

Month Year	Activity Type	Activity Category	Incident Severity	Incident Category	Incident specifics	Injury /Illness	Terrain	Incident report	Lessons learned
Jul-22	Trip	Climbing	Minor	Slip, Fall, Capsize	ice axe arrest needed / attempted	injury - laceration, abrasion, puncture	Snow - steep, ice axe, poles recommended	<p>Our route crossed what appears to be a 5-6 ft. washout on the trail about a quarter mile from the pass. Snow covered the trail and also the washout area. We speculate that water flowing beneath the snow into the washout froze into ice at some point, because the snow over the washout was only a few inches deep and hard ice was beneath it. This made step kicking difficult in this short section, and ice axe spikes did not penetrate it in a manner affording self-belay. I was at the tail end of our party of 6, observing, as the assistant leader in the front began crossing this area.</p> <p>A participant following closely behind the assistant leader slipped on the ice and fell into the washout. the narrow shape of the washout compressed the climbers body into a half circle as they accelerated down the steep (38-40 degree?) soft snow slope in the washout. Fortunately the narrow section of the washout was only 5-6 feet long and as the climber exited that narrow section they were able to transition from (what was essentially) a head-down-face-up position into self-arrest position. The fact they made this maneuver was a testament to their training (Everett basic climbing student).</p> <p>The other 5 of us were all yelling "arrest! arrest!" as this unfolded. As mentioned, the climber transitioned to self-arrest position and began to decelerate somewhat, which is fortunate because the snow in the gully they were falling down ended, and rocky scree was at the bottom. The climber slid in self arrest position off of the snow and onto the scree about 1.5 body lengths. Ouch!</p> <p>I was quite alarmed but attempted a MOFA response. I took charge and ordered the other 4 climbers to stay put on the trail where they stood. I saw the climber who had fallen begin to attempt to get up. I shouted down for them to stay in place and not move until I could get to them. The climber was conscious and alert. As I descended adjacent heather and rock covered slopes (about - I don't know 40-50 feet?) the other party members shouted to the other climber to remain still.</p> <p>By the time I arrived at the fallen climber's position they had made their way to a seated position. We did a head-to-toe inventory of injuries and identified small shallow abrasions on the fingers of right (axe head) hand (very minor bleeding); longer abrasions and shallow lacerations on both elbows (very minor bleeding) and little else. No joint, neck, or head injuries detected. No serious bleeding detected. Range of motion in all joints normal. Eyes normal. Climber was shaking from adrenalin dump but was alert and responsive. Climber determined they could ascend the way I had come down to regain the trail and did so.</p> <p>We debriefed the incident and debated whether to continue or retreat. The climber who had fallen insisted they were a bit battered but in no way hindered from continuing and wished to continue, so we did. We reassessed condition after 30 minutes (to let the adrenalin subside) and the climber confirmed they did not have injuries we hadn't already discovered.</p> <p>We completed the trip without further incident. At the parking lot we discovered fallen climber also had 8-inch vertical abrasions (perhaps 2-3,</p>	<p>We were traveling in what were essentially spring like conditions due to the protracted winter of 2022. Spring travel includes this type of hazard. Unpredictable conditions where freezing, thawing, water flowing, transitions from dirt to snow and back onto dirt combine to make travel in the back country hazardous in ways we don't encounter in any other season. The assistant leader who initially crossed the section opined they should have noted that the conditions at the washout were different than anything we had thus far encountered and should have either kicked steps more deeply or offered the participant some other assistance. It is possible that a very experienced climber would have noted the hazard at the washout and re-routed the group.</p> <p>Another lesson learned: thank goodness for effective, repetitive self-arrest practice to mastery. Without that...I don't care to imagine what could have happened. Attaching two pictures: The washout area where the slip occurred and the runout onto the scree. The washout is below the climbers navigating above it using self-belay technique in softer snow. I made a circle and arrow to show the washout and the direction of the climber's fall.</p> <p>The second photo is the self-arrest path the fallen climber made, and the rocky scree they ended up in.</p>

								parallel to each other) on their abdomen from sliding on the scree. The fallen climber's spirits, level of consciousness, communication and athletic performance were all normal as far as I could tell, and it didn't occur to me to ask the climber to consider seeking medical attention, and I don't plan to. Pretty scary. Could have been a lot worse. Climber's training and preparation prevented all but some road rash, bruises, and no doubt some memories.	
Jul-22	Trip	Climbing	Near Miss	Slip, Fall, Capsize	ice axe arrest needed / attempted		Snow - steep, ice axe, poles recommended	Party was descending the climbing route on sections of snow between rock and scree islands. Party member was descending on snow when snow step collapsed and member slid down the slope about 50 feet to stop at a rock/scree island. Slope angle was about 30 degrees. Party member had no injuries, did not require any treatment, and was able to complete the climb. Member was wearing a helmet and using an ice axe at the time of the incident. The party was not roped. Party had decided to turn around with deteriorating weather conditions. Light rain was starting to fall at the time of the incident. Contributing factors: the descent was being made in the late morning so solar radiation was probably a factor in the snow consistency, as was the rain. Party member is a current basic alpine climbing student with no summits completed to date.	The party could have turned around earlier to descend prior to the arrival of rain showers. Contributions to positive outcome - party was wearing helmets and using ice axes for the descent.
Jul-22	Trip	Day Hiking	Minor	Slip, Fall, Capsize	fall (travel a distance)	injury - laceration, abrasion, puncture	Trail	Hiker slipped on stone at extreme trail edge and fell into bushes about 2 meters down moderate (20degree) slope. With assistance, climbed back to trail. First Aid responder assessed condition and dressed small abrasion with band aid. Proceeded without incident or complaint to TH.	Continual reminders about full attention to terrain in rocky, steep areas. Hiker was keen talker which may have diverted attention from trail.
Jul-22	Trip	Scrambling	Minor	Slip, Fall, Capsize	ice axe arrest needed / attempted	injury - sprain, strain, tear	Snow - steep, ice axe, poles recommended	This incident did not happen to me. One of the members of our party complained of a minor injury to shoulder after a bumpy glissade.	Perhaps a slower initial descent on the glissade path would have kept speed down.
Jul-22	Clinic	Sea Kayaking	Significant	Illness	injury/ illness - pre-existing condition	illness - general, nausea, vertigo, flu	Water - large bodies, fresh or salt	Paddler got seasick. We towed and arranged for transport to paddler's family. All is well.	Distance and speed were accurately reported in the trip description. Primary responsibility rests with the paddler to self-assess. Secondly, could ask people specific "are you sure" questions and dig into experience more but I believe this paddler did not attend the pretrip.
Jul-22	Youth activity	Youth	Near Miss	Hit, Struck, Cut	hit/struck - natural object		Trail	During the Field Trip, campers were sitting on each side of the path eating lunch because picnic tables were full. The chosen area had tree cover and did not seem to be a climbing area (the climbers that were closest to the area were about 500 ft away). About 10 minutes into the lunch, two climbers asked to go behind the campers on a social trail, and the campers were asked by staff to move. The climbers continued up the trail (which led to a climbing area that was seemingly less obvious due to the hidden approach). While other campers moved permanently, one camper sat back in the area and was hit with a flat rock (4in diameter, 1in thickness). The rock hit the camper in the middle of their back slowly and the camper stated that they were unharmed. Campers were asked again to move away from the climbing area and they then stayed away.	At outdoor climbing sites, campers should be wearing helmets at any point where there could be a person climbing above them (even if they may not be very visible). Just because the area may have tree cover, there may be a trail to a climbing site that could lead to falling rocks. Spots where campers are resting should be evaluated for safety first, as there may be dangers that are not immediately visible. Sites such as this

									one (Exit 38) have different risks than sitting on a side of a trail on hiking field trips.
Jul-22	Clinic	Sea Kayaking	Near Miss	Illness	injury/illness - pre-existing condition	illness - general, nausea, vertigo, flu	Water - large bodies, fresh or salt	A participant in the Kayak Camping Clinic developed "nausea. weakness, dizziness" and had to be towed several miles to land. As P did not improve with water and food, a nearby crabbing boat was contacted and with the participant's agreement, P and kayak were transported to nearby launch where spouse met. P was in contact with the group via cell phone and reported quick recovery and suspected sea sickness as the participant had this once before. Both leaders were prepared with tow lines and the route was altered to get the participant to land as soon as possible. Injury and crisis were averted.	Upon reflection, what might have been done differently to have avoided or mitigated what occurred: Inquire on beach if anyone has had sea sickness and encourage adequate hydration and carbohydrates. As leader travel with ginger candies. What actions taken may have contributed to positive outcomes? Changing route, using incident management skills of contact tow, and initiating strategies early to get her off the water before becoming incapacitated.
Jul-22	Youth activity	Youth	Minor	Illness	injury/illness - sudden onset	illness - general, nausea, vertigo, flu	Inside a building or structure	Two campers tested Covid positive on an Adventure Camp trip. All campers and staff took rapid tests before loading the vans. All campers and staff tested negative. At camp, camper A complained of being tired and asked to go to bed early. We had had a long day in the sun and we attributed camper A's fatigue to a sunburn and dehydration. During the night around 11:30pm, Camper B woke up crying and two adult staff woke up to attend to him. Camper B complained of stomach pain, reported that he had not had a bowel movement 4 days and did not drink much water on the hike the day before. Camper B was given fluids. The next morning, we checked in with both campers. Camper A reported feeling feverish. We took his temperature and it was 100.9 F. We then took Camper B's temp and it was 100.6 F. At that point we suspected Covid and isolated the two sick campers to test them. Both rapid tests came back positive. Per our protocols, we evacuated the trip. Camper A and Camper B were kept isolated from the rest of the group from testing onwards. The entire group was required to wear KN95 masks from the point of testing forward. The trip was cut short one day.	Rapid tests are not a fool proof mechanism of safety for multi-day trips. Clearly communicating Covid evac protocols to parents. We will be carrying thermometers, masks, and rapid tests on all trips going forward.
Jul-22	Field trip	Climbing	Near Miss	Slip, Fall, Capsize	fall (travel a distance)		Snow - technical, glacier, rope needed	As part of a crevasse rescue practice trip students would slide into a crevasse and be arrested by their 3-person rope team. A belay to the "victim" was being utilized on independent anchors as a backup. One team took some time to arrest and as a result the student went further than desired into the crevasse. There was also some confusion around the instructor line when trying to balance how much backup rope to allow out, manage the belay, and let the students catch the weight of the fall, not the backup line. No injuries occurred.	There is some uncertainty around why it took so long for the team to arrest, but regardless, the fall distance should have been limited by the backup belay. Several things occurred that caused this distance to be longer than ideal. First, it was explained to the instructors that we want to try and have the student team catch as much of the fall as possible. Second, to reduce the number of ropes necessary for the trip the same rope was utilized as the backup belay for two student teams plus their instructors in a "W" shape. This resulted in a lot of the same color rope which can easily make it confusing to know what line is going to what, i.e., which line is the break line for the munter belay. The combination of these two things resulted in too much rope being released

									for the team and the backup line not fully being engaged at the appropriate time.
Jul-22	Trip	Scrambling	Safety Concern	Illness	injury/ illness - pre-existing condition		rock - non-technical, scramble skills needed	<p>There were several issues with this trip that I feel could have been mitigated by better coordination and preparation on the part of the leader.</p> <p>Covid exposure: The leader told us when L first showed up that L hadn't been feeling well since the day before. Shortly after the hike began, it was clear L was struggling to keep up with the rest of the group, breathing heavily, and coughing a lot. Several of us immediately suspected that L had covid. Two days later, L told us L had tested positive (hadn't gotten tested before then). In the next 24 hours, at least 5 other people on the trip developed symptoms and tested positive. I would encourage any leader or participant who feels sick *at all* to take a rapid test the morning of the trip. Rapid tests are free and fast and have an extremely low false positive rate. There is literally no downside to taking a rapid test as a precaution.</p> <p>Preparation: The leader was not familiar with the route. The route is listed on the Mountaineers site as a counterclockwise loop. There were at least three recent WTA trip reports explaining that the route would be very difficult to do clockwise because of a steep bushwhack that would be at the end of the day / downhill if you were to go clockwise. To L's credit, the leader had said in email that we would discuss which way to go when we met up and decide as a group, but when we showed up, L and one of the more experienced scramblers essentially made a unilateral decision and told us we would go clockwise before the discussion could happen. Fortunately, some of the scrambling students who had read the trip reports spoke up and the decision was reversed, and we ended up going counterclockwise. I cannot imagine how difficult the day would have been if we had gone clockwise. Even going counterclockwise, the trip ended up taking about 12 hours.</p>	<p>1. As mentioned above, I feel that the leader should have taken a rapid test the morning of the scramble. I suspect that L would have tested positive given how many symptoms L had early in the day. A last-minute trip cancellation would have been frustrating, but better than so many people getting covid.</p> <p>2. I wish that there had been better communication about the protocol for spreading out vs staying together, and points at which we'd stop and wait for the group to catch up. A very challenging dynamic developed in which 1-2 more experienced scramblers hiked very quickly (at one point even commenting that we should hurry up and go faster), the leader was lagging behind because L wasn't feeling well, and the remaining 7 participants (all students) were unsure of whether to try to keep up with the more experienced scramblers, or stay back with the leader and risk covid exposure. This likely contributed to one of the participants wandering off route and getting lost.</p> <p>3. The designated first aid person (one of the more experienced scramblers on the trip) was one of the people who hiked ahead and was out of sight for most of the day. They would not have been able to help had anyone else become injured or sick. This was especially problematic given that the leader was clearly not feeling well and struggling with the heat. This person should either have not volunteered to be first aid person or they should have stayed with the group.</p> <p>I felt welcomed by the scrambling students. I felt that the leader and more experienced first aid person were a bit dismissive towards the scrambling students (which was frustrating given that the students were on average much more prepared than them), but interactions were limited by the fact that the leader wasn't feeling well and lagging behind and the first aid person was hiking ahead.</p>

Jul-22	Youth activity	Climbing	Near Miss	Slip, Fall, Capsize	fall (travel a distance)	injury - laceration, abrasion, puncture	Trail	While talking on a cell phone, one of our participants slipped off a dusty trail at the crag and appeared to roll down a hill approximately 15 feet. They appeared to be fine and continued their telephone conversation. After a check that evening, there were no bruises or other injuries to be found.	Be more aware of surroundings and don't walk in climbing shoes on a dusty trail while talking on the phone.
Jul-22	Trip	Scrambling	Minor	Slip, Fall, Capsize	injury/illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Rock - non-technical, scramble skills needed	<p>INCIDENT 1: After setting up camp, myself and five other Mountaineers set off to scramble a Peak. Due to our unusually cold June, snow was prevalent throughout the basin and we had discussed the hazard potential of moats and snow bridges. While beginning the hike, I was conversing with someone and stepped onto snow that I thought was solid. The snow collapsed and both of my shins were scraped by the edge of a large rock. I sat on the snow and lifted my pant legs to inspect the damage. While it definitely hurt, there was little more than some scraped skin and some light bleeding. I decided I did not need any medical attention (my first aid lead and other assistant leader both offered the contents of their kits). We continued with the approach, with me a little more wary of any rock/snow interfaces. While these moats remained a hazard generally, we experienced no further incidents of this nature.</p> <p>Prior to the final approach to the summit scramble, we all put on helmets and got out our ice axes. We reached the base of the summit scramble and stashed our ice axes and poles so that they would not potentially get caught on trees and throw us off balance. We discussed the potential for loose rockfall and the severity of the hazard. The summit scramble involves essentially two parts: first you scramble up a series of ledges to the base of the east gully, and then you scramble up the block gully. We completed the ascent without issue.</p> <p>On the descent, one of the party members scrambled ahead, in an attempt to be out of the line of fire of any rockfall. P scrambled to the base of the gully and waited at a bush that marked the top of the ledges. I was next and was about halfway down the gully when a party member yelled that foot was holding a rock and it was going to let loose soon. I had generally been attempting to descend at a diagonal to be out of the line-of-fire of any rockfall, and I moved a few feet further out of the fall line and crouched down to minimize my size. Shortly thereafter, the rock let loose. Had it simply rolled down the fall line, there would have been no issue, but the rock bounced off of something and soared within a couple feet of me, then bounced down the gully and came within several feet of the first party member. It hit the ledge system and rolled down to the snow below. There were no other parties on the route.</p> <p>Once we were all down the gully, we discussed the need to go down the ledges as close together as possible so that if a rock was kicked down, it would not gain as much momentum. This proved better, but the nature of the ledges still did mean that there were people above other people.</p>	<p>First Incident - Minor Scrapes This was entirely preventable had I not been distracted. It essentially served as a dramatic reminder for all of the hazards of moats and snow bridges, and I fortunately only had minor scrapes. I don't think there were any lessons learned per se.</p> <p>Second Incident - Rockfall Near-Miss This was the primary hazard I was concerned about. Prior to the trip, I made the choice to not roll people from the waitlist upon cancellation and to instead shrink the roster down to 6, which did work.</p> <p>We did talk explicitly about the need to be careful to avoid dislodging rocks and to try and travel in such a way that no one was directly in the fall line of another climber. What we didn't expect was that the rock wouldn't go straight down the fall line but would instead bounce crazily down the route.</p> <p>Whether consciously or not, where the first climber stood at the base of the gully was a good spot because it was essentially at the apex of two downslopes, so the only way P would get hit is if the rock unfortunately happened to bounce exactly at P.</p> <p>Sticking together closely as a group could have mitigate the risk here since the rock would not have had as much opportunity to gain momentum. However, with six individuals, this becomes tough and six body-lengths still would generate plenty of momentum.</p> <p>One strategy we did discuss early on but did not do was to split the party and send two groups of three. That could have mitigated the risk somewhat.</p>
Jul-22	Trip	Scrambling	Near Miss	Hit, Struck, Cut	hit/struck - natural object		Rock - non-technical, scramble skills needed	<p>INCIDENT 2: After setting up camp, myself and five other Mountaineers set off to scramble a Peak. Due to our unusually cold June, snow was prevalent throughout the basin and we had discussed the hazard potential of moats and snow bridges. While beginning the hike, I was conversing with someone and stepped onto snow that I thought was solid. The snow collapsed and both of my shins were scraped by the edge of a large rock. I sat on the snow and lifted my pant legs to inspect the damage. While it definitely hurt, there was little more than some scraped skin and some light bleeding. I decided I did not need any</p>	<p>First Incident - Minor Scrapes This was entirely preventable had I not been distracted. It essentially served as a dramatic reminder for all of the hazards of moats and snow bridges, and I fortunately only had minor scrapes. I don't think there were any lessons learned per se.</p> <p>Second Incident - Rockfall Near-Miss</p>

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Jul-22	Trip	Sea Kayaking	Safety Concern	OTHER - Please describe in Incident Narrative.		Water - large bodies, fresh or salt	<p>My concern is with a participant, who very nice, experienced in the outdoor and has excellent followership skills. But an accident has left P with chronic back problems. This is the second trip of mine that P has paddled and has had trouble handling boat in the wind, resulting in progress--and therefore the group's--to become slower and slower. After a brief discussion I came to the conclusion that while P has a high degree of enthusiasm and really enjoys paddling it is my opinion at this point that paddling skills are not equal to the level that P wants to sign up for. P is only able to paddle without pain or fatigue for about two hours and blames outdated boat for troubles. I told P even with a newer boat and/or equipment still needs to learn how to handle it, regardless of what P winds up with. P is currently using a back and seat cushion that raises P in the cockpit which decreases stability. On this trip, capsized once in flat conditions and I had to watch P carefully entering and exiting boat at the docks even with assistance. I will discuss with P some alternative seats that could give some relief but I'm still not sure if P would be able to prolong ability to paddle for longer periods. P is fine for casual or student paddles of few miles and short durations but trip leaders need to be aware of limitations.</p>	<p>P did not tell of back issues before either of the trips P has attended. Had P done so I would have either denied the trip or at least had planned it differently, i.e., with more breaks. I think this is typical of many paddlers: they either don't or can't communicate their issues with the trip leader before or during a trip. Having an issue doesn't necessarily mean that a participant will be denied a spot but it does mean that a trip leader will have to make some accommodations and communicate them with the group. It's best to do that BEFORE the day of the trip so that everybody can plan accordingly.</p>
Jul-22	Trip	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	fatigue, weakness,	Rock - technical,	<p>Asst Lead: It was extremely hot that day (90+) and most of the participants ran out of water before completing the climb, leading to poor performance and the</p>	<p>Assistant Lead: Don't climb on hot days. Knowing the sun exposure of the location it may have been</p>

						conditioning issues	rope & protection needed	<p>potential for poor decision making. The trip was on the technical portion of the trip during the hottest portion of the day and there was no water and minimal shade on the route to seek relief. The group was without water for most of the way down. On the hike out, the group came across a stream and remained there for an extended period in order to re-hydrate. The potential for heat exhaustion remained high and the leader should have cautioned the group to drink water at every stream crossing on the way it.</p> <p>Mentored Lead: On the way down from the summit, we chose to take the gully southeast of the summit to take us back to the climbers trail. As we were coming down the gully, rocks were being released by the participants. We decided to keep the team close, so the rocks don't get momentum and hit someone down the trail. Unfortunately, as we were coming down a rock was released by a participant and everyone shouted rocks. As it was risky to look up, I just tried to get out of the way but the rock still hit me and resulted in a scratch and bruise on leg and toe. Luckily it was just a bruise and no bone was broken.</p>	<p>prudent to cancel or re-schedule the climb to another date when the temperature was lower.</p> <p>Mentored Lead: Teaching the students better skills of how not to release a rock Stating the direction of the rock fall while warning the climbers (e.g., shouting rock on the left instead of just rock)</p>
Jul-22	Trip	Climbing	Safety Concern	Hit, Struck, Cut	hit/struck - natural object		Snow - technical, glacier, rope needed	<p>Multiple safety concerns observed on summit day. Summary follows: Rockfall hazard - upper glacier: As we ascended the upper glacier (10,000 - 10,200 ft.) we chose a line on climber's right (less steep). However, on two occasions rocks (some baseball sized) fell from above and down through our rope teams. Nobody got struck. Over radios we decided to transition to a switchback traverse up the steeper slopes on climber's left. We didn't encounter rockfall on that line. Attached picture red line = rockfall line. Blue line = safer ascent line. Rockfall hazard - scree covered exit gully at 10,800 ft. My rope team was first off the upper glacier and onto the scree covered slopes of the exit gully at 10,800 ft. I was looking for a place to sit down, untie and remove crampons and moved onto some scree. The whole scree slope I was on shifted and threatened to plummet down the gully and onto the glacier. Like stepping off a landmine I backed slowly off the slope. Thankfully it did not slide. If it had, lord knows how much rock would have poured out of the gully, onto the glacier and onto the other two rope teams still ascending the glacier. Attached picture red circle landmine scree field ready to slide. Red circle anticipated zone of rockfall had the slope slid. Reckless glissade - at the end of the time-consuming process of getting everyone onto the summit block my two assistant leads agreed to take 6 people who had already summited back down the gully to prepare for descent of the Whitman. I stayed behind and assisted the remaining climbers with their ascent of the summit block. There was a large patch of hard snow beneath the summit block at the top of the exit gully (roughly 11,000 ft.) I was not there but received a written report from my assistants on what happened. A basic graduate at the head of the line of descending climbers plopped down on the top to the patch of hard snow and prepared to glissade down the snow slope with runout onto loose scree. My assistant told the climber not to glissade. The climber just said, " o.k. I've done it before" and glissaded down this slope. There was no guarantee that self-arrest would be practical on the chosen slope and the runout was ill advised. No injury or other bad</p>	<p>Rockfall from cliffs above the upper glacier: The poor-quality rock on the cliffs above the upper glacier will drop debris from time to time. There's no guarantee that the route my party took is safer than any other choice, but on our day, it worked out that way. I thought about recommending an earlier, colder, start, but it never got below freezing on our trip. Plus it's probably better to see the rocks than not see them. Keep your head on a swivel I guess. Rockfall hazard - scree filled gully: I'll add some comments to the route place describing this risk. It was hasty and impulsive of me to walk on the scree without consideration of the climbers below. Put a scare in me. I won't do that again on any slope. Reckless glissade. Tough one. Main concern is the disregard of a clear instruction from a rope leader on a safety issue. I guess it's on me to maybe email the individual and (tactfully) express my opinion that it's generally best to obey the directions of trip leadership, and to err on the side of conservative decision making in high consequence terrain. I thought about writing to the safety chair from the branch the climber hails from, but that seems like it might be an escalation of the issue beyond what's needed? I'm open to feedback here. Loss of backpack: I'm at a loss for words on how improbable the event was and how lucky it was that the backpack was recovered. I suppose we</p>

								<p>outcome. More of an etiquette / behavior concern.</p> <p>Pack tumbled down the Whitman glacier - As our group gathered at the base of the exit gulley at 10,800 ft. a basic student took off their pack to eat and hydrate. They reported they had stuck the pack in a sort of "rock pocket." The wind was quite gusty, and the student reported that a gust of wind caused the pack to tumble out of its pocket. It rolled 30+ feet down the exit gulley, onto the glacier and continued rolling out of site. When I arrived on the scene the student explained that the pack contained their ice axe and crampons. As we constructed an anchor to begin the hours long process of belaying this climber down the Whitman glacier 30 meters at a time one of my assistants spied the missing backpack miraculously wedged in a moat at the edge of the glacier 25m below us. The assistant received a belay down and retrieved the pack.</p>	<p>may emphasize the importance of securing our equipment at all times in high consequence terrain.</p>
Jul-22	Trip	Scrambling	Minor	Illness	injury/ illness - pre-existing condition	illness - environment heat related	Trail	<p>There was a person on our trip who announced just as we were starting, they do not tolerate heat well. The forecast in Roslyn was for 97 degrees both days of the weekend. P had trouble pretty soon after we started ascending from the easier flat terrain we had in the beginning of the trip. P reported nausea, increased heart rate and dizziness. As the only medical provider on the trip, I felt responsible. we had P rest and we moved slowly, but P worsened later on and we had to set up a tent and have P rest in the shade before we could move on. It was a scary situation because it could have progressed to full heat stroke, requiring emergency evacuation. Fortunately, P improved and we were able to move on. Knowing the forecast, this person should have cancelled from the trip.</p>	<p>I think that the person in question should have cancelled from the roster, knowing they do not tolerate heat well.</p>
Aug-22	Trip	Exploring Nature	Major	Illness or Personal issues (conditioning, lack of skill)	lack of skill, preparation, conditioning, fatigue	fatigue, weakness, conditioning issues	Trail	<p>A Naturalist hike attracted several participants with interest in the opportunity to learn more about the flowers and other plants and animals and also those who wanted a slower-paced trip near Mt Rainier. The group had a wide variation in both hiking experience and age, tending toward older (maybe 5 or 6 to 70?). At the junction to the spur trail t (~2.5 m from TH) 2 participants opted to return slowly to the TH, in the company of the assistant leader (who was also the first aid leader, with medical experience). Others went on to destination with the leader. One hiker (H) in the return group was obviously tired and experienced dizziness on the final uphill portion, in spite of multiple rest stops. After sitting down for a rest, H lost consciousness for a short period and felt unable to continue. H was offered food and water and 911 was called. Two Volunteer Rangers arrived shortly after the Leader with the other party members and did an assessment. The Leader returned to the parking lot with other party members to rearrange carpools and release all party members except the three who would continue care for H and provide transportation as needed (leader, assistant leader and driver).</p> <p>H was able to walk back to TH with some support, keeping up a lively conversation with the rangers, and was driven home. H has agreed to sign up for less strenuous hikes for a while, preferentially at lower elevation.</p> <p>The co-leader accompanied a hiker who did not want to continue the hike back towards the parking lot. According to the co-leader, when they were a short distance from the lot the hiker felt dizzy and sat down, then briefly passed out. The main group that I was with arrived after H had regained</p>	<p>Given the differing strength levels of participants, more frequent stops and questions as to their condition might have been useful. The crux decision point was at the junction with the spur trail to Hidden Lake. A longer break here, for food, water and a reminder of the strenuousness of the return to trailhead even from this point would have been useful for all. Most positive was the action of the assistant leader, who controlled the pace of the return group, and acted promptly when the incident occurred. Leader also controlled the pace of the return group so that they made it back close to the TH before the incident. The group as a whole were very cooperative and caring and had helpful suggestions. The responding Rangers were calm and efficient.</p> <p>The elevation gain of 1200 in the hike description is incorrect and should be 1675. The leader might have reached out to participants prior to the day of the hike to alert them to the weather forecast (hot) and ask if they thought they had the conditioning to complete this hike given its sun</p>

								<p>consciousness. Two volunteer rangers appeared within a few minutes and began an assessment. The leader released the other hikers to return to their cars. Shortly after, a full-time ranger appeared. They reported the hiker's vitals were normal. Once rested, the hiker was able to complete the trail walking with the support of one of the volunteer rangers. On the drive home 2+ hours away H conversed normally and felt normal.</p> <p>I was on an easy-going Naturalist Hike. If all this is normal for the Mountaineers then it's either food for thought or The Mountaineers will make front page news one day. I'm filing this to at least give us all something to think about. First, we left a participant with back and knee pain alone at the first lake we came to on our way to Hidden Lake. I felt guilty and selfish leaving P but I personally did not offer to stay. P seemed to know or be friends with the leader and perhaps also with the co-leader. I don't know why I got that impression or thought P was an experienced hiker. I didn't ask any questions or speak to P. I started worrying about P immediately after we left.</p> <p>Second, we did not have a sweep. Is that the custom of the Mountaineers? We lost our co-leader when a person told me (I was still at the back) that this was the hardest hike they had ever been on, they had a heart problem, they wanted to turn back. P2 agreed with my request to wait till we caught up and the leader who responsibly sent P2 home with the co-leader (a nurse) instead of me. I requested a sweep around this time. I should have done that the very second our leader did not appoint one, but I was embarrassed that I wanted one. Some good choices were made (waiting for others at intersections, helping us at tricky spots, sacrificing the co-leader for the man with heart problems who wanted to return alone)... Still a lot went wrong. I don't know the answer but I think it should be brainstormed.</p> <p>Please see my notes in my feedback section.</p>	<p>exposure and elevation gain.</p> <p>Well... brainstorming from a beginner... Be certain about the stated elevation. This hike was listed as 1200, it was 1675 feet actually. An experienced sweep would have been nice. Perhaps have a statement at the beginning of each hike saying please be certain you have the ability to complete this hike or everyone's day may be sacrificed as we don't leave people behind. Don't leave anyone alone on the hike, even if they claim they are experts or fine... they might just not want to impose or they might be embarrassed or too proud. If someone turns around... there's a good reason. Use our situation to brainstorm and put rules in place so leaders don't have to think on the fly. Again... our leader had hard choices and had to weigh choices not wanting to ruin anyone's day. If things had turned out worse, each and every adult on the trip would have had to live with the consequences of their actions that day. Have more beginner hikes so that not everyone with problems signs up for the same hike. Support your leaders with rules.</p> <p>As co leader, I think that more detailed pre-trip emails as well as checklist of expectations of participants by the leader at the TH would be good additions.</p>
Aug-22	Trip	Climbing	Minor	Slip, Fall, Capsize	hit/struck - equipment/tool	injury - laceration, abrasion, puncture	Snow - technical, glacier, rope needed	<p>Participant: At around noon, after summiting earlier in the morning, our rope team of three was descending the last hill a couple of hundred yards from camp. The lead member of the team slipped and fell on the snow, which quickly tightened the rope, causing the second climber to also fall. In the process of falling, the crampon of the second climber nicked the climber's inner thigh just above the knee, causing some bleeding and minor pain. We were able to radio camp, and an RN with medical kit were on the scene within 5 minutes. It was determined that the cut was minor, and the wound was cleaned and bandaged. The climber was able complete the trip w/o further incident.</p> <p>Mentored Lead: After some slipping around on the descent, my rope team decided to put on crampons just past the base of the summit pyramid given the firmness of the snow. Later, as we were descending the final slope to camp, the snow conditions were much different - sloppy, in the heat of the day. The first person on our rope team slipped, pulling the middle person off their feet (as</p>	<p>Participant: In thinking about this, not sure what could have been done differently. As we approached the camp, the snow was softer, and despite the group being careful and deliberant on the descent, there was a slip. There was minimal slack in the rope, and we stopped immediately to assess vs. continuing the last few hundred yards to camp. Fortunately, we had a radio, and additional trained medical resources were on the scene in less than 5 minutes, so that turned out to be very beneficial.</p> <p>Mentored Lead: This incident could have been avoided by - Removing crampons when snow conditions changed</p>

								the last person on the rope, I was not pulled off my feet). The middle person immediately arrested, but in the process cut their leg just above the gaiter with their crampon. Initially neither I nor the first person on the rope team were aware this had happened, but after we walked a couple more steps the middle person explained that they had been cut and were bleeding enough they wanted to attend to the wound without waiting to get to camp. Luckily, we had decided to bring radios, and I was able to radio to the other rope teams (who were within sight but just out of shouting distance) to send the member of our party who had volunteered to be first aid lead (and had brought the biggest first aid kit). One party member ran over and applied hemostatic gauze (arrived in just a couple minutes), and a couple minutes after that the first aid lead arrived and helped clean and wrap the wound, which fortunately turned out to be more minor than we had initially feared and stayed clotted the rest of the way to camp and back to the cars.	- Unroping for the final steep snow slope (at this point we were off the glacier, but as camp was within view it felt easy to wait to unrope there) - Discussing route with the rope team (e.g. picking a path that didn't go straight down the slope, or walking abreast rather than in file)
Aug-22	Trip	Climbing	Near Miss	Slip, Fall, Capsize	hit/struck - natural object	injury - bruises, contusions	Water - stream, creek, river	On day 2 of our climb we summited, returned to camp to pack up, and then began our 11-mile hike back out to the trailhead. It was hot. About mile 5 of the hike out (roughly 10th mile of the day) we crossed a creek crossing. The creek water was up to ankle to calf level in places. A participant slipped and received a contusion to the front of the leg. I did not see the fall personally. The participant walked out under their power and indicated they were Ok.	This near miss was simply just a factor of being late in the trip and the participant likely had tired legs. I'm not sure of any mitigating factors more that would have helped the situation. It was hot, but the trip leader very consistent to instruct participants to drink and eat nearly constantly. We hiked at a slower pace that everyone in the group was comfortable with, especially due to heat, and took breaks every hour.
Aug-22	Field trip	Climbing	Minor	Slip, Fall, Capsize			Snow - technical, glacier, rope needed	I wasn't present for the incident... I'm sure someone else in the group has filed the appropriate incident report	A good reminder of why we rope up for glacier travel!
Aug-22	Trip	Climbing	Minor	Slip, Fall, Capsize	hit/struck - equipment/tool	injury - laceration, abrasion, puncture	Snow - non-technical	Third rope team of three on descent experienced fall of leading person, leading person self-arrested. Middle rope team member was pulled down in fall, self-arrested, crampon injury to right medial thigh with fall. Bleeding noted through pants, radioed to additional rope teams for help to control bleeding. First aid provided by RN: site assessed at skin level. Participant noted to have ~1cmX4cm surface level laceration to right medial thigh above knee with moderate serosang. drainage. Participant appreciated pain to site. Bleeding controlled with hemostatic gauze and manual pressure. With control of bleeding, hemostatic gauze left in place, secured with additional gauze and silk tape to secure pressure dressing for descent to car. Through descent, bleeding controlled, area remained painful. Participant provided with sandwich bag full of snow for relief with cold pack to site over dressing. Upon return to car, pressure dressing removed without re-bleeding. Site cleaned with iodine - dressed with antibiotic ointment, non-adherent pad, and tegaderm. Due to resolution of bleeding and lack of depth of laceration, participant determined not to be in need of higher level of care. Participant advised to cleanse site upon return home, to dress in similar fashion, and monitor for s/s of infection.	Third rope team had fallen behind - rope leader was having difficulty with fitness and equipment/ill-fitting boots, team also opted to wear crampons in soft snow conditions. Snow condition was a slush, minimal slope angel, appropriate for plunge stepping without crampons. Other teams opted to travel without transition to crampons on descent. Third rope team remained visible by other two teams but had fallen approximately .2-.4 miles (~5-minute jog uphill) behind on the final snowfield descent to high camp. In the future, it may be best not to separate teams for improved response. Also, having a cat tourniquet with a windlass should be a requirement to have readily available on climbs with crampons, ice axes, etc. This particular incident was dangerously close to a femoral artery puncture with the laceration location and MOI.

Aug-22	Trip	Day Hiking	Safety Concern	Slip, Fall, Capsize	lack of skill, preparation, conditioning, fatigue	fatigue, weakness, conditioning issues	Trail	<p>Leader: I was the leader. I fall a lot due to my numb left foot but I fell more than typical on this hike. 3 times in all 2 of them lead me to fall off trail and I needed help. The first 2 were likely due to catching my foot due to my numb foot and I need to pay more attention to trail features due to that. I was and I was already using 2 poles so I need to be particularly vigilant on these mire challenging hikes. The last one though was likely that I was dehydrated on this hot day. I am not a huge fluid drinker when I hike and most of the time it is not a problem since I drink a lot of fluids prior to my hikes. But today it was very hot. I need to remember to drink more and eat my electrolyte chews on hot days even if I not thirsty.</p> <p>Participant: 1st trip on trail. No assistance need to get up. I did not notice any scrapes, just dusty knees Time: before 9:am 2. Second fall off trail, two trees prevented leader from falling further down, needed assistance to get to point of crawling up and out. A few scrapes. Time: before 11:05 am 3. Fell off trail into brambles on back. Needed assistance to get to turned over to get on rock to crawl out. A few scrapes. Leader denied the need to take a few minutes until starting walking. Visibly a bit shaky. Did drink water and take electrolytes after I requested "please do it for me not you, sometimes I need to force myself to eat and drink."</p> <p>Participant: Leader was not fit enough for hike and also mentioned a numb foot. This put leader in danger. Leader tripped and fell three times and twice almost came off the mountain.</p>	<p>Leader: See above. Be more vigilant of trail features on these challenging hikes and drink/take electrolyte chews even if I am not thirsty.</p> <p>Participant: The participants had the skills, knowledge to assist. Possibly a designated assistant leader. Exact times and pictures were not taken.</p> <p>Participant: do more research on the hike leaders</p>
Aug-22	Trip	Climbing	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	Trail	<p>While descending the steep approach trail approx. 1 mile from the parking area, I slipped and landed with my weight on my left ankle. I thought it was just a twisted ankle or minor sprain and was able to continue to the TH. After almost 48 hours the pain wasn't getting much better so I had an X-ray done and it turns out in addition to a sprain I also fractured by ankle bone (Distal Fibula) and am now in a boot for 6-8 weeks.</p>	<p>I have done this climb on several occasions and am familiar with the danger in the steep approach gully and on the steep trail - especially when descending towards the end of the day as everyone starts to get fatigued. In fact, I had warned everyone twice to be vigilant and to pay attention on the trail as I have seen others slip and injure themselves in the past. Ironically, despite my awareness and my own warnings, I slipped on some loose rock and injured myself.</p>
Aug-22	Field trip	Day Hiking	Significant	Hit, Struck, Cut	hit/struck - natural object	injury - bruises, contusions	Trail	<p>Participant sustained a foot injury during the hike. We were on a section of trail that was very rough with loose rocks. At some point a rock broke loose just above P's foot and rolled on top of it. Another participant witnessed this but it was never brought to my attention until after the hike. At one point about 2.15 miles in we reached a short section of easy snow that spanned the trail for about 100' (mild slope, good runout). P did not want to proceed while the rest of the group seemed OK with it. We turned around there. During our post hike wrap up P said that "feet hurt" and inquired if proper footwear on and where to get better options. P's mid-top hikers indeed looked very worn out and the soles were not very substantial. In general, the boots looked a bit too Flimsy for PNW hiking. P opted out of our post hike food stop and it was there that the</p>	<p>I had an assistant leader on the trip who is mentoring toward becoming a leader who I assigned as a sweep. This person was aware of the incident but never brought it to my attention (I was in the front of the group). If I had known about it, I would have pursued a first aid assessment path which might have uncovered the greater injury and in turn self-evacuation and terminating the trip for the day. Instead, we walked at least another half mile on rough trail that could have compounded the injury and</p>

								incident was brought to my attention. I emailed P the next morning to check and P offered that a rock rolled on top of foot and it hurt after it happened. P stated that when home boot was "filled with blood". P went to urgent care where they discovered a damaged big toenail in which was removed. P said OK and that otherwise enjoyed the trip.	possibly place the greater group in a worse situation. The assistant leader will be counseled separately to ensure future incidents/accidents are not taken lightly.
Aug-22	Field trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/illness - self-inflicted, caused by movement	injury - sprain, strain, tear	Trail	<p>Leader: This was a long, challenging hike. For many of our CHS hikers this was the most challenging hike they have ever done. On the descent one of our hikers fell and twisted their ankle. Said hiker was down for several minutes while we administered first aid in the form of an ice pack. Hiker was able to self-evacuate but their condition definitely worsened on the roughly seven-mile hike out. The final two miles were especially challenging for our injured hiker, another hiker carried the injured hiker's pack.</p> <p>Participant: I did not observe the incident but was told that the hiker had taken a bad step twisting the ankle</p>	<p>Leader: More first aid supplies would have been wise; we didn't have a good wrap or brace available. The injured hiker was resistant to assistance, we offered to take their pack from the time of the injury, but they declined. It may have been helpful for us to have insisted on this measure. I think the party handled the incident well.</p> <p>Participant: The hiker involved is a very strong and capable hiker. It was a 'freak accident.' Ice pack was applied at the site of injury and the injured hiker took Advil or something similar. What followed needs improvement, specifically that the injured party, a few friends and the co-leader were left on their own as the leader and the fastest hikers took off down the trail and were quickly out of earshot. It was still 7 miles to the trailhead. Complications due to increased swelling, pain, fatigue, or a second slip were possible.</p>
Aug-22	Trip	Backpacking	Minor	Slip, Fall, Capsize	injury/illness - self-inflicted, caused by movement		Trail	Participant tripped and fell coming down steps of Lookout. No care needed or provided. P was sore the next day on the hike out.	The situation was handled well.
Aug-22	Trip	Climbing	Near Miss	Hit, Struck, Cut	hit/struck - natural object		Rock - non-technical, scramble skills needed	Near the top of the ascent of the boulder field a participant dislodged a large upright, tabletop-shaped rock (5' tall x 3' wide x 1' deep), which slowly tipped forward. The participant moved out of the way quickly enough such that it missed hitting their leg and torso by a few inches. No-one was below and no-one was harmed.	
Aug-22	Trip	Climbing	Major	Illness	injury/illness - sudden onset	illness - MAJOR lungs, heart, abdomen	Trail	<p>Weather forecast was for sun and high of 69 F with afternoon breeze 6-10mph, gusts to 21mph.</p> <p>The climb proceeded as usual. Temperatures cool enough that we climbed in jackets most of the day. M climbed well and led two pitches. After we all rappelled off the route, we descended the gully to the climbers trail.</p> <p>At the bottom of the gully (around 4p), we had a rest break. At this point, M expressed feeling a bit off. The rest break was extended and everyone encouraged to eat and drink. As we descended the climber trail, M experienced dizziness, fatigue, cold sweats, and abdominal pain at various times. We took many rest breaks and encouraged M to stop as needed. When M continued to experience symptoms, others in the party took the heavy items (climbing gear)</p>	<p>Lessons learned:</p> <p>Dehydration can strike even on cool days. Carpooling avoided having M's vehicle stranded at TH 3.5 hours from Seattle.</p> <p>In Reach communication requires clear view of sky in order to work efficiently. In a forested area, each message may take many minutes to go through or may fail. It was necessary for the person coordinating the emergency response to be in an area with a clear view of the sky. This</p>

							<p>out of M's pack. M told us that it was not necessary but continued to experience symptoms despite more and more frequent stops. M was encouraged to drink and eat at these stops but might not have done so. When M's symptoms did not improve, another party member took M's pack and M was given a hiking pole to use. M was also given GU blocks to eat. Other foods were offered but declined by M. At this point, we expected that once we reached the hiking trail (which is much easier to negotiate compared to the climber approach trail), it would be an easy hike back to the cars (1.8 miles gradual downhill) where M could relax and further recover. We reached the junction around 5:30p.</p> <p>By 6pm we had made only a small amount of progress down the hiking trail. At this point, it seemed clear that something was seriously wrong, but we did not know what. M has a previously existing exertion induced heart issue. We speculated that this may have been the problem, although M explained that it normally manifested only during uphill travel and with much less severe symptoms. We began considering alternate plans. Our party had two In Reach devices. One option would be to activate the SOS feature. The hiking trail was fairly busy. We started asking passing hikers if any of them was a medical doctor. M was still walking, but for increasingly short distances between rest stops. One of the passing hikers was an EMT from Mazama so we asked him to evaluate M. His initial impression was that M could be suffering from heat exhaustion. M was sitting by the side of the trail and breathing normally. EMT said that an emergency response could take many hours and advised that we encourage hydration and continue attempts to self-extract unless M's condition worsened. We decided to send F and E to the trailhead with the bulk of our heavy gear and then have them return to help M walk out. B remained with M. A few minutes after leaving, the EMT returned to advise activating SOS in parallel with continued self-extraction if possible. During this short time, M had hiked about 20 feet before sitting down again with severe pain, very cold and trouble breathing. The EMT helped to get M into a prone position to minimize heart strain and promised to return with more help and a blanket to rig an emergency stretcher.</p> <p>F activated SOS on In Reach and remained at parking lot to coordinate emergency response. The In Reach worked much better in the parking lot than it did in forested areas. E returned to help with extraction after leaving heavy gear at car. Many hikers and climbers stopped to offer assistance. At this point M was lying down in middle of trail, covered by space blanket and our spare jackets. One hiker was sent to the parking lot to advise our team of M's deteriorating condition. Others offered additional clothing and to help carry M to parking lot. By this time, at least a dozen hikers and climbers had gathered so carrying M appeared feasible. One of the passing hikers took charge of constructing a carrying system from backpacks and climbing gear. The EMT returned with a blanket. We all worked together to package M and begin carry to cars, about 1.5 trail miles away. Eventually, about 20 people, including several with various levels of WFA training, helped carry M. The load was distributed among approximately 8 people at a time with others swapping in. There were frequent stops to readjust the packs forming the base of the improvised stretcher and to switch out carriers. Halfway down, M experienced</p>	<p>allowed messages to be relayed between the various agencies (In Reach response, sheriff, medical team, etc.).</p> <p>The Mountaineers emergency notification process worked very well in combination with the In Reach notification. It was important that one of F's emergency contacts initiated the Mountaineers emergency notification process. Climb leaders carrying an In Reach should ensure that their In Reach contacts know how to initiate the Mountaineers emergency contact procedure.</p>
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								severe pain and became agitated and combative. We stopped and M vomited up some water, then felt better. After this M's breathing gradually improved. We got word that the ambulance was on the way and some hikers came up with additional lights and snacks and water for those assisting with the carry. Sunset was at around 8pm. Around 9pm the ambulance arrived at the trailhead and sent EMTs up to meet us. They advised us to continue with our improvised carry system as we would reach the parking lot in less time than it would take for them to deploy their wheeled stretcher. We reached the parking lot at around 9:15 pm and transferred M directly to the waiting gurney. M was taken by ambulance to hospital in Wenatchee and eventually diagnosed with dehydration and admitted overnight for treatment. F attempted to follow ambulance to hospital, but this was futile. In the meantime (before any of our party got in cell phone range) F's emergency contacts (who were notified when he activated the In Reach) had notified the Mountaineers emergency number. The Mountaineers on call emergency person contacted M's emergency contact who let F know that M had been admitted to hospital. A family member retrieved M from hospital and returned M home the next morning. M had carpooled to trailhead, so we were able to drive M's vehicle back to Seattle area where it was retrieved by M's friends the next day.	
Aug-22	Trip	Trail Running	Minor	Slip, Fall, Capsize	injury/illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Trail	During a windy trail run a participant tripped on the trail and fell onto a rock. P had scrapes on arm and leg and a small tear in shirt. After about 1 1/2 minutes, P was able to resume the trail run at the same pace as before and completed the run without additional incident.	Both the First Aid lead and I had not replaced the alcohol prep pads in our First Aid kit. As such, P was unable to clean off the scrape until we had completed the run. I have since replenished my First Aid kit with alcohol pads.
Aug-22	Trip	Climbing	Significant	Hit, Struck, Cut	hit/struck - natural object	injury - laceration, abrasion, puncture	Off-trail, cross-country	<p>Incident One: Traveling cross country, bushwhacking through dense undergrowth, assistant leader stung by bees/wasps twice.</p> <p>Incident Two: Party elected to use a hand line to navigate a very steep slope with downward sloping mountain blackberry brush and moss. After two party members (a basic student and an assistant leader) descended the hand line another basic student chose to rappel the line. Rappelling climber dislodged a textbook sized rock toward the other two-party members waiting below. All yelled "rock" immediately. The victim had their back to the rappeler. At the cries of "rock" the victim seemed to pause for an instant, and then turned to look uphill. In that instant the rock hit them. The falling rock took an improbable bounce and struck the basic student waiting below squarely in the nose. The assistant leader immediately provided first aid. Our MOFA lead (an MD) scrambled down to the victim and provided additional care and assessment. Victim sustained a profuse bloody nose and two small lacerations on the bridge of the nose. MOFA lead conducted field neurological assessment and determined that victim had not suffered a concussion serious enough to impair victim's level of consciousness. Victim remained alert, positive, and determined they could continue descent. MOFA lead conducted periodic assessments for any change in victim's condition. Blood continued to flow from victim's nose off and on for about two hours after the impact. Victim experienced headache localized to impact area and nausea. These symptoms</p>	<p>1.) All year I have been conducting pre-trip Zoom videoconferences with my climbing teams the Wednesday before weekend climbs. I will now include selection of a MOFA lead and discussion about special MOFA preparations in these video conferences. The additional MOFA kit items will be the MOFA lead's group gear contribution.</p> <p>2.) Based on Safety committee information I was aware that insect stings are a major cause of problems on trips. I knew climber's had been stung before on the route we were travelling. I advised the group about this before the trip. This allowed us to respond to the insect sting injury my assistant suffered promptly and with the right OTC medications. This is a win for safety committee information dissemination.</p> <p>3.) Being in the line of fire is a known antecedent for incidents. I had climbers hanging out right below a rappelling climber. It has to be said that in the conditions we were in the options for where people could be were limited. That said I will now always announce to climbers below a</p>

								<p>responded to field treatments. Victim made it to cars in good spirits and commits to seeking medical attention. MD and victim rode home together. MD conducted telephone consult with a colleague (ear, nose and throat specialist) and have made arrangements for victim to see the specialist tomorrow. Based on victim's symptoms and status they determined a visit to urgent care or E.R. was not required.</p>	<p>rappelling climber that they must have eyes on the rappeler and be on alert for rockfall as standard safety process regardless of what I think the rockfall risk to be. Had the victim had eyes on the rappeler there is a chance they could have ducked or dodged the missile. I never though rockfall would happen on a berry-bush choked moss covered hill. I was wrong. 4.) The MD who served as our MOFA lead was an absolute boss. I am deeply thankful for their response, continued care, continued assessment and other support they provided on our exit.</p>
Aug-22	Trip	Climbing	Near Miss	Hit, Struck, Cut	hit/struck - natural object		<p>Rock - non-technical, scramble skills needed</p>	<p>We had three close calls on this climb. First, we had a near miss with rock fall on the summit pyramid. Second, we had a near miss with a slip while scrambling unroped on the summit pyramid. Third, we had a near miss with a slip/slide while down climbing on snow just above Winnie's Slide.</p> <p>1. We followed established boot track to the summit pyramid. Several parties arrived just before us and they started up a gully. My assistant leader B took the lead for our party because B had climbed the route five years previously whereas my experience was 25 years ago. Our party followed the previous parties without giving it much thought. We reached the southeast ridge and found the other parties there, all stymied by obvious 5th class terrain to the summit. We realized the "central gully" was a couple gullies to the west, on the other side of a snow patch. I took the lead and we down climbed a gully (west of our ascent gully) towards the snow patch. As we reached the snow patch, it became clear there was significant loose rock in this gully and we would have to descend to below the snow patch, traverse to the west, then we could ascend the "central gully". I had two party members close behind me and remainder of the party some distance above. The higher party members kicked off some rocks and we sheltered next to the snow patch. The first few rocks were well clear of us but then a toaster-oven sized rock came down next to the snow patch. This rock grazed the climber behind M's helmet and then grazed my right leg. Nobody was injured.</p> <p>My main take-aways, don't trust other parties route-finding. Recognize that one is off route and course correct as quickly and safely as possible. Best to retreat the way one came to known ground instead of forging a new path. Also, although we were breaking the group into two halves for travel in loose terrain, the two sub-groups needed to be much further apart.</p> <p>2. After a successful summit, we descended with two double-rope rappels. This left some easier (but still nontrivial) down climbing and traversing to reach the snow. While the assistant leader and I were supervising the remaining rappel, other party members continued ahead to the snow. I learned much later, in this section one of the party members slipped on slab, sliding about 8 feet before stopping in gravel. The climber suffered a mild ankle sprain, did not hinder the descent or require medical attention. The climber said he started "crab walking" when down climbing the slab became uncomfortable, and then he lost traction and slid.</p> <p>My main take-away is to have more experienced climbers supervising all travel</p>	<p>Considering the route as a whole, with all the 3rd/4th class rock in the chimneys and the summit pyramids and steep snow slopes, I strongly recommend that only smaller parties (e.g., two rope leads and two basic students) attempt it. We had too many inexperienced climbers to safely supervise and shepherd through all the technical challenges and large party size increases rock fall hazards.</p>

								<p>in technical terrain.</p> <p>3. After breaking camp, we descended. We decided to protect the steep snow with a hand line, using an established anchor on descender's left side of the steep snow slope. There was a 20-foot section of moderate steep snow down to a thin bench then a short traverse left to the anchor. At this point I was in the rear with our weakest climber just in front of me. C slipped on the moderate steep snow and started sliding towards the thin bench. I yelled "arrest, arrest, arrest" and C arrested on the bench. If unsuccessful, C would have continued down with likely serious consequences. My main take-away is to be mindful of the run-out and consequences of a slip on even moderate snow slopes and consider protection.</p>	
Aug-22	Trip	Climbing	Minor	Slip, Fall, Capsize	injury/illness - self-inflicted, caused by movement	injury - sprain, strain, tear	Rock - technical, rope & protection needed	<p>On the last pitch of the climb, I was just making the first move - a high step with my right foot to step over the large boulder in the notch - when my foot slipped. Ingalls is notorious for slippery rock in spots, but this was not one of them. I'm not sure how or why my foot slipped. As it started to slip, I still had my weight against it and was able to push off from the rock with that foot, and then catch myself again with it.</p> <p>There was no immediate issue, other than thinking, "what the heck happened there, that was dumb..." I continued up the route, through the crux moves and up to the final traverse ridge. I made the anchor and extended it back over to the top of the crux move so that I could coach my climber. As I stood there belaying, my foot began to hurt more. The pain was focused under my arch of my foot. I didn't say anything at first and once my climber made it through the move, we continued the short distance over to the summit where we ate a late lunch and prepared for the descent. By now, my foot was even more tender and I was glad I could bear my weight on my trekking poles. It was definitely uncomfortable.</p> <p>We continued through the rappels and once we finished those, I took a minute to get some ibuprofen from my med kit before continuing down the talus. It felt okay to walk on the ball of my foot or on the heel, but pressure right in the middle of my arch was bad. By the time we reached Ingalls Lake, the ibuprofen had kicked in and the pain had subsided dramatically. I was able to hike out and drive home with only minor discomfort if I stepped incorrectly.</p> <p>The next day, although there was still a little bit of tenderness, the pain was greatly diminished and no further treatment was administered, other than being cautious of how and where I stepped.</p>	<p>I'm not sure what I would have done differently here. I was wearing my approach shoes for this climb and had not had any issues with slipping. As I mentioned, the rock where this occurred was not the slick, green, glassy rock that is found in pockets and veins on Ingalls, but rather some of the courser, grittier rock that comprises the majority of the mountain. I think if I had been wearing rock shoes, there's a possibility that I could have hurt my foot even more since there would have been less padding to absorb the impact.</p> <p>I think the biggest take away is to always stay in the moment while you are climbing because there is always the chance for a small slip up. In my case, it was relatively minor with low consequence, but in a slightly different situation, it could have been a much bigger issue.</p>
Sep-22	Trip	Scrambling	Significant	OTHER - Please describe in Incident Narrative .	fire danger		rock - non-technical, scramble skills needed	<p>Participant: Unknown at 8am a fire had started earlier in morning nearby, erupted rather quickly and engulfed a nearby mountain. Once team realized what was happening, we descended as quickly as we could to evacuate. Once we saw flames erupt on low ridge, I triggered sos in reach to try and get status of fs road and tell them about many hikers in area. Because of thick smoke in sky lost comms with SAR. Once all members where back on trail, we evacuated. Three of us made it to trailhead and after discussion with others while they waited for carpoolers still on primary easy trail, we decided to leave since I drove alone to see if road was passable (in case we needed to go to lake instead</p>	<p>Participant: I think with how the environment is changing locally, the mountaineers should add a wildfire badge (similar to avy) to help bring awareness and also what to do in the situation if a party finds themselves near a wildfire. As an example, until later when I read a scouting website on wildfire, I did not realize that most fires go uphill (with some exceptions) (see</p>

								or other escape) and find SAR. On my out I unknowingly came upon the deputy sheriff (SAR) responding to in reach sos who was escorting 3 cars out. I descended and reported hiker numbers and situation to SAR. They had tried to launch a heli to help with fire suppression and possibly evac but couldn't. Awhile later all-party members appeared.	website on scouting magazine Survival strategies to help you escape a forest fire
Sep-22	Trip	Scrambling	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	rock - non-technical, scramble skills needed	Rock Fall, Slip/trip on loose rock resulting in hand laceration	Caution, Safe movement, Balance.
Sep-22	Trip	Scrambling	Minor	OTHER - Please describe in Incident Narrative .	hit/cut - person, animal, insect stings	insect sting/ bites	Trail	Scrambling a seemingly very straight forward trail straight uphill we ran suddenly into a hidden ground wasp nest around 3440 ft elevation (just past the second road intersection). I will mark this location in my trip report. First scrambler ahead out of sight had no consequence but second scrambler got hit multiple times on the foot after the wasps flew into the boot/sock area. Scrambler did a wasp dance trying to shake loose the wasp and yelling out pain. S descended the 50 or so feet to the remaining two scramblers which included me (total of 4 in party). We quickly surveyed the situation and determined the wasps had flown off or no longer attacking us. I believe one did bite our other scrambler too just lightly on the arm. We triaged any necessary first aid and found none was needed. There was minor swelling on the foot and leg. I decided to use my 10 essentials survey marking tape and flagged both a tree below the bees location and then above on trail. The three of us decided to give a wide berth to the bees and very quickly climbed/ran off trail about 50 feet from the bees uphill. No more issues towards summit. Upon descent we identified the tape and I noted to the group to again give a wide berth to the trail. Our last scrambler in the group didn't confirm those instructions and instead went on trail past the bees again getting stung briefly on the leg through pants. S quickly descended again and we determined no further first aid was needed. We marked the location on the GPS. The rest of the trip was without incident. I will note that in my trip report the beginning part of the trail poses loose steep slope slipping hazard that WTA or others would be wise to fix someday. There wasn't any concern for us scramblers to pass that steep section. Erosion wise it's rather bad though.	Despite all of us being aware of the bees I feel I should've re grouped the party at the first flagging I made uphill. Again there was a flag both uphill AND downhill of the bees. While I had communicated the risk to the group - a more thorough confirmation from all members should've been acknowledged. On positive note - while on uphill route I yelled ahead and asked that we all regroup and stick together. One scrambler had been out of site uphill originally but was within voice yelling range. If there was one wasp/bees nest there might have been others too and I wanted to mitigate the potential risk for person in back of group getting stung and being alone. I also asked the group again if there were any allergies or prior bad reactions to stings. I made sure to continue monitoring our scrambler that had been stung for any signs of change. We also all had first aid kits and didn't need them for the bee stings yet I was the only one to have carried a pen and survey flagging tape with me (usually for route marking and return in cross country navigation). I would've never thought to use it for marking a hidden hazard on trail. The tape will eventually disintegrate over time and I feel poses little impact on the tree.
Sep-22	Trip	Climbing	Assistance Given	Slip, Fall, Capsize	fall (travel a distance)	injury - bruises, contusions	Rock - technical, rope & protection needed	At approximately 1200 hrs lead climber for 2-man private party climbing route opposite our climb route fell on second pitch. Climber decked on wide shelf approx. 20-30 feet below single cam (and approx. same distance above belayer). Pro helped buffer impact some, but climber landed fully, horizontal flat on back (some padding was provided from small summit pack). Sound of landing and helmet hitting were audible. Belayer established verbal contact and tied munter mule. Victim was immediately conversational and began palpating arms. Verbal contact was established by our primary lead to talk party through reviewing climbers condition prior to any additional activity. Victim was responsive to most verbal communication but not all, palpating and body review showed minor abrasions on hands and one long cut on right arm.	Both victim and climbing partner were "shook up" from the fall. Our party was able to approach the incident more rationally and walk the party through actions to maintain safety and assess the victim. Background in wilderness medicine through coursework was essential to contributing to a proper response.

								Climber indicated helmet probably saved his life. After further review and rest, party indicated they were ok to proceed bringing climber down to belay station. Observed belay down to belay station, additional palpation of spine and neck by climbing partner, and confirmed party was turning around before we continued with our climb. Party later observed exiting safely on access trails.	
Sep-22	Trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Off-trail, cross-country	<p>There were actually two incidents that occurred.</p> <p>The first was a slip on some wet heather. There were four of us in the party, I was the third one in the group and was with the fourth person who was slower on the ascent. We went slightly off route in some trees and brush so in an effort to correct, we traversed across to get back on track when I slipped on some wet heather and slid down about 40 feet until I was able to stop. This caused a couple of small cuts to my right pinky and ring finger and an abrasion to my right arm by my elbow.</p> <p>The second incident was insect stings on the descent along an unmaintained boot path. I was the fourth of four people. I believe one of the people ahead of me interfered with a yellowjacket nest and I got stung twice, once under the armpit and the second on my right arm near the elbow just above where I sustained the injury earlier in the day. In the process, I fell forward down the slope but was stopped by a small, downed log that prevented me from falling more than 10 feet. This caused me to rip my shirt near the stomach causing some scratches, I received another abrasion near the right elbow, scratches on my left arm, and a minor cut on the right side below my right armpit. I was checked out by the rest of the team and was able to walk out on my own.</p>	<p>The difficult part of this trip was that it had rained lightly overnight causing rocks, heather, huckleberries, and logs to be damp. All four of us had some problems with slipping on various terrain feature. However, the conditions were within what we believed were safe limits for a scramble especially with good weather forecast for that day.</p> <p>The second injury was simply caused by a hiker inadvertently disturbing yellow jackets while on the unmaintained boot trail. There is not much that can be done on that.</p> <p>On the positive, with a small group of four, group management worked to our favor. We had two scramble leaders on the trip, so the slowest scrambler would not be left behind.</p>
Sep-22	Field trip	Climbing	Near Miss	Slip, Fall, Capsize	fall (travel a distance)		Rock - technical, rope & protection needed	<p>Two near misses: we had two incidents of pendulum upon lowering from the anchor. For the first incident when setting the route, we got off route due to being unable to make the anchor for the route. The climber instead traversed across 3 routes and went up to the anchor on that route. When descending they were able to trolley along the protection while cleaning the route. Everything was fine until they removed the final draw. At this time, they left the wall and proceeded to pendulum across the routes around 50 to 75 feet and then strike the rock outcropping near the start of the route that the anchor actually belonged to. Luckily the climber was able to turn and take the impact on their legs but it was a hard strike. Due to being off route the group also nearly ran out of rope for a full lowering from where they climbed to as well.</p> <p>The second near miss was the same. A climber started out on one route and then changed to the adjacent route about 3 clips in. They then used the anchor on that route to lower from. Upon being lowered they were once again pulled by their draws back to their original start as they cleaned the route. As they removed the final draw, they got pulled off the wall and pendulum-ed into the exact same rock outcropping as the previous near miss. This swing was not as bad, around 20 to 25 feet. This time I am not sure if the climber was able to take the force of impact on their feet or not or if they struck their body. They stated they were ok. Photo attached below shows rope traversing across the wall where the climber changed routes. Also visible is the top rope set on the route they changed to going along the fall line to the start of that route.</p> <p>As to contributing factors there was only one instructor in the area the other 3 instructors were off with the other group of students in a different area. Even</p>	<p>Have more instructors watching and coaching proper technique and protocol while climbing.</p> <p>Keep on the route and do not set on an anchor that requires you to deviate dramatically from one side of the fall line or the other on the lower if you decide to clean the route during the lower.</p>

								though this instructor witnessed the first large pendulum they did not caution the group about why this happened and the importance of preventing it. Since the instructor was busy assisting another student at the time the first incident was being setup to occur, they were not able to jump in and help to mitigate or prevent the first near miss.	
Sep-22	Trip	Exploring Nature	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	fatigue, weakness, conditioning issues	Trail	<p>Participant 1: One of the participants was unable to physically do this hike. In my opinion, the leaders should have been able to identify this much earlier which may have changed the outcome of the hike for the rest of the participants. In the end, there was slight concern amongst the group that the participant may not be able to make it back down.</p> <p>Participant 2: After 1 mile of hiking, while observing that the slowest hiker is falling behind, it was obvious that this person was struggling and will not be able to finish the hike. I wish that the leaders talk to each other and discussed this earlier, as they could have turned this hiker around earlier and this would not impact the whole group. They didn't communicate and as a result this hiker got very tired and unable to continue. Then they made the decision to turn the whole group around which I believe show poor judgment. There was a way to prevent this outcome early on. I have been on a lot of very strenuous backpacking and climbing trips, some led by me, some led by others and from my experience, if a hiker is falling behind from the start, things will not improve, they usually get worse. If the person hiking is not able to recognize that this hike is beyond their's capabilities, then it is up to the hike leader to make the hard decision to talk to them and possibly turn them around. I understand the leaders were worried about this hiker and that led to the decision to turn the whole group around. But if this decision was made earlier, then the rest of the group could have still continued.</p>	<p>Participant 1: Earlier identification of hiker's inability to complete hike. Leaders had not off loaded some of the struggling participants pack items which seemed logical but I really have no idea if that is standard practice. Per report, her pack was far too heavy and included too much food, etc. which meant too much weight. Naturalist hikes should have a stated pace or an approximate number of hours to complete.</p> <p>Not all hikers had their 10 essentials which led to some tension amongst participants. This should be reiterated at the beginning of naturalist hikes I hope the leaders will chat with the participant regarding really assessing distance and elevation as well as what is needed in a pack (she had far too much/too heavy), and lastly encourage carrying electrolytes or something similar. Good learning opportunities and I think it can be done in an educational way which will help to ensure the participant has successful hikes in the future.</p> <p>Participant 2: The leaders should have identified the issue earlier and communicated better. Vetting hikers and ask about their experience would help as well. Helping the new hiker offload unnecessary items from her pack or help carry them once on the trail. The desired pace should have been communicated beforehand.</p>
Sep-22	Trip	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Trail	I tripped on a root and fell. Super minor, didn't even break skin or tear my clothes. Was nobody's "fault". I'm only reporting it at all for Mountaineers' statistics-gathering.	Put my headlamp on a little sooner, rather than "congratulating" myself for still being able to make out the trail mostly.
Sep-22	Trip	Day Hiking	Safety Concern	Illness or Personal issues (conditioning, lack of skill)	lack of skill, preparation, conditioning, fatigue	fatigue, weakness, conditioning issues	Trail	At 5:50pm, a hiking participant, stopped, notified the group that of issues with vertigo and sat down, then laid on the trail. H elevated legs and stayed close to monitor. H never lost consciousness. The vertigo resolved after approximately 5 minutes. H stated prone to this if does not hydrate well. H stood back up slowly and drank water, saying that now felt fine. I offered to head back with H but H wanted to continue hiking. H set the pace, did frequent check ins, hydration stops and a few more offers to turn back together. H continued to decline turning back and gait was observed to be steady. No other	I could have asked about health concerns in the email sent prior to the hike. This would have given H a more confidential space to communicate health concerns. I personally would have preferred to turn back but I allowed H to advocate.

