

Mt. Ellinor Trip and Accident Report – 31MAY08

Link to photos of the event online:

<http://www.flickr.com/photos/tobbes73/sets/72157605397479780/>

Synopsis:

This report documents the efforts of a group of mountaineers participating in the emergency first-aid care and mountain rescue of an injured climber on Mt. Ellinor. Our group happened to be on the mountain when another group had a member injured during descent. We witnessed the accident and were able to assess the situation, ensure scene safety, package the injured climber for transport, and lower the climber almost the entire length of the chute (aprox. 1000' vertical) to a large level area. Snow belay techniques learned in the Basic Climbing Course as well as first aid and scene management skills learned in Mountaineering Oriented First Aid (MOFA) allowed us to cut about 3 hours of time off the rescue effort completed by Mason County fire department volunteers, local EMT's and local mountain rescue groups.

The Climb

On Saturday, May 31st, our group of Olympia Mountaineers set out on a basic snow scramble of Mt. Ellinor (5944') located a few miles north of Lake Cushman, near Hoodport, Washington.

I (Toby Tahja-Syrett) was leading the trip and I had three experienced assistant leaders (Jim Clagett, Randy Rossow and Tim Nagle). We had 6 Alpine Scrambling students of varying experience level in the group (Tanya Mercier, Connie Vasek, Ken Kimura, Callie Meredith, Reg Lankford and Kim Livesay). We had 10 members total in our party.



The road was snow-free to the lower trailhead (aprox. 2650') where we parked. Snow on the road prevented vehicle access from proceeding further up the road to the upper trailhead (aprox. 3500').

We started up the trailhead around 9:15 a.m. after signing the registry. The trail was snow-free until around 3200' where we began to encounter significant snow which was

relatively hard and slippery. With the trail obliterated by snow-cover, we lost it several times but were able to follow orange blazes nailed on trees along the route.

At around 10:16 a.m. we reached the junction between the lower and upper Ellinor trails (aprox. 3985') and were taking a break when we were passed by another group of 6 climbers. This was the party who would eventually sustain the injury on the way down.

At around 11:00 a.m. we reached the bottom of the chute. The chute is the winter route up Mt. Ellinor and from its bottom it ascends roughly 1200' vertical feet to a large bowl-shaped area. The route then ascends another 400' or so up a ridge to the summit of Mt. Ellinor.

The chute is a narrow, steep, snow-filled gully with angles ranging from 20 to 40 degrees. Many climbers choose to glissade in the chute on the way down the mountain. Glissading is a controlled slide in a sitting position using an ice axe to slow the descent by digging it into the snow like a rudder. Glissading can be very hazardous depending on snow conditions and the climber's experience.



During our ascent, we passed the first climbers coming down near the top of the chute where it is the steepest. Almost all of the climbers were choosing to walk back down in this section because the snow was still relatively hard which makes it easy to speed up and hard to stop. Excess speed can cause a loss of control and injuries as a climber tumbles and hits things like trees, rocks or their own ice axe. As we were in this section, I did see one climber glissade the full run of the upper chute. This individual – who did not appear to be part of a group – jogged up to the top of the chute and jumped in without even slowing down. He did not have an ice axe, but had two trekking poles. Instead of assuming a normal seated position, the individual lay down completely on his back with his fully extended poles gripped one in each hand at chest height with the tips down at his feet. As I watched, he accelerated out of control quickly. I was sure I was watching a serious accident in progress as one of his poles found a soft spot in the wall of the chute and plunged in causing it to rip out of his hand. Almost miraculously, he careened down the chute – completely out of control – without injury. He stopped, looked up the hill briefly to see if one of us was going to retrieve his lost pole, then took off down the mountain. I went over to the chute and could not find his pole as it must have gone in deep and gotten covered with snow.

At the top of the chute, our group reassembled. I had instructed the assistant leaders at the front of the team to wait there for everyone as some members were moving slowly on the steep terrain. Once we had all arrived, we went over the incident of improper glissading technique we'd just witnessed and talked about the potential consequences. After a snack break and short rest, we all headed up the final push to the summit.



We arrived at the summit over a 15-20 minute period because some were moving faster than others. By 1:15 p.m. or so, our entire group was there and we chatted over lunch, enjoying the views. The other group who would sustain the injury was also at the summit and we talked with them, sharing food and stories and had one of their members take a photo of our group.

The Rescue Assist

At around 2:00 p.m. we departed the summit just ahead of the other group. At the summit there is a short glissade run that is not too steep so for the students, we went over the basics of glissading again with Jim Clagett – an assistant leader – demonstrating. One at a time, all the students (properly equipped with ice-axes and helmets) practiced on this short glissade run. Most did great but a couple looked like they needed a little more experience and confidence.

After one more slightly longer glissade back down into the bowl, we arrived at the top of the chute. Since the top of the chute is the steepest part and some students didn't look ready to be let loose on this section of more expert-level terrain, I had everyone walk down the upper section to be safe. Just in the walk-down there were multiple slips, slides and self-arrests by leaders and students alike.



As most of our group arrived at the bottom of the upper chute (aprox. 5500') the other group had reached the top of the chute and elected to glissade. I watched as one of their members came down the chute and apparently lost control. Near the bottom of her descent, she called for help and Jim Clagett stopped her by grabbing her pack straps. She immediately told us that she had injured herself and thought that her leg and maybe her ankle were broken and that her knee hurt as well. She explained that as she had come down the chute, her right foot had hit a soft spot in the wall of the chute, driving into the snow as the rest of her body continued down-hill, wrenching her leg and ankle. In the process, she lost her ice axe which, thankfully didn't come into contact with her while she wasn't in control.

Our group of Olympia Mountaineers, aided by members of her party as they descended, sprang immediately into action. Jim Clagett assumed primary first aid duties, helping the injured climber Karla Piecuch get comfortable and assessing the severity of the injury. I checked Karla for other injuries while Jim proceeded with her wounded leg. There were no evident breaks in the major leg bones and it was decided that in case she did have an ankle injury, it was best not to take her boot off to find out. She was not bleeding and was alert, verbal and very calm although she was in increasing pain and could not stand on the injured leg without feeling certain to pass out. With a little help, Jim splinted the wounded leg with the mountain of first aids supplies and other gear our combined group had available – ace bandages, an ice axe and a small foam sit-pad were used on the leg while my full length ridge-rest pad went underneath Karla to keep her off the snow. Also of note was the fact that one of our student climbers was a doctor (Connie Vasek) whose assessment of the patient gave us a sense of confidence that the injury was probably serious but not life-threatening.



During the splinting process I stepped back and consulted with other

members of the team who were doing such things as talking with emergency services who had been called via cell-phone. Assistant leader Tim Nagle took charge of scene safety and positioned himself above the accident site, stopping descending climbers from glissading into us as we helped Karla. More than a few people got an earful of his righteous indignation when they failed understand the gravity of the situation and stop in a timely manner.

We decided that the position we were in on the mountain did not facilitate air rescue if it were necessary, therefore we would have to get Karla lowered to the bottom of the chute, which was about 1000' lower in elevation and probably ½ mile away. We needed a way to allow her to slide down the steep chute without gaining any speed or causing further injury. Since Mt. Ellinor is a pretty non-technical climb, we didn't have a rope or regular harnesses, but luckily some of the students had lengths of 1" nylon webbing for use as emergency harnesses – especially the large amount in Tanya Mercier's pack. Once all the lengths were water-knotted together I was relieved to see it was around 75' long.

To secure Karla to one end of our webbing line, we emptied her pack and then put it back on her comfortably tight and buckled up. We wove a diaper seat from the back of her pack's waist-belt down between her legs and then up to the front of her waist-belt which we padded with another small sit-pad. This would keep her from potentially sliding down out of her pack which now was functioning as a full-body harness. We tied the webbing line through her pack straps behind her shoulders with a figure 8, securing her very well.

In order to lower her we needed an anchor – someone holding the line and trying to lower her by hand wouldn't work because on the steeper terrain the line could pull out of our hands sending her careening downhill, or worse, pulling the person holding the line off balance to careen downhill also.



So, on assistant leader Randy Rossow's cue, we set up a carabiner-ice axe belay (large locking carabiner compliments of student Callie Meredith). This is a fairly simple system where a short runner with a carabiner is attached to the shaft of an ice-axe. The axe is then shoved completely down into the snow shaft-first to the hilt. The belay person then stands on the section of runner which is still tied to the axe shaft. The line to the person being lowered is clipped into the carabiner then feeds up the leg of the belayer, and around their torso for friction. The belayer can control the speed of the line being fed out by adjusting the position of the line wrapping around their torso – completely stopping it by bringing their brake hand across their chest. The weight of the person being lowered is transferred mainly to the ice-axe buried in the snow which cannot pop out because the belayer is standing on it. It sounds complicated but it is actually fairly simple and worked perfectly for this application. The only downsides are that it can create a lot of friction on the belayer who, if not wearing thick clothes can get lashed pretty good if the line moves too fast. Also, with the use of webbing that was knotted together in sections, multiple

knots had to move across the torso under tension which at the time I compared to “getting a massage by someone who you know you are never going to go back to again”. I certainly have a few bruises now two days later, from the belay as do others, I am sure. The knots did snag a bit going through the carabiner, but not too bad because the water knots we used are pretty low profile with flat webbing. To make rope (sling) management easier, an additional person stayed with the belayer feeding them the line and letting them know when the end was being reached well in advance.

Also, on Randy Rossow’s extremely insightful suggestion we tied an additional loop in the line just above Karla so that as we lowered her, we would be able to set up a second anchor to hold her while the upper person lowering (belaying) her down moved down as we inch-wormed along the chute.



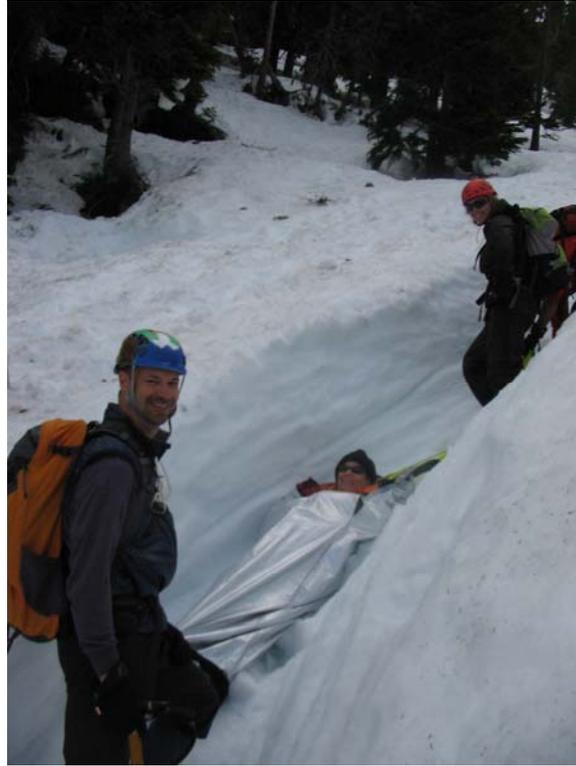
We also managed to stuff Karla into an emergency space-blanket bag (she looked like a burrito in foil when we were done with her). This helped her slide and helped keep her on the ridge-rest pad which was placed inside with her. We also piled extra insulation on her to keep her warm. One of her team members also supplied her with hot tea from a thermos they were carrying – hot tea ALWAYS helps.

To keep her hurt foot from dragging in the snow, we placed a person below her in the chute with a sling around her lower legs so that her feet could be held up off the snow as she moved. The sling we used was a long-sleeved shirt with the arms knotted together. An additional person stayed at her head making sure she was OK, trying to keep snow falling down the chute from going down the back of her neck. Another person – also just above her – placed an anchoring ice-axe in the loop at her end of the line every time we she reached the end of the 75’ line to keep her from sliding while the belayer moved down with the slack line and set up another carabiner ice-axe belay. This process was repeated probably over 30 times to lower her all the way down the chute. If we would have had a long rope we could have lowered farther between anchorings which would have sped things up a bit. Also, during this process those of us in the ‘lowering’ party all took turns belaying, anchoring, using the foot sling, etc. Students Callie Meredith, Reg Lankford and Ken Kimura were all extraordinary in helping out with this portion.

During the chute-lowering process, three members of our party and four members of Karla’s party descended on their own to the bottom of the chute to wait for us. Without them we had 8 rescuers all doing the various jobs and switching out at intervals, so any

more would have been too crowded. Two of the members of our party descended due to knee problems that were being exacerbated by movement on the steep terrain. At the level bottom of the chute, they could rest and wait (hours as it turned out) for us.

Also about half-way through the lowering process we encountered our first outside rescuer – a volunteer fireman who happened to be in the area and heard of the emergency over his CB radio. He made a quick assessment of the situation and headed back down the mountain to emergency vehicles that had arrived at the lower trailhead to grab a Stokes litter.



Once at the bottom of the chute (4548'; around 5:15 p.m.) on fairly level snow, we helped Karla sit up and get comfortable. One of her party members had a collapsible stadium-type chair for her to sit in and we put a pack under her legs to keep her feet up and off the snow. She put on additional clothing as she was feeling very chilled from her hours lying down on the snow. Finally, we wrapped another space blanket around her and two members of her party sat beside her, warming her up with their body heat.

During the entire rescue everyone involved stayed remarkably calm and collected. We laughed and joked and kept things light, talking constantly to each other and to Karla, assuring her that everything was OK and making sure she was as comfortable as the situation would allow.

Leaving the Scene

At After a group discussion at the bottom of the chute, we decided that there was not much else we could do until additional emergency personnel arrived. We didn't know when that would be but we figured it would be soon. The volunteer fireman that had descended to get a rope and a litter had left a couple of hours earlier. He also told us that local mountain rescue groups had been dispatched.

We decided to descend and figured that as we went down, we would meet rescuer's coming up who could give us a better idea of the situation and whether or not our help was needed.

We left Karla with four members of her group at the bottom of the chute at around 5:38 p.m. One member of their group descended with us because she was becoming cold and

also thought it might help rescuers below to have a member of the injured party with more information come down.

As we descended toward the Upper Ellinor Trailhead (3500') we encountered a lone climber who had heard about the accident and was on his way to Karla's group to help. A little lower we encountered the volunteer fireman with 3 additional rescuers coming up the trail enroute to Karla's group. We talked to them and told them that we would probably send some people back up to help, but that we needed to talk about it first.



After they left, we had another group discussion and decided that with, everyone already having a full day of mountaineering and rescuing under their belt, our team was physically and mentally exhausted. We had multiple members with knee problems and one member who had a migraine that he needed his prescription medication in Tacoma to remedy.

Compounding the issue was that the 10 of us had carpooled in 2 vehicles and not everyone who could have been capable of staying for more rescue work was riding in the same vehicle. Everyone had arrived from two different locations – some had carpooled from the Mud Bay Park-n-ride in Olympia, some had met in Shelton – so sorting out how people who were not capable of staying versus people who willing to would get back to their cars and their keys, etc. soon made no sense. We would have all had to stay or none. I took the reins as leader and stated that given the situation, we should all continue to descend. I felt that going back up in the state that we were in risked injuring a member of our party which would only compound the rescue situation. As leader, my primary responsibility was to ensure my members remained safe and I felt that Karla's group was in a stable situation with other area rescue groups still on their way to help. I said that when we reached the trailhead we would talk to emergency personnel on the scene and make a final decision about leaving from that point.

We continued to descend, opting to go out at the Upper Ellinor Trailhead instead of taking the trail through the woods back to the lower trailhead. I figured that any rescuers coming up would be walking the road because it would probably be easier and we wanted to talk to them if we saw them on the way. If we went back the way we came we ran the risk of missing them. I forgot how much farther it was along the road (albeit easier terrain). So, eventually, we arrived back at the lower trailhead, having passed no one on the way up. The parking area was filled with emergency vehicles and volunteers. The first person we saw was an EMT who told us that the volunteer firefighter's group had

already gotten to Karla and had her on a litter and that they were carrying her down. We asked if they thought any of us needed to go back up and they said no. Another group of volunteer mountain rescuers were on the scene as well and were about to head up the mountain. Apparently there was another accident higher up while we were already in the process of evacuating Karla. They were going to send a helicopter in to pick those higher climbers up.



We grouped up and decided to head home to tend our aching bodies after 11 hours of climbing and rescuing.

Lessons Learned

Our party was amazing in its ability to quickly make difficult decisions, formulate complex plans and to carry them out. I say it was amazing because many of us had not even met before, or only knew each other from classes. Having four relatively experienced leaders (myself, Jim, Randy and Tim) along on the trip certainly helped this situation, as the four of us all knew each other relatively well – Mutineers! Typically, there is only one leader and one assistant leader with the rest just students. I loaded the trip with extra experience because I knew that for some of the students this would be their first time doing this ‘for real’ outside of class and I wanted them to have plenty of help from great leaders who would make them feel confident. I think this worked exactly as planned, just a little more elaborately than we could have wished for.

We were all very well equipped for the accident, as were the members of Karla’s party. This made a huge difference in our ability to self-rescue because we had the materials needed to splint Karla’s leg, keep her from getting hypothermia on the snow and to safely lower her down almost the entire length of the steep chute. Members of both parties were well trained (although some of ours were still students, they had the basics). Most of the members of both parties had MOFA training, and some of us had Mountaineer Leadership training as well as having taken the Mountaineer’s Basic Climbing Course. All these factors lessened what could have been a more dramatic and lengthy situation.

- Accidents happen, even on a seemingly easy to climb, scramble or hike.
- Glissading is dangerous – climbers should not glissade unless the conditions are very safe and they are experienced and well capable of maintaining control or self-arrest to stop or slow down.

- Being part of an organized, well trained and properly-equipped group reduces the potential for injury. If something does happen, it seriously increases a parties chance to self-rescue and care for the victim.
- Larger parties are much more capable of self-rescue than smaller parties in the case of someone needing to be carried out.
- Accidents involving rescue TAKE A LONG TIME TO DEAL WITH
- If a party cannot self-rescue, they will be in for a longer wait. This is why being properly equipped is so important, especially on snow where laying down on the ground for only a short period of time – even with insulated, waterproof clothing – can bring on hypothermia.
- Always carry a rope in the mountains when scrambling – it’s part of a complete MOFA self-rescue kit

Post Script:

Monday June 2nd

I looked up Karla’s phone number in the book. It was listed, so this evening I gave her a call. As it turned out, she has a broken fibula, and possibly a maisonneuve fracture which may require a pin in her ankle, as well as some knee surgery. She is still waiting for MRI results to be certain. She hopes to make a quick recovery because she is off to Nepal to go trekking this fall.

She said the other rescue party (firefighters and EMTs) showed up soon after we left, gave her some morphine and packed her into the Stokes litter. They carried her down and she said they got to the parking lot around 11 p.m. where emergency services were waiting. They drove her in to Mason General Hospital in Shelton.

She said that she wanted to thank us all so very much for helping her. She said she just couldn’t express how grateful she was and she complimented us all on our skills and professionalism.

I think we were all just happy to help.



Accident and Rescue Timeline:

(All elevations and times approximate)

<i>Time</i>	<i>Elevation</i>	<i>Description</i>
8:30 a.m.	2650'	Leave lower trailhead (cars) on climb
9:15 a.m.	2784'	Climbing
10:16 a.m.	3985'	At junction with Upper Ellinor Trail
11:00 a.m.	4526'	Arrive at bottom of Chute
1:15 p.m.	5944'	Summit (last of our group arrives)
2:00 p.m.	5944'	Summit (our group leaves)
2:30 p.m.	5500'	Accident near top of chute (rescue commences)
5:38 p.m.	4548'	Bottom of chute (our group leaves injured party)
7:40 p.m.	2650'	We arrive at lower trailhead (cars)
8:00 p.m.	2650'	We leave for home
11:00 p.m.	2650'	Karla and second rescue team arrive at lower trailhead
12:00 a.m.	-	Karla is transported to Mason General Hospital in Shelton

