



AAC Publications

Leader Fall And Head Impact

Vermont, Upper West Bolton

At approximately 1 p.m. on May 28, a 20-year-old male was leading the sport climb Peachy Canoodle (5.9) at Upper West Bolton. My partner, Ben Mirkin, and I were climbing out of sight, but within earshot. The climber fell after clipping the third or fourth bolt. We heard a crashing sound followed by the female belayer shouting to her partner, with no response. She then yelled for help. We lowered off, gathered our first-aid supplies, and went to the scene.

The climber was suspended in the air about 15 feet above the ground and appeared to have taken a 10- to 15-foot fall, possibly after traversing off route. He was conscious, and I communicated with the victim regarding the importance of maintaining spinal alignment. I held the belayer's brake strand as backup, and then she asked us to lower the patient, using the Grigri still clipped to her harness.

Once he was on the ground, Ben and I began to assess the patient. The primary presenting wound was an approximately two-inch laceration of the scalp, likely caused by the helmet's headband. He didn't know if he'd lost consciousness. We assessed his level of orientation, and he correctly identified his name, the date, and the place. We continued with our assessment, with a focus on spinal injury and circulation, sensation, and movement (CSM). A few minutes later, we assessed his orientation again and he could only identify his name. Concerned about intracranial pressure (ICP), we called 911.

Though the patient had potentially lost consciousness during his accident, he reported no spinal pain upon palpation and his CSM was good. We felt that, given the patient's ability to move and the potential ICP issues, it was important to begin evacuation. We tested his orientation again, and he could identify his name and the place, but had trouble with the date. As we exited, we were intercepted by local rescue squads. They took over the evacuation, walking the patient to the trailhead and escorting him onto an ambulance.

ANALYSIS

Although I cannot confirm this, it appears the climber flipped over during the fall. It is very important to monitor the placement of the rope relative to the legs when leading. Although it appears the headband of the helmet caused the climber's laceration, I believe the helmet likely prevented more substantial head trauma. Some other observations:

- Both the climber and the belayer reported they were WFR-certified, and I believe this helped us to more effectively deal with the patient, as he had a good understanding of the need to maintain spinal alignment.
- Always bring a first-aid kit, no matter how "local" and "casual" your day is supposed to be. Check and refresh your first-aid kit periodically. My gloves were old and broke too easily, and my iodine swabs were a bit dry.
- Get some basic training in vertical rescue. In this scenario, because he was conscious and cooperative, it was relatively easy to get the climber back to the ground. This is not always the case. It

may be necessary to render first aid on the cliff and assist the victim down. Basic vertical rescue training needs to become the climbing equivalent of AIARE Level 1 in the backcountry skiing world—demand that your partners have it. (Source: Kel Rossiter, IFMGA mountain guide.)

Images

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