

- Slip/Trip/Fall on non technical terrain – 2
- Fall on rock – 1
- Hit/cut by falling object – 1
- Fall during glissade – 1

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

- Winter Travel & Camping
- Basic Climbing – Snow 2

### Minor incidents reported where no Dr. visit occurred

There were seventy-two minor incident reports made, categorized as:

Fall - 22

- Fall during glissade – 1
- Fall into crevasse – 1
- Fall on non technical terrain – 12
- Fall on rock – 4
- Fall on snow – 4

Hit/Cut - 4

- Cut by equipment – 2
- Hit by falling object – 3

Illness - 12

- Cramping – 2
- Heat exhaustion – 2
- Insect bite/sting – 3
- Knees – 4
- Feeling weak – 2

Kayaking – 6

- Kayaking equipment – 1
- Kayaking fall into water – 2
- Kayaking weather – 1
- Kayaking other – 2

Logistics – 13

- Party organization - 1
- Party Separation – 9
- Routefinding – 3

Preparation - 8

- Conditioning – 1
- Equipment - 6

Other - 6

- Informational - 6

## **Major Incident Report Summaries:**

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### **January 26, 2009 - Tacoma Clubhouse**

**Injuries:** Hematoma on hip

**Cause of Accident:** Stepped through a hole in ceiling while rummaging through a storage area above the stage.

#### **Summary:**

On January 26, 2009 around 6:30pm, GP and GL were rummaging through the top left storage area above the stage in the Tacoma Clubhouse before the monthly Board Meeting. GP moved a box, took a step and fell through a hole in the ceiling. His fall was stopped when his hip hit an electrical box. He extracted himself, climbed out of the storage area and down the ladder and walked around a bit. About 30 minutes latter, GP felt a lump form on his hip and felt light headed. He laid his head down on the table, then began to move toward the stage to lie down when he passed out. DT was walking him toward the stage and caught his fall. He was unconscious for only a short time. 911 was called and GP was transported to the emergency room by the paramedics. Injuries included a large hematoma on the hip, but no other causes were found for the fainting, GP was discharged at 1:30am.

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### **February 22, 2009 - McClellan Butte, North Couloir Route**

**Injuries:** Deep abdominal cut, torn abdominal muscles, traumatic hernia, chipped pelvic bone, gash on right knee, bruising

**Cause of Accident:** Leader fall when 20" boulder that climber committed to with both hands gave way.

**Summary:**

On February 22, 2009, a party of 4 set out on an Intermediate climb of the North Couloir route on McClellan Butte. When the team reached the summit block at 11:00am, they set up an anchor at the small tree just below the summit face. BM led out the first pitch. After slinging a small tree on the ridgeline, BM reported rock protection placements were hard to find. He slotted a nut in a horizontal crack, but thought it was a marginal placement. BM was making his way up and around a small rock bulge, when he committed both hands to a 20" rock. The rock gave way and BM fell backwards. BM tumbled some 80 feet and came to rest with his head downhill and his harness near his knees. The nut in the horizontal crack failed but the sling on the small tree held. BM suffered a deep cut in his right abdominal area, likely caused by an ice tool. The harness waist band was completely cut through across the bar tack. The party had a cell phone, 911 was called, and a rescue was initiated. Another BoeAlps party nearby helped with the stabilization and rescue. BM was airlifted off the mountain to Harborview about 4:00pm, where he had surgery.

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**April 11, 2009 - Camp Muir Snowfield**

**Injuries:** Fracture/dislocation of the right ankle

**Cause of Accident:** Fall on steep icy slope while wearing snowshoes, no ice axe in use

**Summary:**

A party of 10 set out on April 11, 2009 for a winter scrambles outing to Camp Muir. When they reached elevation of 7,700' near McClure Rock, CP fell on a steep icy slope while wearing snowshoes. He was not carrying or using an ice axe and was unable to stop his fall with his trekking poles. His snowshoe caught on the ice, fracturing and dislocating his right ankle. The team started a rescue and self evacuated to below Panorama Point when they met up with Park Rangers who put him on a sled and skied him out. CP was driven to Good Samaritan hospital where surgery was performed.

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**June 14, 2009 - Icicle Ridge**

**Injuries:** Long and deep gash in lower leg

**Cause of Accident:** Fall while walking along a log

**Summary:**

On June 14, 2009 a party of 12 set out on a hike of Icicle Ridge when they came across a log obstructing the trail. CC was the first one to walk along the log when he slipped on the log. The log was reported to have some loose bark. CC fell across a broken off branch and suffered a 6" long bone deep laceration of his lower leg. The wound had a lot of bleeding. The party called 911 and asked for a rescue, but then began a self evacuation. CC walked out on his own power. A medic was dropped off by helicopter

while the party was on the trail and addressed the wound. CC was treated at the Leavenworth ER and released.

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**June 27,2009 - Kaleetan**

**Injuries:** Spent night out alone

**Cause of Accident:** Separated from party

**Summary:**

On June 27, 2009, a party of 6 set out on the scramble of Kaleetan. The team reported good weather conditions. The leader reported difficulty in keeping all parties together, and possible ignoring of leader directions. The team was using FRS Radios to communicate. The party summited successfully. On the return, a couple of members got ahead of the main party and took alternate routes. One of these members, SK became separated from the other person out front and thus became separated from the main party. He contoured on a SW direction while the main route is a SE direction. SK communicated via radio with the party leader but indicated he would continue on his current direction and thought he'd meet up with the main party in a short while. He lost radio contact with all party members due to an intervening ridge. He could not find his way back to the main party, got lost, and spent the night out alone. He bivied near My Lake, building a fire to stay warm. SAR was initiated and SK was found near My Lake the next morning, approximately 1 mile SW of Kaleetan. Although SK had an FRS radio which enabled the rescue team to quickly locate him, an intervening ridge had blocked numerous attempts by the party to contact him on FRS to reunite while he was separated during the previous day. No injuries were reported.

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**August 23, 2009 - Foss Waterway Seaport Museum Warehouse**

**Injuries:** Feeling of faintness

**Cause of Accident:** Unknown

**Summary:**

On August 23, 2009, a Wilderness First Aid for sea kayaking class was being taught at the Foss Waterway Seaport Museum Warehouse. During the afternoon one of the participants, GP, felt tired and hungry. He lay down on a foam mat which had been used for one of the scenarios. He remained conscious, but became sweaty. The instructors for the class included a paramedic and an EMT. Both of them evaluated GP and a call to 911 was made. An ambulance and fire department team soon arrived. The fire department measured his blood pressure, heart rate, and blood sugar levels (normal). GP started to feel better a few minutes after lying down. He declined an ambulance trip to a hospital, and returned to the class. A friend present in the class drove GP to their house for dinner that afternoon, and he drove himself home that evening.

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**November 8, 2009 - Tacoma Clubhouse**

**Injuries:** Panic attack, fainting

**Cause of Accident:** Pre existing condition causes monthly panic attacks

**Summary:**

On November 8, 2009 MW was participating as a student in a MOFA class when she began to have a panic attack. The MOFA instructors went and found her husband and they began attending to her. After a fainting episode the instructors laid her on the floor, she was unable to talk and threw up. 911 was called and Paramedics arrived. Several minutes later MW felt better and was able to communicate. MW's husband informed the group that she has these episodes monthly and no cause is currently known.

## **Summary of Significant Incidents**

**(No SAR or overnight hospital stay, but injury or Dr. visit)**

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**Location:** SIG Winter Travel and Camping

**Date:** April 25, 2009

**Injuries:** Ice axe puncture of right leg

**Cause of Accident:** Fall while practicing self arrest

While practicing team ice axe arrest, AC was pulled off balance and suffered an injury to her right leg. The spike of her ice axe punctured her thigh just above her knee, resulting in a wound approximately one half inch in diameter. There was minor bleeding from the wound, so it was bandaged with gauze, tape, and an elastic bandage. AC was able to walk unassisted. After a very short debrief, AC was driven to Tacoma General Hospital emergency room by another student where she was examined in the ER and was administered antibiotic and tetanus shots. She did not receive stitches.

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**Location:** Yellowjacket Tower/E Flank

**Date:** May 16, 2009

**Injuries:** Broken shoulder blade

**Cause of Accident:** Hit by falling rock

BD was hit on the shoulder by a rock that was apparently knocked off the main rock face by a member of the party. BD was assisted down by another leader using an auto block/fireman's belay and the party stayed in touch with the others via radio. BD went to the clinic in Leavenworth and the Dr. thought it might be a small break but not serious. Back home it was determined that there was a break in the shoulder blade. BD will have 6-8 weeks of recovery.

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**Location:** Snow 2/Reflection Lakes

**Date:** June 6, 2009

**Injuries:** Torn meniscus in left knee

**Cause of Accident:** Fall on steep snow

On the last glissade of the trip one student, LM, slipped and fell before getting into position for the glissade. She was unable to execute an arrest and hit a tree during her tumble down the slope. She was in obvious pain when her team members reached her and MOFA was immediately performed. After it was determined there were no broken bones she was evacuated to the parking lot for further examination where it was determined that she may have injured her knee. LM was able to walk and drove herself home. Later it was learned that she may have torn the meniscus in her left knee.

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**Location:** Prusik Peak/W Ridge

**Date:** July 21, 2009

**Injuries:** Concussion, bruising

**Cause of Accident:** Leader fall on rock

FB was leading the 5.7 slab pitch of the West Ridge route of Prusik Peak when he took a 20' leader fall. He landed upside down and his head hit the rock. He was hanging upside down, motionless and verbally unresponsive. After a couple of minutes he began moving, righted himself and climbed back up to the belay station where first aid was administered. FB had an obvious head injury including lacerations and bleeding.

This is a situation where a helmet saved a much more significant injury, if not a life. His helmet was not cracked, but there was a rivet along the rim that was dented from the impact. While it appears that his helmet was pushed up and forward when he hit the back of his head (likely causing the laceration on the back of his head and knocking his sunglasses causing the cut above his left eye) and therefore maybe not acting perfectly, it almost certainly cushioned the blow.

No cell phone reception could be found. FB appeared stable and could walk. The team decided to hike out to a comfortable camp spot and spend the night. They reached the trailhead the following afternoon and after consulting with his personal physician, FB went to the emergency room where no brain bruising or swelling was found.

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**Location:** Mt Stuart, 9415

**Date:** August 8, 2009

**Injuries:** Broken finger

**Cause of Accident:** Hit by rock

About 500 ft below the summit, on the steep rock scramble below the false summit, SK had a rock, kicked loose by a party member, roll over the tip of the ring finger of his right hand. The finger nail was visibly damaged. A bandage was applied. SK proceeded to the summit, descended, camped that night, and hiked out the next day. After reaching the trail head, Steve went directly to the clinic. He later reported that the finger bone above the joint last joint was broken but would completely recover.

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**Location:** Colchuck Peak/Ingalls-Porcupine Creek Route

**Date:** September 7, 2009

**Injuries:** Severely sprained ankle

**Cause of Accident:** Slip

During the return to camp at about 1:00pm at 5,000' elevation, LD severely twisted his left ankle when material under the foot gave way, causing the ankle to flex inward. MOFA was performed by team members. After a careful return to camp and a further check of the ankle, a decision was made to start back to the TH in the morning. The team redistributed LD's pack load and reached the TH Tuesday afternoon (swelling of LD's injured ankle slowed travel). X-rays and MRI showed inflamed tendons and swelling on the inside left ankle, but no fracture. Will need six to eight weeks of recovery time, according to doctor.

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See the document **“The Mountaineers 2009 Minor Incidents Report”** for the text of the minor incidents reported (those details are too lengthy to place in the main report).