

## Colchester Climbing Club – Mountain/crag accident guidance

### 1. Introduction

Climbing, mountaineering and hillwalking carry a risk of serious injury or death and, as climbers, mountaineers and hillwalkers, we accept these risks, undertake to be responsible for our own safety, and to do all we can to reduce risk to ourselves, other climbers and members of the public. Nevertheless, climbers are sometimes involved in accidents and it is often to committee members that club members will naturally look when incidents occur. It is, therefore, important that the club has guidance available that can help the committee or other club members in their absence to manage an incident. This document sets out such guidance, and all members of the committee as well as club members are encouraged to familiarise themselves with it. It is recognised, however, that it may not always be possible or desirable to follow all of the guidance and it is not intended to be mandatory, but rather it is hoped that it will form a source of information and assistance to committee and club members faced with managing such incidents.

For the purposes of this document, an *unacceptable* risk to rescuers or first-aiders may be taken to mean that the risk is one where there is a very strong likelihood of death or serious injury occurring if a particular hazard cannot be sufficiently controlled or eliminated.

### 2. Initial actions when an incident occurs

Regardless of the severity of the incident the primary focus will naturally be the casualty, but before any medical assistance is rendered, it is important to mitigate as far as practicable any further risk to yourself, other club members, bystanders or the casualty. Once this has been achieved further actions will depend upon the seriousness of the situation and/or the nature of any injuries, the location/remoteness, the number and seriousness of any injuries, and whether there has been a fatality. The person (ideally a committee member) who has taken the lead should try to remain remote and not be drawn into participating directly unless they are the only or most qualified first aider. In this situation it might be necessary to ask somebody else to assume control. By remaining detached from direct involvement, it will be possible to consider the situation holistically and assess resources needed in a calmer and more considered manner. If the weather is very cold or otherwise inclement, movement to better shelter of a less-seriously injured casualty should be considered.

### 3. Minor injuries

For **minor injuries**, once you are certain that all hazard has been eliminated or mitigated as far as practicable and there is no further unacceptable risk, first aid should be given either by yourself if necessary, or ideally by detailing a competent and confident person. However, if the casualty is located in a hazardous position that would entail unacceptable risk to first aiders, it may be better to call out a Mountain Rescue Team (MRT) (this is achieved by calling 999, asking for the Police and then Mountain Rescue), especially if the casualty is stable. If there is no mobile signal, it will be necessary to send for help (ideally a group of three to go), or if anyone in the party has a satellite communicator with an SOS facility (e.g. Zoleo or Garmin InReach), these can also be used to summon help where no data or mobile signal exists.

If a group goes for help, they should collect the following information before leaving the scene:

- a) six-figure grid reference and/or what3words address for the casualty's location;

- b) time of accident;
- c) name, age and gender of the injured person(s);
- d) as much detail of injuries as possible;
- e) names of people remaining with the casualty.

The above information will obviously apply whenever the emergency services are requested.

If more advanced treatment is considered necessary and it is possible to evacuate the casualty without external assistance (e.g. MRT), the casualty should be accompanied for further assessment to a Minor Injuries Unit (MIU) or A&E by at least one person who can keep in contact and update on progress.

If possible, an attempt should be made to gather information on the causes and nature of the incident so as to be able to provide details for the BMC incident database. Writing the information down can aid memory later. However, treatment or assistance should not be delayed by information gathering.

#### **4. More serious injuries or major trauma**

For **more serious injuries**, once you are certain that all further hazard has been mitigated and there is no residual *unacceptable* risk, you should detail a sufficient number of competent and confident people to render first aid.

Simultaneously, you should call, as appropriate, an ambulance and the local MRT by the most efficient method. If the accident has occurred very close to vehicular access, then an ambulance may be sufficient and there may be no need for a MRT, but if there is any doubt, the MRT should also be requested.

It may be that, if an exhausting procedure, such as Cardio Pulmonary Resuscitation (CPR) is necessary, you will need to organise a rota. If you are in a particularly remote location where professional medical help may be distant or delayed, it may be necessary to consider whether a prolonged and exhausting procedure such as CPR is feasible, even on a rota basis. The welfare and fitness of first aiders must be considered since they may be in distress and still have a long walk back over difficult terrain, possibly in darkness, to get off the hill.

Again, it is important to gather information for the BMC accident database if possible.

#### **5. If a fatality occurs**

As with the injury procedures described above, it is important to mitigate any residual hazard to a point where any remaining risk is acceptably low. Unless it is absolutely obvious that death has occurred you should treat the casualty as for a serious injury or trauma. Never assume death unless you are certain beyond all doubt that one has occurred or it has been confirmed by a qualified medical professional. If it has obviously occurred, you should try to secure the scene and, if possible, any equipment involved, ideally in-situ. Take care not to move anything or disturb the scene. Ensure as far as possible that there is no further risk to yourself, other team members or bystanders. Try to keep onlookers away and, if possible, cover or screen the casualty for privacy. Do not allow photographs to be taken except by a committee or other club member for reporting to the BMC, but be mindful that not everyone will be comfortable taking photos at a fatality. If photos are taken, they

**must not** include the casualty. It is things (e.g. rope or other equipment, or failure of rock) that may have contributed to the accident that should be captured, but do not take risks in collecting it.

The scene is likely to be chaotic in the early stages with a great deal of distress evident in some club members. It may help to give people small tasks to carry out, even if not strictly necessary, in order to distract and occupy them. Ambulance, police and MRT services will all need to be called to the scene and you may need to send somebody to meet them at the nearest point of vehicular access. Ensure that they have the information detailed in section 3 (a-e) above.

It is important to strongly discourage club members from posting on social media. It is likely that the press would pick up details and arrive at the scene in these circumstances. It is also possible that the casualty's family and/or friends might see a post before they were otherwise aware of the incident. The club has plans to introduce a database of consenting members' next of kin (NoK) details using a secure password-protected online storage facility accessible by all committee members with the strict proviso that the information is only used for the purpose it is intended (i.e. contacting NoK in an emergency). There will be an opt-out for anyone seriously objecting to their data being available to others, but this will be on the strict understanding that this may lead to considerable delay in contacting their NoK. Once this is in place committee members will be in a position to access the information as necessary.

The police should take responsibility for informing NoK, and even if a club member knows the NoK well and is happy to talk to them, this should not be done without consulting the police at the incident first. It is quite possible that, despite our best endeavours, the press will learn of the incident and attempt to glean information. If this occurs, enquiries should be referred to the police. In the event that the police are not yet present, only one committee member should talk to the press and this should be in the form of a short statement detailing only that an accident has occurred that *may* have involved casualties and that they should approach the police for further information. **Do not** confirm a fatality and never give names, ages, genders or any information that might identify the casualty or casualties.

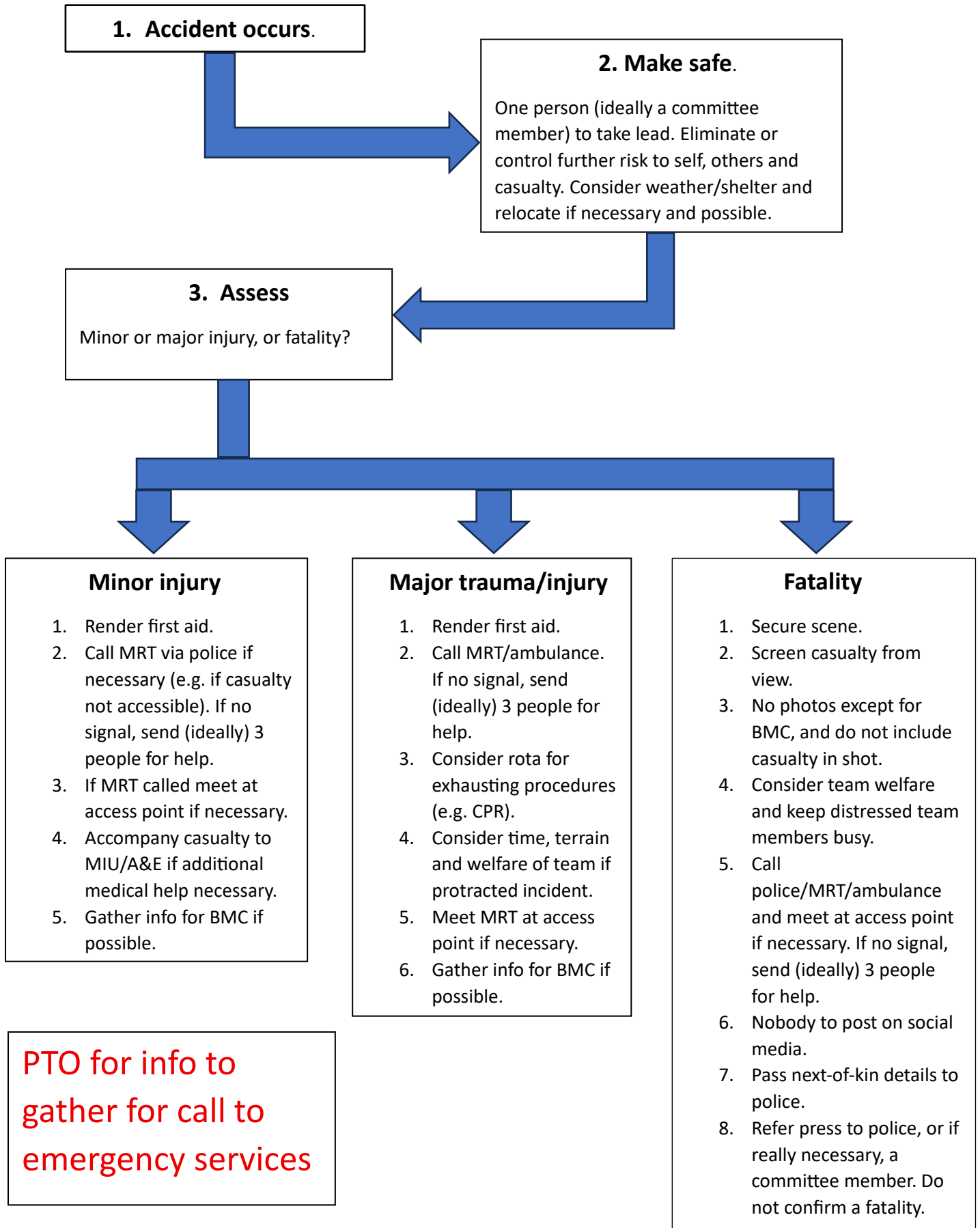
See Appendix A below for an aide-memoire flowchart outlining the main actions to take at all types of incidents. It is recommended that members print a double-sided copy to keep in their climbing rucksack along with a pen or, preferably, a pencil to record information for the emergency services in the boxes provided.

## 6. Aftermath

Following a more serious incident there will be a range of emotions felt by club members who may have many questions. Morale in the club is likely to be adversely affected and it will likely take time to return to an even keel. Below is a checklist to assist committee members in dealing with the aftermath of a serious event. Club members who feel they have been affected and want to talk to someone are encouraged to approach someone on the committee.

- What support, if any, would family members welcome? Cards/flowers or nothing at all?
- Support club members.
- Inform the rest of the club as a matter of urgency.
- Remove casualty contact details from email lists, WhatsApp and Slack groups if necessary.
- Notify the BMC to remove the casualty from email lists.
- Report the incident details to the BMC for inclusion in its database.
- Hold a debrief to look at any lessons the club can learn.

## Appendix A - Colchester Climbing Club - Accident Aide-memoire.



## Information to gather for calling emergency services

a) Six-figure OS grid reference (GR) (and/or what3words (w3w) address for the casualty(ies)'s location;

a) OS GR: \_\_\_\_\_ W3W: \_\_\_\_\_

b) Time of accident;

b) TIME OF ACCIDENT: \_\_\_\_\_ hrs

c) Name, age and gender of the casualty(ies);

c) NAME 1: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME 2: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

NAME 3: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

d) As much detail of injuries as possible:

d) INJURIES: \_\_\_\_\_

e) Names of people remaining with the casualty

e) NAMES: \_\_\_\_\_