



Denver Leader Safety

The Safety Letter for Denver Leaders of the Colorado Mountain Club

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Deb Robak, Author & Content Editor; Dana Dillon, Layout Editor

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All of us on Denver Safety & Leadership would like to wish all of you a wonderful Holiday Season and a safe and prosperous New Year."



Annual Safety Report

As your Safety Director, I'd like to thank you for taking time to read the Safety Newsletter. It provides vital information that helps us become better leaders, along with the added benefit of keeping our members safe. I'm counting on you to share this information with our members. Please inform them that anyone can read the newsletter by going to hikingdenver.net, clicking the "Trip Leader" menu -> "Denver Leader Newsletter Archives." The Safety Newsletter is published during the even months. As always, I welcome comments. If there is a particular subject you would like covered, feel free to contact me at kaborbed@comcast.net. Better yet, I welcome any articles or incidents you would like to share.

Below you will find a summary of the incidents during the fiscal year of October 2010 – September 2011. I'd like to thank you for taking the time to fill out the forms. I'm proud to say that the Denver Group has the best track record when it comes to reporting incidents. Your information is quite valuable in lifting our awareness of safety and prevention. We've added a "Near Miss" category which seems to be catching on. These are usually not investigated to the extent an "Incident" is, but it helps us in the same way. I'd like to encourage you to either submit these forms or alert me via email to these near misses.

In an effort to encourage the reporting of incidents, we make a conscious effort to protect the specific identifying details of an incident by omitting names, dates, and places. We handle complaints in a more generic way. In the future we will address interpersonal issues that may come up during trips and give you tips on how to handle them. I welcome your input on topics you would like us to address.

I am also proud to say that our leaders have shown great judgment in the handling of incidents. The safety discussions following each incident include mostly the actions the leader took along with a few additional comments which may not be directly related to the incident itself but which could be a consideration in handling that particular kind of injury.

Having been in the medical field for over 30 years, I've been involved in many emergencies. The vast majority are handled well but in the follow-up there is always room for improvement. You, as leaders, are not expected to be perfect. You can only do your best with the tools provided to you. In all instances, the leaders followed up with the injured party. This helps in so many ways. It shows our genuine concern for the well being of our members. Furthermore, it is important for our members to know how much we care about their safety.

I'd like to thank all our leaders for the time and effort you put into leading hikes and keeping our members safe. You've done a great job! Keep up the good work and stay safe.

Deb Robak – Safety Director

Incident #1 – Hiker tripped and fell sustaining a laceration above eyebrow.

Action:

Pressure applied, wound cleaned, and assessed for signs of concussion. Hiker was given poles and assisted by leader to the trailhead. Follow up in Urgent Care, requiring stitches.

Safety Considerations & Prevention:

- Be careful in addressing the obvious. Bleeding is, of course, an issue, but there may be underlying factors. Head injuries should always be assessed for signs of concussion. The following was taken from the Mayo Clinic website:
 - A concussion is a traumatic brain injury that alters the way your brain functions. Effects are usually temporary, but can include problems with headache, concentration, memory, judgment, balance and coordination.
 - Although concussions usually are caused by a blow to the head, they can also occur when the head and upper body are violently shaken. These injuries can cause a loss of consciousness, but most concussions do not. Because of this, some people have concussions and don't realize it.
 - Concussions are common..... But every concussion injures your brain to some extent. This injury needs time and rest to heal properly. Luckily, most concussive traumatic brain injuries are mild, and people usually recover fully.
- You can't force someone to go to urgent care but you can strongly advise them depending on the extent of their injury. In severe injuries the person may be combative and refuse help. 911 would be a good option. In lesser injuries, it is advisable to drive the injured to urgent care for evaluation.
- When addressing a bleeding wound, apply pressure and take a deep breath. Most often bleeding will subside with direct pressure and time. Irrigate the wound gently with water. You can do this with a Camelback or by placing a hole in a baggie containing clean water. Apply more pressure if needed. Apply a dressing and possibly a butterfly bandage.
- Encourage use of poles
- Allow space between hikers so you can see the terrain directly ahead.
- Socializing is good, but stay aware of your surroundings

Incident #2 – Leader was blown over by high winds on descent. Fell 50 ft., sustaining knee & elbow injuries and lacerations requiring medical follow up.

Action:

Group assisted leader down to trailhead. Medical follow up for injuries

Safety Considerations & Prevention:

- When an injury involves the leader, someone else may need to be appointed to take the lead and direct care. You may need to defer to the next most experienced member of the group.
- When surroundings pose a danger, still do a quick assessment. If possible, move to a safer area to do a full assessment. Concerning more serious injuries, assess the need for calling emergency services to aid the victim. In the future, we will address the issue of when to call 911/SAR.
- Leg injury – See October 2011 Safety Newsletter
- As with all trips, have a plan B, in case the situation changes. As with weather, be in tune to its changes and constantly reassess the situation for safety. Keep in mind, the summit will always be there for another attempt on another day. Wind issues – See Safety Newsletter of August 2011
- As you dig into NOAA for the weather report, there is an additional area with details under “Additional Forecasts & Information” concerning things such as wind and lightning.

Incident #3 – Climber fell while rappelling.

Climber started slowly stepping over the edge of a cliff to the upper lip of an overhang. Upon stepping down over the horizontal face of the overhang the climber dropped a few feet in a pendulum motion under rock. As he swung under the overhang he braced himself with his legs in front of him. Upon hitting the vertical wall, he immediately felt pain in his right ankle. The climber sustained a fractured ankle but was able to complete the rappel. Fortunately SAR was conducting training nearby and helped with the care.

Action:

Search and Rescue quickly stabilized the climber by assessing the injury and placing a splint on the ankle. Climber was soon placed on a litter and readied for transportation. The Search and Rescue members, along with the leader all agreed to have the climber transported to the hospital in an ambulance. Search and Rescue members then notified an ambulance of the situation by radio and used the litter to carry the climber down the trail to the trailhead. Other climbers quickly checked the anchor system for its integrity. Rescue from the initial injury to the time the ambulance left was about 45 minutes.

Safety Considerations & Prevention:

- Rappels are often the more dangerous part of a climb. Make sure everyone is comfortable with a rappel and has recent experience with it, particularly if attempting an overhang.
- As with all accidents, radios are a vital component to all trips, especially when accidents happen.
- Ankle injuries – See October 2011 Safety Newsletter.

- All felt the anchor was a safe configuration but the movement of the anchor was not conducive to the stability a less experienced person needs. A system that is set up closer to the edge may also add to the stability of the anchor. Static anchors are now being used.
- Know your hikers/climbers and their skill level.

Incident #4 – Hiker fell, hitting head and sustaining abrasions.

Actions:

A neurological assessment was done for head injuries. Wounds were cleaned and dressed.

Safety Considerations & Prevention:

- See incident #1
- Unrelated to this incident, hikers may feel pressured to keep up with the group. Most won't ask the leader to slow down. This can ultimately contribute to falls. It's important for leaders to be aware of this.

Incident #5 – Trekking pole slipped resulting in a fall and subsequent knee injury while descending a 30 degree slope.

Actions:

Leader had instructed hikers to make sure their pole connections were tight and the right height before descending. Knee was assessed and immobilized. Hiker relieved of their pack and assisted down to the trailhead.

Safety Considerations & Prevention:

- See knee injuries – October 2011 Safety Newsletter (I have received comments that some leaders have printed out this issue and placed it in their 1st aid kit)
- Relieve the injured person of the weight of their pack. Assist in their walking as needed.
- Determine the need for 911. Consider factors such as the extent of the injury, ability to bear weight, time of day, distance to the trailhead, impending weather, difficulty of terrain, etc.
- It is not advisable to specifically give medication, but it can be suggested that the injured person take an NSAID such as ibuprofen for pain and inflammation.
- When descending steep slopes, take the time to tighten poles and shoes. If needed, put on microspikes/yak traks.

Incident #6 – Biker fell over handle bars. Injuries included abrasions on legs and hands. There was a brief loss of consciousness/fainting so emergency services was called. EMT's determined there were no serious injuries.

Actions:

- There were a number of leaders on this ride. Many took part in the care of this biker. Utilize your resources. If there are medical people present, utilize their services. The CMC assessment checklist, as

learned from WFA, is helpful in determining what to do in the event of an injury.

- Helmets prevent disaster not only in biking, but climbing, areas of rockfall, etc. After a fall, check the helmet for signs of damage. It may help indicate if the person hit their head.
- If in doubt, make that call to 911. That's what they're there for.
- Fainting: (Article from the Mayo Clinic)
Fainting occurs when the blood supply to your brain is momentarily inadequate, causing you to lose consciousness. This loss of consciousness is usually brief. Fainting can have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known.

If you feel faint:

- Lie down or sit down. To reduce the chance of fainting again, don't get up too quickly.
- Place your head between your knees if you sit down.

If someone else faints:

- **Position the person on his or her back.** If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level — about 12 inches (30 centimeters) — if possible. Loosen belts, collars or other constrictive clothing. To reduce the chance of fainting again, don't get the person up too quickly. If the person doesn't regain consciousness within one minute, call 911 or your local emergency number.
- **Check the person's airway to be sure it's clear.** Watch for vomiting.
- **Check for signs of circulation** (breathing, coughing or movement). If absent, begin CPR. Call 911 or your local emergency number. Continue CPR until help arrives or the person responds and begins to breathe.
- If the person was injured in a fall associated with a faint, treat any bumps, bruises or cuts appropriately. Control bleeding with direct pressure.

Incident #7 – Unexplained sharp pain in hiker's calf. Accompanied to Urgent Care

Actions:

Leg wrapped in ace. Ice applied upon return to car. Leader drove hiker to urgent care where it was determined there was not a serious issue.

Safety Considerations & Prevention:

- When someone has a sudden sharp pain unrelated to a specific action, particularly in the calf, a blood clot should be considered. While this is far beyond the average leaders scope of expertise, the point is "When in doubt, check it out."

Incident #8 - Biker fell, briefly losing consciousness and sustaining minor abrasions. Fall was not witnessed. Biker was taken for medical follow-up.

Actions:

The group was not within cell phone range to call emergency services. The group typically stays within view of each other but this fall was not witnessed. The biker was gently positioned on his back and vital signs checked. There were no apparent signs of serious injury. The biker regained consciousness but could not remember what caused him to fall.

There were a few abrasions and a scrape on his head, near his helmet. He was accompanied to the hospital for tests.

Safety Considerations & Prevention:

- Because no one witnessed this event it cannot be determined what caused him to fall off his bike. A physical assessment and history could offer some clues.
 - Heart condition?
 - Check pulse. Is it regular does it seem to be skipping beats?
 - Skin color. Is he pale or sweaty?
 - Check for chest pain
 - Stroke?
 - One-sided weakness?
 - Numbness/tingling?
 - Speech slurred?
 - Pre-existing Condition?
 - Does he have any medical history which may have caused him to lose consciousness? In this case, he had a prior neurological history.
- His amnesia, along with the mark on his helmet, indicates a concussion. It's always advisable to see a Doctor within a couple hours and definitely not let that person drive.
- Had this been a situation where emergency evacuation was needed, it is possible that emergency services can still be alerted despite the lack of regular cell reception

Final Comments:

I continue to be impressed by the care given by our leaders. They are well trained and it shows. Denver Safety and Leadership hopes to continue this culture of safety through various avenues of training such as CPR, WFA, Lightning seminars, Newsletters, etc. In the future, we plan to make additional programs available to you. That is why we need your comments and suggestions.



Be Safe