

General Meeting Minutes

Split Mt Mission: East ridge of north summit of Split Mt at approx. 13,200. Injuries to the more experienced climber that consisted of a cut on the arm and lower back pain that could be a fractured caucis. H40 arrived and didn't think they could do a hoist at that altitude, so they took everything off the helicopter and found the lightest EMT who was able to carry out the mission so they dropped Matt off, hauled the patient off in a screamer suit, dropped him off, then came back for Matt and the other member of the party. It turned out that H40 performed quite well at that elevation. An hour after they put Matt down they had everyone back at the airport. An extremely smooth mission that could have been totally miserable.

Seizures on Mt. Whitney.

A hasty team headed up from Lone Pine, meanwhile her party and some other bystanders built a litter out of tent poles and a sleeping bag and were able to carry her from Mirror Lake to Outpost Camp. Her party members had been with her the whole day so they were able to report back on her progression throughout the day, including the fact that she'd drank 6 liters of water that day. Received assistance on the carryout from CalFire. We got to the patient first at just before 2200 and got her to the trailhead at 330 the next morning. She ended up being flown out but we heard from her family today that she made a full recovery and

Temple Crag fall on The Surgical

Pulled a block out on himself on the first pitch of the first climb in a long series of epic climbs they had gotten an AAC grant to complete. H82 took the group and gear. 2000' lower across 45 degree skree slope on both a 2 line and single line systems. Unfortunately the medic was not certified to use the hoist, hence the loooong lower. The team was inserted at 1000 and the patient was loaded onto the helicopter at 8 minutes until 2000. The pilot initially said, "hey you guys need a hoist" and they tried to get one, but other resources were not available. They put the patient in a girma, (vacuusplint) instead of a backboard. If you do your focused spinal assessment and you clear the 5 checkpoints, then you can determine that they don't require a backboard and C-Spine.

Thank yous: We've gotten a lot of very nice thank you notes and donations from friends of families of patients. Check them out on the board by the door.

Note from Ed: this year, we have only had 17 callouts. At this time last year, we had had 40. But almost all of them have been serious. Perhaps because the deputies are getting better at screening calls, or perhaps part of the ebbing and flowing of the calls.

Leaders on callouts: We need to be better about designating a leader on different callouts and that person is allowed to act as a leader in that role. We also need to remember that if we don't have enough, or the right people for a callout, start calling people or ask for a second callout.

Suction: we need better suction. it is considered negligence if an EMT is on scene and doesn't have proper suction.

Calling post: There is frustration with calling post's inability to call during certain areas, not send texts, and doesn't call some people sometimes.

Satellite phone: the phone works and we're looking into getting minutes. There will be training on the phone at the Thursday training.

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