DATE	ACTIVITY	SEVERITY	INCIDENT CATEGORY	SPECIFICS	TERRAIN	INCIDENT REPORT	LESSONS LEARNED	KEY LEARNINGS
Jan-22	Day Hiking	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Unrelated to the hike, a participant had a solo rollover accident on black ice on the drive to the trailhead. Another participant saw the vehicle on its side and stopped to help and discovered that the driver was one of our hikers. They called me to confirm that the driver was shaken up but not injured, and that emergency services and the driver's spouse had been contacted. I was at the trailhead at that point and did not go to the scene. I followed up by text to confirm that the driver was home safe. Also unrelated to the hike, one participant with a small front-wheel drive vehicle drove into the snowy/icy trailhead parking lot and lost traction about twenty feet in, potentially blocking access. I and two other participants successfully got the car turned around and back to the main road, and the driver elected to return home. They texted me to confirm they arrived home safe. On the hike, I broke one of my trekking poles in deep snow. Continuing with one pole in my right hand, I later tried to break a fall with my left hand and injured my left shoulder. Since the group was nearly to the summit/lunch spot we continued up and assessed the injury after lunch. I've had a dislocated shoulder before and knew that there would be a greater degree of pain had that happened. A participant loaned me one of their poles and the group redistributed some of my pack weight, and we completed the hike without further incident. I went to the emergency room for x-rays directly following the trip and was diagnosed with a sprained shoulder and will follow up with my primary care doctor later this week.	I did check recent trip reports, but there were none that might have alerted me to the icy conditions in the parking lot. In a perfect world I would have scouted the trailhead and first few miles of the trail in advance, and could have started the trip from the more level Trailhead. It's possible that this trip was too ambitious for the shoulder season, but it was a strong, well-equipped group of experienced hikers. Even with my injury, we averaged 2.0 mph moving speed over 11 miles and 2,000' gain.	Benefit of Trekking Poles
Jan-22	Day Hiking	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	A member of the group tripped and fell, injuring their foot/ankle on the way back to the trailhead. The trail was icy snow and about half the group had traction devices (e.g., micro spikes). The group member that fell was wearing traction devices. The fall was triggered by a chain link in their traction device getting snagged in a boot shoe lace hook. The result is that their feet were effectively tied together causing them to fall. The group member suffered multiple injuries due to the fall. One of their feet possibly suffers from a sprain and/or other injuries as they had difficulty walking on that foot afterwards. One suffered minor scrapes on their hands by falling on the icy snow. They will require seeking medical attention afterwards to determine proper care/recovery of their injuries.	There are a few possible things that could have prevented the accident from occurring: Avoided the use of traction devices as those without them were faring well despite the trail conditions. Use traction devices that do not consist of chain links. Wear boots/shoes that do not have shoe lace hooks that could catch onto the traction device use. The primary positive element of the incident is that it occurred within 1 block of the trailhead. Otherwise the injury would have potentially required splitting the group to return with transportation to minimize further injury. If that were the case, the fact that this activity had 2 leaders (primary and co-leader) would have helped keep things organized.	
Jan-22	Backcountry Skiing	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	off-trail, cross-country	One of my participants in an AIARE class emailed after the class and canceled from the next day's field trip. P had pulled a calf muscle at the end of the class, and P felt P didn't want to go out on a full day tour the next day. P did not share or show any signs of discomfort during the field activity and only emailed me that night, to cancel for the next day's activity and explain why P was cancelling. I emailed P two days later and P was better and happy with choice and the course.	We send out a pre-course survey that asks for pre-existing health concerns and we also ask each morning of the field trip if everyone is feeling good. I will edit the survey and explain why we are asking for this information and the importance of sharing any health issues. Participant health and fitness is	

							part of the daily AIARE check-in protocol which we always cover. In future I can only further stress that students should voice any concerns, emphasize the importance of self-care, and use this as an example to not "tough it out".	
Jan-22	Avalanche	Safety Concern	Slip, Fall, Capsize		snow - nontechnical	Conditions not good for snowshoes, but should have had some traction rather than none.	Encourage participants to have traction other than snowshoes just in case.	Appropriate footwear
Jan-22	Backcountry Skiing	Significant	Slip, Fall, Capsize	fall (travel a distance)	snow - nontechnical	We were ski descending from just below the false summit when one of the party lost control of their skis and fell. They slid maybe 75 feet vertical before coming to a stop. In the fall or in the slide, their left knee was injured. They were able to stand and bear some weight on the left leg, but were unable to make right turns. Ibuprofen was administered and the left knee was wrapped with a flex bandage and reinforced with duct tape. Decent continued, but in a more measured manner with the injured party making forward traverses and then backward traverses to zig zag down the slope. At attempt was made to relieve the patient of their pack during the zig-zags -- but this was refused. We altered the planned descent route to intersect a logging road much higher than planned. Once we reach the logging road the patient indicated that their right leg which was bearing most of their weight was becoming tired, so the patient was agreeable to having their burden lightened. We were able to glide down the logging road and return to the trailhead without incident after that. One of the party members is an MD that had also had knee injuries in the past and provided the contact information to the patient of the knee specialist they recommended.	The snow conditions were somewhat challenging that day, but not out of the ordinary for Snoqualmie Pass. The patient had skied at Whistler in the days before on advanced terrain, so I don't think this was a skill issue per se. Unfortunately, I did not witness the fall as I was in the front and had just pulled off to watch others descend when I saw the patient slide below me. In retrospect -- because the snow stability was high, I hadn't reiterated to the team to ski one and a time. If had done that -- it may not have prevented the incident -- but at least I would have been able to observe what happened. In my trip preparation emails I reiterate the need to ski one at a time and to ski very carefully -- however this experience will have me verbally talking through those points during transitions before a descent.	
Jan-22	Climbing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Participant tripped on shoelaces at the very start of the hike, just leaving the trailhead. Chief complaint was a sore wrist from catching fall on the hands. Also had a small tear in leggings and a slightly skinned knee. Participant tucked shoelaces into the top of their boots and then hiked on for a while and then stopped and wrapped the wrist with an ace bandage and put a band-aid on the knee. Continued on the trip without incident or complaint. Participant commented that they had been advised to shorten their laces on the last hike also. Advised participant to notify trip leader if they later sought medical advice.	Tie shoelaces. Trekking poles would have helped. Participant was not using.	
Jan-22	Scrambling	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	off-trail, cross-country	While descending the day's peak we decided to take a different shorter route down than our approach route. This route started off very nice but as the terrain flattened out we moved into a major tree blow down area. Navigation and movement through this area was further hampered by snow covering and obscuring downed trees. While attempting to go over a tree one of the participants grabbed a branch to pull themselves over. As they did this the branch broke causing them to fall back into the snow. As they fell their left leg punched into the snow holding it in place and their body continued to fall twisting the left knee. At this time the participant was stuck in place and thought their foot was stuck. I stopped the group and everyone went to the aid of our injured party member. Upon approaching the tree the fallen party member told us they were stuck and could not move. Another member of our group moved over to the side of the tree that our fallen party member was stuck on and found that they were just stuck in hard snow. We dug out our injured party member and proceeded to do a quick exam. The chief complaint was the knee did not feel right and they felt it got twisted in the fall. The injured knee did not hurt to touch but the participant stated it now was hurting or feeling weird as they tried to walk on it. The injured party member	We did a quick debrief at the trail head before our group departed. We discussed if it would have been better to have returned via our entry route which we knew the conditions on. As one participant pointed out even with the blow downs we encountered we were still in standard scramble terrain. There was also no guarantee that a similar incident would not have occurred while descending on our entry route.	

						had us wrap their knee to help secure it. We then divided up their gear including pack among the group to get all unnecessary weight off them. At this point we tried to find the easiest terrain that would take us back to the trail. Upon reaching the trail we walked back to the trail head. Our injured party member said they felt ok to drive home and would have the knee looked at by a doctor.		
Jan-22	Snowshoeing	Safety Concern	OTHER - Please describe in Incident Narrative.	party split	snow - non-technical	A minor incident on this snow trek lunch outing, while returning back to the parking lot from the lodge after lunch. We were hiking out on the forest road. At an intersection, our group took the fork to the right. The last 2 members of the group stopped to chat with another group, and while walking and talking, followed the other group as they took the fork to the left. Our group followed the road to the right a little ways, and then cut off the tracked X-C ski/snowmobile road into a short section of trees in order to intersect with another trail. At that point we entered the trees, we realized 2 members of our group were missing. Fortunately, we had cell service. We were able to reach them by phone, estimate their location, asked them to wait for us to arrive. The main group turned around, took the other fork, and caught up with the 2 members in about 15 min. The Trek continued without further incident. Additional Details: As an Assistant Leader of snow trek outings, I am usually in the role of "sweep" for these outings. Whenever I moved up front to help with navigation, after asking permission, I designated a specific individual to take over the role of "sweep." When this incident occurred, I had moved up front to assist with route-finding where the trail entered the forest (it is not obvious in the snow), but failed to make a specific designation for someone to act in the role of "sweep." We had run into another group just before the intersection, and several folks stopped to chat with them. I believe the two who took the wrong route were distracted with chatting with the other group, and just followed them as they traveled the fork to the left. It took a little while for both groups to figure out that we had separated.	After we reunited the group, the Leader, held a mini-debrief and emphasized the importance of stopping at each and every intersection to gather and count participants. (This is particularly important when passing and merging with another group right at an intersection.) I should have specifically designated a "sweep" when I moved ahead. Of note, the person who had previously agreed to take on the role of "sweep" several times was initially aware that two were straggling behind chatting with the other group, but was not physically behind them. After we took the fork to the right, this person evidently did not double check to make sure they followed our group. (The sightlines were good as this was in a clearcut area.) Distractions, such as enjoyable discussions with participants, can reduce situational awareness. This likely contributed to both groups not recognizing sooner that we had separated. Each participant is responsible to the group as whole - everyone should be aware of who is behind them and if they are not following - is not just the responsibility of the leaders. Individual participants should be aware of the circumstances to avoid accidentally following the wrong group.	Party Separation
Jan-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	water - stream, creek, river	We were walking single file up the Trail and had to cross a small stream. The person in front of me slipped on a rock and fell in the stream. I was standing on the stream bank and had not yet started across. I didn't think I could help P without falling in the stream myself, so I talked to P to make sure P was ok as P climbed out. P got a small cut on one arm and got one sleeve and pant leg wet in the stream, but was otherwise ok. The trip leader got to P quickly and talked to P about turning around because P was wet. After talking, they decided to let P continue up to the lake and see if P clothing would dry out because it was a warm, sunny day. P changed into dry gloves and was able to complete the scramble successfully.	The person who fell had forgotten trekking poles and was using one borrowed ski pole as a substitute. I had two poles and could have offered one of mine for crossing the stream, then have P hand it back to me for my own crossing.	
Jan-22	Snowshoeing	Minor	OTHER - Please describe in Incident Narrative.	weather related		Unfortunately the snow-park was a bit confusing - the snowplow that set up this son-park had created a smooth, packed surface of snow that concealed a ditch alongside the road near the turnaround point where the plowing ended. Beyond this plowed surface on both sides of the road there were just mounds of snow completely covering the ground. While attempting to parallel park as required along one particular side of the snow-park I put my right front wheel into this ditch. It was evident to me that I couldn't immediately drive out despite having a Subaru Impreza with AWD and snow	I should have known that the edge of the snow-park's plowed area might be problematic and I won't make that mistake again! I assumed that the plowed smooth compacted snow surface meant that I could drive and park on it since that's what I thought other cars must have done to park parallel along the road.	

						tires so we went on the snowshoe trip. (I had hoped that warming temps might facilitate extricating the car but no such luck - it stayed pretty cold.) After the trip concluded successfully around 2:45pm, the group members very generously volunteered to help me dig out the car. Our efforts however were unsuccessful after a few tries and lots of digging but luckily that son-park also serves snowmobilers. A man (whom I didn't know) arrived at the snow-park with a large pickup truck and equipment for towing. He very kindly gave a tow that finally extricated - on the 3rd try once he put chains on his tires! - my Subaru Impreza. Insufficient ground clearance was the root cause of my car getting stuck, especially with our "Cascade Concrete" heavy wet snow that turned into extremely firm snow glued to the undercarriage of my car. The car high-centered and the snow would not let the car go, plus the wheels weren't touching the ground enough to gain traction. When I say firm, I mean I had to whack it multiple times with an ice ax to try to break the snow off! My concerns are that my party members were digging around in the snow with snow shovels and ice axes to attempt to free the car. They did all stand well back while I attempted to drive out after our hour+ of digging and then also while the towing was happening. However, it seems like someone could have been hurt in the process of trying to extricate my car. Or I could have been stranded and really struggled! The Kittitas county sheriff happened to drive by while we were at work digging - apparently S was there to check on parking and son-park permits. S did not offer to help or stick around to see if we got the car out. I tried asking for S help but S sort of blew me off. I know it's probably not S job but given that there was no cell phone service there, I would have liked to have the option to contact a towing service which I assumed he had the ability to do. Weather conditions: cloudy skies, clouds moving in, and an ambient temperature of about 25 degrees F. Ground completely snow-covered. Snow VERY firm. NO CELL PHONE SERVICE in this location. I've asked my party members for photos. I was too stressed and worried to take pictures!	I'll be sure to avoid the edges of plowed areas in future. I was very grateful for the help from my party members and the kind stranger. I could not have prepped the Subaru for the tow without them, not without spending at least 3 or 4 times as much time and effort. Darkness would have fallen for sure! I will warn everyone on my winter trips in future to be extremely careful when maneuvering in their vehicles. If my party members did not help and if I hadn't received a tow, I would have had to either hitch-hike (not my first choice for safety reasons) or walk at least a mile or 2 down the road to a spot with cell phone service to call my husband for help. He has a truck with a winch that could have towed my car. I do have roadside assistance from my car insurance company with the number permanently in my car so that would be my other option to call for help. However, taking that walk to make a phone call would have been draining and inconvenient after spending all day snowshoeing (we covered nearly 11 miles). I will make a note in future as best I can as to where exactly I lose cell phone coverage so that if I have to do something like that, at least I have a clue as to how far I'd have to walk. I was carrying a PLB with me but I was reluctant to use it to summon SAR - it does not do text messaging. It only sends SOS messages to SAR. PLBs with text messaging cost much more over time since there's a monthly subscription. I am not sure it's in my budget to buy a new PLB and add on the required subscription. I would be interested in borrowing a loaner from the Mountaineers if one were available with text messaging.	
Feb-22	Day Hiking	Safety Concern	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	trail	The group was hiking down a steep part on a rough trail. Some parts of the trail had a slippery clay surface. Hiker 1 slipped and fell. Hiker 1 said that they were ok and had no injuries. I asked if Hiker 1 wanted to use one of my hiking poles, and they refused. A little while later, Hiker 1 slipped and fell a second time on a similar stretch of trail. Hiker 1 said that they were ok and had no injuries. This time Hiker 1 accepted the loan of hiking pole. Later Hiker 2 was trying to walk around a puddle, when they stepped on a slippery log and fell. Hiker 2 said that they we ok, and had no injuries.	Instead of going down the slippery clay trail, we might have tried going in the woods to the side of the trail. Hiker 1 didn't have a problem after I gave them on of the hiking poles.	Benefit of Trekking Poles
Feb-22	Winter Scramble	Safety Concern	OTHER - Please describe in Incident Narrative.	avalanche	snow - nontechnical	Avalanche Danger for Snoqualmie Pass was moderate for all levels. Avalanche problems were : Wind slabs D1, possible on all aspects at tree line and above. Wet loose D1-D2 possible at all elevations. W, SW, S, SE, E aspects. The trip and near-miss: Thanks to the rain the day prior, we had a sticky surface with a thin crust which we would punch through from time to time during our trip. Pinwheels	A conscious effort should be done to follow established practices for taking decisions in avalanche terrain 5/7 participants in the group had completed AIARE Level 1, but the AIARE framework was never	Avi Eval

						and rollerballs were present in virtually all slopes; our chosen route was conservative for this and we mostly stayed on safe terrain away from terrain traps. The day was overcast and foggy, with temperatures in the 33F-35F range. We crossed a few exposed slopes (with little tree cover) and did alright except for people expressing that the front of the party chose poorly the stop point, and that we needed to move so that everybody could be out of the slope path. We reached a steep (35°-45° according to Gaia GPS and CalTopo), exposed slope directly above a terrain trap (a running creek). Two members of the group expressed concern over crossing the slope as the sun seemed to be coming out soon; the group decided to continue. 150-200 ft north from the slope, the sun came out. The sun warmed the snow for 20-30 seconds and we saw a D1 wet loose slide. It is important to note that we didn't see it happen exactly at the slope we considered dangerous, but the timing of it was as if to tell us "You got away with it." A member of the group expressed the desire to turn around at that time, citing concerns over the slope being exposed to warmth for longer. Another member of the group stated that they were 60/40 leaning towards a turn around, but whether more participants/leaders learned about this incline from the second member is unclear. The group decided to continue 0.3 miles, 500ft to the saddle and have a discussion. The group decided to continue to the summit and turned around due to snow conditions (irrelevant to the near-miss). Fortunately, and against the forecast, cloud cover increased. The snowpack seemed safer on the way back. Later in the day we had some snow bombs, but we were out of avalanche terrain.	mentioned or brought up by anybody. If it's not feasible to follow the AIARE framework, check in points/times could be planned to discuss snow conditions observations and how those compare against what was expected. In this near-miss case, this action would've served both to clarify the first participant reason for hesitating and would have facilitated for all members to identify the risk signs. Communication played a big part on the issue. It was learned (days after the trip) that most of the group thought the most nervous participant was weary of the slope due to the steep terrain and exposure. The participant had been stumbling during the trip, so it was easy to assume foot work was the reason for the being weary.	
Feb-22	Cross-country Skiing	Near Miss	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	snow - non-technical	LEADER: Even though the trail was groomed, it was still icy and uneven. When we arrived at the junction, I decided to turn back to the beginning of the same trail since I did not know what would be the condition of the rest of the trails. There were a couple falls, on the way down the trail we skied up. One person had some scrapes on their arm. Another one fell twice. and skied the rest of the day with the group. I checked with this person when we got back that evening and the next morning. They said their hip was a bit sore but did stretches without pain. PARTICIPANT: due to the icy snow conditions and the lack of grooming of the trail, I slipped on a downhill slope and fell on the left side of my buttocks. I incurred no injuries.	LEADER: Turning around sooner on the icy and uneven trail. Wait later to ski the trail when the snow is softer. Turning around was a good decision and skied the trails which were better groomed. PARTICIPANT: take off my skies and walk down!	
Feb-22	Scrambling	Significant	Logistics, equipment issues, party issues	injury/ illness - self-inflicted, caused by movement	snow - non-technical	LEADER: This overnight winter scramble consisted of hiking in and setting up a snow camp (~2.5 miles and 1,200 ft). The objective was climbed on Sunday leaving camp at 7 am and returning to camp around 2 pm. The assent consisted of firm to icy snow with sections of rock below the seismograph. Snow had softened by the time we started to descend from the rim and we were able to glissade most of the way down to camp. We broke camp and returned to the TH around 430 pm. Upon returning to the TH a participant discovered that they suffered from a friction burn to the left shin. The friction burn was likely due to a wet sock caused by water entering the top of a double boot during the glissade returning to camp (the boot model is waterproof to the mid-calf and is commonly used on 6000 m climbs). Care was directed by an MD on the trip. Clean water from a freshly opened water bottle, provided by a bystander, was used to cool the burn. A wet bandage was then applied to the burn. The injured participant then went to urgent care. The prognosis is for a full recovery within 2-weeks. The following should be noted: The injured participant has been on numerous snow winter scrambles and glacier	LEADER: Change out your socks if they are wet and in boots that are designed to stay dry. Emphasis to new climbers not to be about inconveniencing their party when they're in pain, or when they see someone else who may or may not have a medical emergency. It's not alarmist for a participant to call a leader over, wake them up, or otherwise impress upon them, "This may be urgent." The reporting participant who first told the lead and co-leader that the injured climbers leg hurt was not a native English speaker and cultural differences may have been an issue. The reporting participant may be from a culture that is shy about inconveniencing others, or admitting that something is wrong, particularly with those they see as authority figures. A leader of that same culture might have been able to read some	

						climbs. The injured participant stopped and applied blister care to other portions of their foot during the climb to prevent blisters, but did not feel like their shin had a hot spot. The group split up into smaller groups on the return to the TH with each group having at least one leader. The inured participant was in the first group to reach the TH, but the driver of the vehicle they were riding in was with the last group to reach the TH. The inured participant sat down next to the vehicle they were riding in which was located the lower parking lot and removed their boots and discovered the injury. The participant quickly became very cold due to the body's response to the injury. Another participant came to the leader's car in the upper parking lot to say the climber's leg hurt and was wondering if they could get a ride with the leader. It was not clear to the leader and co-leader that there was an injury and that it was an emergency (this misunderstanding was presumably due to cultural differences in communication). The leader and co-leader drove down to lower parking lot about 15 minutes later to find the injured participant shaking and cold. The injured participant and was put into the leader's car (which had seat warmers) as first aide was administered. CO-LEADER: See trip feedback. Participant had leg burn (first degree) possibly from ice getting into their hard mountaineering boot while glissading, or the inner boot liner rubbing with wet socks. They did not report it until the activity ended at the trailhead. First aid was administered at TH. Leader will file a report.	cues that the leaders weren't able to read. CO-LEADER: Anything you think is a hotspot, take care of it right away. Bring extra socks. We all ran through scenarios of what if the climber had not been able to walk out in the boots that were causing the friction. Luckily, we were only 2mi from the TH and someone could have gone out to get other shoes for the injured climber. Really stress to newer climbers not to be worried about inconveniencing their party when they're in pain, or when they see someone else who may or may not have a medical emergency. It's not alarmist for a participant to call a leader over, wake them up, or otherwise impress upon them, "This may be urgent." The climber who originally came to tell the leaders (who were parked in a different parking lot) said that the injured climber's "leg hurt." The reporting climber was not a native English speaker and language may have been at issue, or cultural differences, the reporting climber being from a culture that is very shy about inconveniencing others, or admitting that something is wrong, particularly with those they see as authority figures. There is a DEI lesson here as well, because a leader of that same culture might have been able to read some cues that these leaders weren't able to read.	
Feb-22	Scrambling	Near Miss	Slip, Fall, Capsize	ice axe arrest needed / attempted	snow - steep, ice axe, poles recommended	LEADER: A trip participant slipped on a snow slope as we descended the summit and was able to arrest within about 20 feet. P had an abrasion on elbow which we covered. A second participant slipped in the same area with a shorter fall with no injuries. Later on, the trip, the first person who slipped, slipped twice more, once while crossing a stream and got very wet. The snow was very stable all day, perfect for kicking steps, with half of the group not wearing any traction on their feet at all the entire trip. The two participants who fell were both wearing micro spikes. They also reported the highest level for exhaustion during the trip, especially on descent. PARTICIPANT: On the descent in the soft snow, my feet went out from under me and I began a quick downward slide for maybe 20' before I successfully arrested. Was wearing short sleeves due to the warm day and lost a 2x2" square of top layer of skin so we stopped for a few minutes so I could get my first aid kit out and get bandaged up. It was superficial, but wanted to keep it clean.	LEADER: Winter scrambling is an activity where a single trip can bring together people with a huge variety of fitness and experience levels. So far I've tried to keep my trips open to all but emphasize the nature of the trip in my posting and pre trip emails. In the communication before this trip I made it clear that it could be a long, strenuous day and asked that participants have recent experience at that elevation and distance. While I think that being tired led to these falls, they used their skills to arrest without significant harm. With regards to selected traction, I told folks to do what makes them comfortable, as long as they used an ice axe and helmet. When the snow was clearly so soft that the spikes were likely just balling up and not adding traction, I mentioned this a few times but didn't force them to change their footwear. I still think this is the right decision despite the slips because it's important for people to feel safe psychologically and sometimes having the spikes helps with that. We debriefed at the end of the trip and everyone	

							agreed that while this was a near miss, it was handled appropriately. PARTICIPANT: I don't believe anything was done inappropriately. The risk of a fall comes with the territory. The leader had us use our ice axes and put on helmets. Perhaps the only lesson learned was not to have on short sleeves - then again skin grows back better than expensive fabric! I actually feel like the fall had a positive outcome. I had been periodically rehearsing in my mind how to arrest to refresh the mental skill of actually doing it. When I began to fall my arrest felt instinctive even if the soft snow was hard to get purchase one for a bit. I think this was actually the first time I had to do a self-arrest and I was successful.	
Feb-22	Day Hiking	Major	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	trail	LEADER: About 500' from the end of the trail, and the planned end of the trip, one of the participants slipped on a tree root and fell, injuring ankle. The participant, who is a retired nurse, thought P heard a "snap" as P fell. After the fall, P felt considerable pain in P ankle (P rated the pain as 5/10), and was unable to stand or support P weight on P injured ankle. We wrapped P ankle with a foam pad secured by tape. We concluded P would be unable to travel to the trailhead on P own power, even with poles, and the trail was narrow which would make it difficult for others to help P travel. The group helped P to a more comfortable position, wrapped P with a coat to keep P warm, offered P water to drink. and called 911. We sent 2 group members to the trailhead, to meet the emergency responders, and guide them to the injured hiker. P also requested, and took, 2 ibuprofens for pain. We called the injured hiker's spouse, who would meet P at Overlake Hospital. Within about 5 minutes of the 911 call, we heard sirens, and soon after about 8 responders from Eastside Fire and Rescue arrived. They evaluated the injured hiker and stabilized P ankle with an inflatable splint. The responders asked our group to proceed to the trailhead, as they would be evacuating the injured hiker by wheeled stretcher, and needed us out of the way. At the trailhead, the leader spoke again to the injured hiker's spouse, and gave S information on the trailhead location so S could pick up P car. Later, the leader spoke to the spouse, and confirmed the injured hiker had arrived at Overlake Hospital, and were x-raying the ankle, but thought it was broken.	LEADER: Hiking poles may have helped the injured hiker prevent injury after the slip. Hiking poles were not required for the hike, though some hikers were using hiking poles. Calling 911 quickly contributed to a quicker evacuation and transportation to Overlake Hospital for further evaluation and treatment. PARTICIPANT: P was not using trekking poles, which might have aided balance and perhaps enabled P to compensate for the slip. After the accident, I think everyone did the right thing. Leader tried to splint and tape P ankle, but it soon became apparent that P injury was serious and that P was feeling faint. P could not put weight on foot, and the trail was too narrow and steep for us to help P down. So, the decision was made to call 911, which was appropriate. They came quickly.	
Feb-22	Youth	Major	Logistics, equipment issues, party issues	injury/ illness - self-inflicted, caused by movement	snow - non-technical	I was not on this trip. So, this narrative is based on a brief write up by a parent and from chatting with the parent of the injured child on the phone. We had our Pathfinder and Nomad trip (ages 6-9) at Meany Lodge for the weekend. Families had been prefaced with the sledding hill protocols: wear a helmet; one parent spotting at the top; one parent spotting at the bottom. This sledding hill is FAST and there are trees on either side and at the bottom. Meany Lodge has some orange barriers set up to help prevent people from running into a particular grove of trees. The first few runs down, everyone was catching air and often tumbling out of their sleds. A few parents got out shovels to flatten the bump the best they could. People were catching less air, but a lot of kids by that point had decided the hill was too scary	Handling the situation We feel this situation wouldn't have been prevented had I been on the trip since I likely would've been leading a group snowshoeing or xc skiing. Parents were following the protocols set in place and were even doing more than required by having more than 2 parents spotting. After chatting with the mom, she said the Meany Lodge volunteers and other parents were super supportive and the situation was handled well. Positive actions	

						and stopped sledding. Later in the day, one kid told their parent they wanted to try sledding one more time. A group of them went over to the hill, stationed 1 parent at the bottom, 1 in the middle, and 1 at the top of the hill (more spotters than Meany requires). The parent tried to convince the child to use a saucer and go down backwards dragging their feet (kids had resorted to that so they didn't go as quickly). But, the child insisted on using one of the sleds that could steer. The parent tried to teach the child the mechanics of steering, but was aware it's not always intuitive. The kid started down and ended up accidentally steering straight into a tree rather than rolling off the sled. They hit their head, hit right above their eye, and fell into a tree well. The parents immediately scooped up the child and rushed them to the lodge. The child started throwing up, was having trouble staying awake, and eyes rolling back. 911 was called. The other parent was called since they carpooled with another family. Meany Lodge volunteers drove them (along with the family they carpooled with just in case they needed a warm car to sit in while waiting) back to the trailhead in the snowmobile. By the time they were in the snowmobile, the child was feeling a little better. Medics cleared them for just driving home. The child has been progressively feeling better as the days have progressed. They have racoon eyes and occasionally complain of head pain. The parent is taking the child to the doctor today.	Parents instantly took action to bring the kid to the lodge (warm location where they could sit down) 911 was called as soon as moderate to severe concussion symptoms presented Meany Lodge volunteers instantly stepped in to make sure they could get back to the parking lot to get home/to medical attention They made sure to bit call attention to the incident and have all the other kids swarm/want to see what was going on Future concerns The Meany Lodge sledding poses many risks and chances for future incidents. Even with the protocols and safety measures set in place, injury wasn't able to be prevented. Parents told me they learned that most of the incidents that happen at Meany Lodge are because of the sledding hill. These trees aren't going anywhere, so people will still be able to run into them/fall into tree wells. Something to consider When chatting with the parent, they strongly feel Meany Lodge should consider not having the sledding hill open or (preferably), looking at the property to find a sledding hill that is safer. The parent said the speed of the hill is fine; it's the obstacles that make it quite dangerous. The parent said they unfortunately do not see how any additional safety measures could be put in place to make this hill safe enough.	
Feb-22	Climbing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	snow - non-technical	We were skin-skiing down a small, relatively shallow slope to access the main skin track. We all had heavy overnight packs on and many of the students were tired from the skin out from our camp. Three or four of the participants, including myself, made our way down the slope successfully and were waiting further down along the skin track for the rest of the group. P started down and was looking good for the first bit, but I think P either hit a sticky patch of snow or maybe one of P tips submarined, but either way P fell on the way down. P did a forward roll, which P later explained is P regular reaction when P crashes because P is usually able to roll and recover since P's in board mode. However, since we were all skin-skiing and P heels weren't locked in, as P attempted to roll P hit face on the tip of one of P boards. As P popped up out of the roll, P had some blood on face and mouth, but signaled that P was okay. Pe used a handful of snow to compress against the cut and staunch the bleeding. At examination, P had a scratch across the bridge of P nose, which stopped bleeding after a minute or so of cold compression. We were only about less than 5 minutes from the parking lot, so P said P'd be fine and we continued on.	In looking back, the only way we could have prevented this is to have P sidestep down the slope. That being said, P was trying to push skills and get better, so I doubt P would have actually done that. It was not a very steep slope, but I think was a combination of the heavy pack, the long day, and the poor conditions contributed to the incident. The other option would have been to go up higher to the cat track, but then we would have increased our chances of wrecking on the hard, icy cat track. We gave the group the option to do that, and the consensus was to stay low.	

Feb-22	Scrambling	Near Miss	Logistics, equipment issues, party issues	equipment issues	snow - steep, ice axe, poles recommended	We were about 50 feet from the summit, approaching the summit along the crest of a narrow ridge. A large rock, about eight feet high and twenty feet long poked above the snow and blocked our way. Most of us chose to traverse around the rock on a thin wedge of snow. The going was dicey. One member of the team, who is an excellent rock climber, decided to climb up and over the rock instead of the route that everyone else was using. Because P would need both hands while climbing over the rock, P took off pack and hastily secured ice ax to the back of pack using a strap of Velcro. As P was scaling the rock, the ice ax somehow came loose from hasty arrangement and slid down the mountain. Luckily, it slid into a tree branch sticking up out of the snow about ten feet below and precariously stopped there. Had it not stopped there, it could easily have slid many hundreds of feet down the mountain. Fortunately, we were able to retrieve it. Had we not recovered the ice ax, the descent down the mountain would have been extremely challenging and potentially dangerous.	Climbers and scramblers should always remember to take the time to properly secure any equipment that is crucial to their success and safety.	Keep gear secure
Mar-22	Backcountry Skiing	Major	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	snow - non-technical	SUBJECT: The incident was before noon. There were several inches (5 or 6?) of nice powdery snow that was thick in some areas and runnels under the snow which made the skiing a bit bumpy. I spent the morning leading up to the incident struggling to keep up with my small group which was very far ahead of me. So far that I lost sight of them for a while when they crested a ridge and were no longer visible. When I got to the top of the hill/ridge I was tired. I had been working hard to keep up and I told the other members of my group this. We transitioned from skins to skis to ski down the hill we were on. I took a few nice turns and then was going to stop next to the other participant who was stopped about halfway down the run when my skis turned faster than I expected them to and my skis went left while my body went right. As I fell I registered a pop and was in a lot of pain. A snowshoe group walking by included a physician who checked my knee and thought it either an ACL injury or a quad tear, the participant recommended that I not walk myself out that I receive assistance. The other group initiated a call to the park rangers and gave them our location. At this point the other group went to leave and it was determined that I was the only member of my group who had wilderness first aid experience. The park rangers quickly arrived (about 12:15) and an evacuation was started. The rest of the evac team arrived a while later and dragged me out on a sled. OTHER PARTICIPANT: The injured person was in a small group with myself and an instructor. This group was moving at a pace that was significantly faster than the injured person was comfortable with. We toured to the first knoll we were planning to ski down, and I skied down. The snow was variable with some runnels, but overall okay. The instructor followed. The third group member fell while skiing down this slope and was immediately in significant pain. The incident happened at about noon. Instructor capably took charge of the situation and sat the injured-on backpack, wrapped knee, and stopped a passing group that happened to have a doctor in it to get an opinion on the injury. The doctor's opinion was that we should contact the ranger dispatch to get a sled, so we did. That took some time, but eventually we all skied out with the injured on rescue sled.	SUBJECT: I was tired from trying to keep up throughout the beginning part of the trip. It would have been helpful if we could have gone a bit slower at the start so I wouldn't have been as tired at the top. I was also having fun skiing down and probably should have taken it a little bit slower (I was certainly not zooming, by any stretch, but one can assume I should have gone slower given the results). I think the decision to sled me down the mountain was a good one. It was a wait (I was burrito'ed for the sled down by 2:15pm and at the parking lot by 2:45pm), but once we got moving it was pretty quick. I think that all instructors leading courses and all trip leaders should at least have a WFA and preferably a WFR. Of the people in my small group, I was the only one with medical training (WFA and expired WFR). It ended up being fine in this context (someone walking by was an MD and others were WFRs), but it very easily could not have been fine. Many of the courses require this training, so I was surprised that not everyone had it. I think it would be really helpful to specify which items on the required equipment list are needed for the course and which things you will definitely want to have for future backcountry travel. For example, I bought a backcountry radio because it was listed as required, but only halfway through the third trip did I find out what channel we were using to be able to use it. I never did use it. OTHER PARTICIPANT: The group of skiers was poorly constructed. We should have gone at a pace that was more comfortable for the skier who was eventually injured because they were exhausted by the time we reached the first knoll. We did try to let	Confirm conditioning prior to trip, distribute pack weight across group.

							them lead the group and set the pace, but they didn't want to go first. The injured party also rented a pair of AT skis that they were unfamiliar with. They'd previously used telemark skis for other trips, and this switch in gear likely contributed to the outcome. Overall, there are things the injured person could have done to mitigate their own risk, and the group could have been constructed differently to provide a better and safer learning environment for the injured person.	
Mar-22	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues	equipment issues	water - large bodies, fresh or salt	My kayak was flooded because the back hatch was not tightly closed. My kayak has low profile, in wind and waves, the kayak takes more water from the cockpit than regular profile kayak, even with neoprene spray skirt. With the back hatch not tightly closed, the boat took more water than usual. I was cold even though I had my dry suit on and 2 layers of thermal clothing. I signaled the group that I have to stop and pump the water, not realizing the hatch was still not tightly closed. Since the wind was predicted to keep getting stronger and we were paddling against it, I asked if I can be towed so not to slow the progress of getting back.	Check all hatches are tightly closed, especially after lunch break.	
Mar-22	Navigation	Near Miss	OTHER - Please describe in Incident Narrative.	driving issues (including personal vehicle)	road	At the end of the navigation field trip one of the students was in a minor car collision on Highway 2. The student pulled out too far into traffic and was hit. There were no injuries. I do not have more detail because I did not witness the accident.	We should give participants extra warning about traffic hazards.	
Mar-22	Climbing	Minor	Hit, Struck, Cut	rock fall, rock movement	rock - non-technical, scramble skills needed	One of our instructors (a basic grad) was pulling the rope from a top rope set up when the rope dislodged a baseball-size rock and struck L on the head. L had just removed helmet as everyone was done climbing. L did have some bleeding which was treated and stopped in a short amount of time.	Keep your helmet on whenever there are rocks above you.	Keep helmet in place
Mar-22	Sea Kayaking	Minor	Logistics, equipment issues, party issues	equipment issues	water - large bodies, fresh or salt	Sharing this as a lesson learned in hopes others do not go through the same experience: keep gear from getting between you and your PFD! I hurt a rib while coming up on the back deck of my boat. It turned out that over the course of repeated rescue practice, my whistle had worked its way out of its holder and found its way to a point between me and my PFD. When I launched up out of the water onto the back deck that last time: ouch! I could feel the round barrel of the whistle crunch into a rib. Whatever padding my dry suit and fleece undergarments had to offer was not enough to cushion the impact. Now I'm taking some time to heal up before getting back on the water. In preparation for that happy day, I've moved the whistle and lanyard attachment to a different location on my PFD so as to avoid a repeat at the next Rescue Rodeo, TTT, or whatever. Hope this lesson helps others avoid a similar experience.	Do not let anything get between you and your PFD! I have moved the whistle and lanyard attachment to a different location on my PFD so as to avoid a repeat at the next Rescue Rodeo, TTT, or whatever. Hope this lesson helps others avoid a similar experience.	
Apr-22	Climbing	Minor	OTHER - Please describe in	injury/ illness - self-	gym, artificial climbing	Student dislocated shoulder during a field trip climb of the South wall. Best to my knowledge, no fall or belay mishap was involved. Student was lowered to the ground where an instructor helped him to reduce the shoulder. Student has dislocated		

			Incident Narrative.	inflicted, caused by movement	walls, sports area	shoulder several times before, though never while climbing. Student should reconsider going on a Basic rock climb before surgery done if this remains an issue. A dislocated shoulder on an exposed climbing pitch could be have different consequences.		
Apr-22	Scrambling	Near Miss	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	rock - non-technical, scramble skills needed	Instructor: I was leading the rope station for the scrambling rock field trip, and working on the arm rappel with a single student. It was the second to last student of the day, and nearly all of the previous students were very comfortable with the arm rappel because of the practice they had had at the slab field trip. Students had been moving around all over the rocks during the arm rappel to test themselves. I failed to realize that the student was not doing that, and was instead feeling off balance. The student started to lean perpendicular to the fall line, and suddenly fell, hitting the middle of their back to a boulder near feet level, with the force of their full body weight. Luckily, the student was wearing a helmet and backpack, and stated that they were not injured at all. If this fall had happened without a backpack (or even if it had not been a framed pack), a major injury could have occurred. I never emphasized that a backpack was required for the first attempt or until the students were comfortable. Each student was required to try the technique with the pack on, but not necessarily before doing it without a pack. Student: While doing the arm rappel exercise, I fell to my back on a rock directly behind me. I was not hurt as I had protection of my climbing pack as well as the extra jacket. I think the contributing factor is I didn't fully understand the skill and leaned on the rope and lost my balance.	Instructor: I should have reviewed the leader instructions more carefully so that I could strongly emphasize focusing on leaning downhill before each student begins the arm rappel. I should have focused on ensuring each student was feeling safe and comfortable at all times, instead of letting my guard down after many students seemed to find the technique easy. The field trip instructions could state that using a backpack on the first attempt (or all times?) is for safety. Rope station is the only station in the instructor packet without a "safety" section. Since the arm rappel was attempted at the slab night, maybe notes could be passed about students that need more practice from the slab night to the rock field trip. For students who do not find arm rappel intuitive, we may need to describe the direction of the force and how to avoid sideways forces. Some students pointed their shoulders or hips downhill to see better, but this caused them to naturally tend to lean backwards. Student: probably a refresher of how this technique works right before the exercise and sparring would prevent any future accidents. The instructor requesting to wear our pack and the extra jacket definitely saved me from an injury.	
Apr-22	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	snow - non-technical	My group and I were in the last .5 miles of our hike when one of the hikers in front slipped on some mud/snow mix on the trail and took a fall onto their left side/hip. They didn't hit their head or lose consciousness. The trail was mostly earth in this area which helped lessen the impact upon falling. They got up easily and sat on a nearby rock to relax and gain composure. I checked them out, asked questions and gave them time to be ready to move on as was their desire. We took about a 5 minute break and then they were ready to keep walking. They showed no signs of the impact as we finished the last .5 miles and they actually mentioned that the walking was helping them feel better. Once back at the parking lot they claimed to be feeling fine and mentioned they will possibly have some bruising but see no immediate or long-term issue. They took some of their own ibuprofen and said again they are okay.	We had been traveling on snow, earth and some ice most of the day. All hikers had micro-spikes and some had hiking poles. At this point on the trail, the snow was very intermittent and poles and/or micro-spikes were not necessary as it was a flat section. This was the case of a misstep and at the end of the day when folks are bit more tired. Perhaps, make a mention when we are in the last .5 miles to stay alert and mindful. And encourage folks to take a break if feeling tired instead a focusing on the end.	
Apr-22	Climbing	Minor	Logistics, equipment issues, party issues	injury/ illness - self-inflicted, caused by movement	snow - steep, ice axe, poles recommended	Don't know the exact order of events for the second person, but the first person stumbled in steep heavy snow.	Observed that the one person who had a 1/2 cut on the calf could have benefited from more appropriate gaiters. Beginning climbers might consider dulling the crampon points or using aluminum crampons.	

Apr-22	Climbing	Minor	Slip, Fall, Capsize	hit/cut - equipment, tool	Snow - steep, ice axe, poles recommended	Two people stabbed themselves with their crampons while descending a steep slope. One instructor was giving a lot of feedback and instruction while the student was descending when they spiked themselves. The other incident was similar.	Used better footing placement and asked the instructor to hold off on more feedback until I finished descending the slope as it was too much feedback to be able to focus on what my footing was.	
Apr-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	gym, artificial climbing walls, sports area	Participant: at the Navigation Field Trip, I was scrambling through the woods, with many fallen trees in the way of the particular path the students were navigating on. I got on top of a fallen tree, and chose to jump down (maybe 1'), but landed wrong and slightly twisted my ankle. I was able to finish the day (as a rebadging instructor), with the group's instructor knowing what had happened, but tried to work thru it so it wasn't apparent to the students. And it was a minor sprain (ankle has very minor swelling). One minor suggestion is to emphasize to students to not jump - always place your body as you maneuver thru the downed logs. Instructor: One of our students suffered an ankle injury when they fell off the ledge that runs along the bottom of the climbing wall on the south end of the Seattle Program Center/South Plaza. This ledge starts only about a foot off the ground, with enough space to accommodate the width of a boot and with easy and distinct hand holds. As the ledge trends across the bottom of the wall from climber's left to climber's right (from the west to the east), one needs to step across the chimney feature on to a narrower ledge with less distinct hand holds. I was keeping pace with the student as S worked across the ledge, occasionally suggesting particular holds or techniques. P suddenly fell to the southeast toward me. I was able to break but not entirely arrest fall. P expressed that P had twisted right ankle.	Participant: I've lectured multiple times in both hiking and caving situations to *never* jump down. And of course didn't take my own advice (it seemed so "safe"), and paid the price. Going forward I'll make sure that choice never happens again.	
Apr-22	Day Hiking	Safety Concern	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	trail	Minor slip coming down the trail by one participant. No apparent injury.	Remind participants about mud hazards going downhill and that most slips happen on the return to the trailhead.	
May-22	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	trail	Twisted knee from slipping on mud.	Ten essentials. Could use more classes in providing care after first aid, for injuries non-life threatening, and strategies for evacuation without outside responders.	
May-22	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	trail	There were 10 hikers in the team, the injured was in second head of team, I was behind last three in the team. so when the hiker fell down and injured the knee, I hadn't watched exactly. I knew there is soft mud road that monument we hiked. Hike leader handle the incident well , directed team to help. injured got fast rescued.		
May-22	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	party split	Trail	Somewhere around half-way to destination, leader suggested to the group that this was a good time for party separations. Leader suggested that the one gender continue up the trail for their "business" and the other gender move off to the side and down the trail. Most of the first gender went up the trail, out of sight. One hiker and I stayed where we were but, after about a minute, I decided I better go ahead a take advantage	Keep count of people returning from party separations before continuing on trip.	Party Separation

						of the moment and went up the hill, off the side of the trail from where we were. When I returned, no one was in sight. I thought that, likely, the second gender had come back up and decided to head up the trail to join the first and they would all be waiting for me there. But they were not. It took about 4-5 minutes of fast hiking to catch up. It helped that they had come to a stream, and crossing it slowed everyone down. I don't think other person I left standing on the trail ever mentioned to anyone that I had not come back down the side of the hill I had gone up. But, most troubling, the leader must not have done a count. To my knowledge, no one else was aware that I was not with the group as they continued up the trail.		
May-22	Day Hiking	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	The "trail" was an old road that was abandoned but well-marked through the grass and sage brush. On the descent back to the cars a participant slipped on the mud and rocks in the trail and took a tumbling fall. P sustained several minor cuts on the top of head and dislocated ring finger on right hand. P was able to hike back to the cars with some of the party members where P notified me of the accident (I had returned to the cars ahead of P to catch up with two slow hikers that had turned back early to make sure they got back to the cars ok). I asked P to email me once returning from urgent care back in town. I got the following from P that evening at 5:39pm: "Hi, stopped at an urgent care clinic on the way home and they reduced the dislocated finger and cleaned and glued the minor scalp wound. All good."	P is a scramble grad with several years of experience and the trail was low angled and not difficult to navigate. P was likely looking at the flowers and other attractions along the trail and just mis-stepped on one of the muddy rocks. In hindsight, given the 30-50 mph winds we had on the descent more focus on the trail and less on the flora might have prevented this accident.	
May-22	Sea Kayaking	Safety Concern	Other		Water – large bodies of water	An Assistant Leader pointed out to me a large underwater tree limb sticking out of the water about 5 inches. Weather: windy and choppy water. Limb seemed stationary. Our kayaks were blown into this limb. Diameter visible: about 4 inches. Location: standing on the beach facing the water, it's on the right hand side, about 25 yds out, very close to the floating buoy ropes.	Paddled far away from it and kept an eye on its location as the wind continued.	
May-22	Sea Kayaking	Safet Conce	Personal Issues		Water – large bodies of water	This event as basic sea kayak instruction. It included youth under 18. One of them experienced anxiety that prevented full participation and led to an early departure from the first day of the event. The anxiety was significant but not extreme; it did cause significant discomfort to some trip leaders however to be seeing it, and feeling that they did not have the skill or interest to be dealing with it. Participant's parent was at the event and assisted in managing the participant including the early departure. Participant returned the following day and successfully completed the event.	Youth under 18 at this point may be inappropriate for adult programs if they have an emotional state where specific performance objectives require demonstration in a defined time period. This can be perceived as pressure, causing anxiety. Moreover, a teenage tendency to demand explanation for why certain things may be necessary for them to demonstrate may also cause significant distress to leaders/instructors who are unaccustomed to managing this kind of challenging response/behavior. In this case, a condition of participation was that a parent (an experienced kayaker) was required to be present at all times. That participation was ultimately essential in managing the participant who did need to leave the event early. While this parent has the skill of a trip leader, this situation on a trip could have been more complicated and have required either a turnaround, or splitting the group. At a minimum, youth in adult kayak events probably should be required to demonstrate in advance a sufficient ability to manage anxiety, in controlled settings, before being allowed on any trip of any length. This course was an appropriate venue to assess that capability and	

							ultimately the disruption was limited and affected only minimally one pod of 5. On a saltwater trip the impact would have been much more significant and disruptive.	
May-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	One student slipped off a small vertical section of wet rock (raining all day at this scramble rock field trip), fell only two to three feet onto a soft and non-exposed surface, but scraped left palm on rock during the slip resulting in a minor scrape/abrasion. This was immediately rinsed and bandaged, student used a glove on that hand for the rest of the day to protect the bandage, performed capably and maintained a good attitude. No medical follow-up seems at all likely. The incident only reinforced what we had already determined: to err on the side of caution on the wet, slippery rock, not encouraging students to get more than three or four feet off the deck, and closely spotting all students engaged in any actual rock scrambling.	This was a simple accident which didn't really alter our approach at all, beyond again emphasizing to students that they should not attempt to cling to a hold that was failing but to release off the rock, land on bent knees like a cat, and count on their spotters to cushion their fall and protect them from any exposure in the general vicinity.	
May-22	Backpacking	Significant	Slip, Fall, Capsize	fall (travel a distance)	Water - stream, creek, river	LEADER: This happened at the end of our 13.5-mile hike. We were about 5-10 minutes away from where we wanted to camp and had been on the trail for about 7:20 hours. The injured hiker had rolled ankle, reported sharp acute pain that went away in a few minutes. We had to do a creek crossing where water was moving, but it was mostly shallow. Careful foot placement on some rocks could almost ensure we kept dry feet. The creek had two small falls (added would make about 3-4 ft) that made it into a small section that made a deep pool (abdomen deep). The creek then went towards a bunch of branches, roots and a blow down that could make a strainer terrain trap. The injured hiker was the last one in the group to cross. After I crossed, a few seconds later I heard some people say "woah!" as I turned around I saw the hiker partially floating on the deep pool, looking up, and being dragged by the current. By the time I ran back to assist and prevent P from going into the branches, P managed to stop and stand up. P seemed shocked and took 30-60 seconds to get out. I, along with a person outside of our party, offered each an arm for help and pulled P out. The hiker had abrasion wounds on forearm which were bleeding. P reported pain in the arm and nothing else. P declined a request to change into dry clothes, and rejected a space blanket due to our proximity to the destination. P wanted to set up camp and be treated there. 5 minutes later P reported feeling good, but feeling that P probably had small abrasions on knee as well. P elected to self-treat the abrasions and change into dry clothes while the party set up camp, as rain was coming soon. P cleaned forearm and put a bandage on it. When removing pants, P noticed two deep lacerations on shin. About 1.5cm/0.6 inch deep, and about 2cm long for the upper one, 1.5cm long for the lower one. P presented a big hematoma in the area, covering half of shin; protruding a fifth or a fourth of calf width. Our first aid contact instructed P to let clean water flow on the lacerations to get them clean. The hiker was in distress due to the visuals of the wound and after seeing our face reactions when we looked at it. P was shivering but didn't report being cold. We instructed P to get into the tent and into dry clothes, which P reluctantly did once two separate persons brought it up. I put P in the tent, over a sleeping pad; gave P a sleeping bag and drybags containing clothes for the night. I proceeded to make a warm beverage for P. Once the hiker was warm, I cleaned the insides of the lacerations. Upon closer inspection I noticed fat tissue, which revealed it was a deep wound. I used a small spray antiseptic for this. Pressing strongly and from very close as to try to push any contamination out, in lieu of a proper irrigation syringe. I used 3M Steris trips to bring	LEADER: Creek crossing with a single pole. I think one pole provides a false sense of security with creek crossings; you cannot keep 3 points of contact at all times. This was a reminder for me that a patient cannot be trusted for self-reporting injuries. At least when the patient is/was in shock (in this case shocked by the accident and/or the cold water). The fact that we trusted the patient meant we missed the shin lacerations and they were bleeding for a few minutes. Fortunately it didn't become problematic, but I'll remember in the future to do a full body assessment so that I don't miss significant injuries. I always thought that when needed I could improvise an irrigation system. A Ziplock with a hole or melting a hole on the tap of a water bottle. I thought of the zip locks, but I didn't know where I could find a clean one. I didn't remember about a hole in melting the cap. In the future I will carry a bottle cap with a hole in it as part of my first aid kit. The weight is negligible and it would've helped to better irrigate the wounds. The less steps I have to take under stress, the better the result will be. Lack of evaluation of consequences when choosing terrain. When hiking in, we chose our footing while creek crossing based on how likely it was to keep our feet dry. In the incident site, we failed to analyze the possible consequences of a failure on our part. If we had thought of that, I'm sure we would've chosen a path where we could get slightly wet, but avoiding a potential fall. On our way out I saw we chose our footing thinking about the consequences of a fall, not only about the probability of a failure and of staying dry.	

						the skin edges together, covered with a nonstick pad and taped with micropore. Lack of proper wound cleaning equipment (forceps, irrigation syringe) made me worry about a possible infection; and we didn't have any internal antibiotics for prophylaxis. The hiker has a history of an overactive immune system. The original plan was to set up camp, and have a leisure day before hiking out on the 3rd day. However faced with the possibility of an infection setting in and the hiker developing a fever by the 3rd day, I decided to probe for the possibility of hiking out on day 2. All members of our party seemed comfortable with the idea of hiking out without our leisure day in the middle, and I learned that the first aid volunteer had brought up the idea of evacuating on day two as well. Later on, when squeezing water out of clothes, I saw that P's sock was full of blood, and inner shoe was stained with red. While blood loss wasn't enough to become problematic, I saw that it was somewhat significant. The hiker was given NSAIDs from this moment until we made it out. P was in good spirits, although P was in pain while walking. I took part of the weight from P's pack and gave P one of my hiking poles. P had brought only one. I believe that using only one pole for creek crossings didn't allow P to keep three points of contact at all times, while providing a false sense of security that P had gear (the pole) for the crossings. On the way back, on two crossings that we deemed dangerous, members of the party tossed back a pole for P to cross safely with two poles as well (when they had crossed already). We visited the nearest urgent care after hiking out. The hiker didn't receive stitches as more than 16 hours had passed since the accident. The physician quoted studies revealing that after 16 hours, the probability of system infection is increased with stitching, especially if the wound wasn't cleaned in a sterile location. The physician said we did a great job cleaning the shin laceration. The arm abrasion still had some debris, but it wasn't deep, so topical antibiotics will be enough there. In an urban situation, prophylactic antibiotics are not given to young healthy individuals, so P's not on systemic treatment. However, I was reassured that evacuation was the right thing to do given the deep cuts; and the possibility of developing systemic infection, fever, shivering and the like; possibly making a self-evacuation impossible. P had a TDaP shot. Refreshers are given if the last one was ;5 years ago when patients present with wounds. INJURED PARTY: We were doing a two-nighter, hiking all the way to a destination on day 1, resting on day 2, and hiking back on day 3. We safely crossed the last bridge that goes over a river and were almost at the campsites when the incident occurred. There was one creek crossing remaining. There were 2 different routes we could pick when I looked up to assess them. The one of the left had water running, with several rocks we could use to cross without getting our feet wet. The rocks were on the edge of a 2-feet fall that led to a sort of pool of about middle-back depth (I'm 5ft 8in tall). The crossing on the right had some murky half-foot deep water, with some precarious logs that we could use to cross. I was the last in the group and was the only one carrying a single hiking pole; the rest of my group had two poles. The other 4 members crossed safely using the left route. I hesitated a bit and considered going the right route thinking, "what's the worst that could happen, get my feet wet? But if I fall on the left route that would be much worse" Why then did I choose to cross on the left? I'm still asking myself that question... And so, I tried to cross using the left route, the same my group had safely used. I didn't feel secure and slipped	INJURED PARTY: - Two poles are needed for creek crossings, lesson learned. I will always carry two poles from this point forward. - When making decisions consider both the probability and the consequences. In this case the left route was low probability but moderate-high consequences (falling, getting hit by the rocks, getting wet, getting dragged by the current). The right route had high probability but low consequences (getting feet wet). - I will get a syringe to be used for cleaning wounds. - I always felt a bit out of the norm for putting all my stuff in dry bags even if rain was not in the cards. Friday I was really grateful for that. All my stuff was dry and I was able to change into dry clothes. - The fact that the party was kept together all the time was key here. I've been in other trips where members lose sight of each other and some are even left behind. I think that it could've been disastrous if I had been alone when I fell. - Don't assume that you didn't cut yourself just because your clothes are still intact. My pants were intact and I still ended up with puncture wounds. - Don't feel embarrassed of stripping down in front of other party members. I need to keep this in mind. I wanted to find a secluded place where I could dry down and change clothes. Nothing happened in this case, but I do know I bled without me knowing because my sock and shoe were red. - A full body assessment is needed every time an incident happens, no matter if the injured person says otherwise. They are in shock and full of endorphins, they are not to be trusted.	

						half way, tried to recover my balance, even if that meant getting my feet wet but couldn't recover. I fell forward and tried to bend my knees to bring my center of gravity down (it all happened so fast but at the same time I was seeing things go in slow mo). I hit the water, turned upside down and was trying to stand up but I couldn't place my feet. My pole had gotten stuck between two rocks and I found it while trying to grab onto something and used it to pull myself up and stand up. I saw the leader asking me if I was okay, and another two people from another party. The leader was prompting me to get out asap, but I had to take a minute to calm myself down and make sure I wasn't going to trip trying to come out; the rocks where I needed to step to get out were really slippery and I didn't feel secure. One of the other backpackers that was close by offered a hand as well, so with help I felt safe enough to attempt to get out. The leader asked me if I had hurt myself and I said I probably hit my arm because it was burning, and I felt I had hit my knee. The leader wanted me to change into my dry clothes asap but I felt the rain was coming and we were already there, might as well set up the tent and not put my dry clothes in risk of getting wet. We quickly hiked the last 5 minutes and I asked the leader to set up the tent so I could go inside while I changed into dry clothes, Uncovering my arm revealed a superficial but painful abrasion that I treated as best as I could (the angle was weird). When I pulled my pants down, I saw a big bump in my shin that really scared me and two deep (1cm deep, 2cm long) puncture wounds. I called the first aid contact to come take a look. I think the other members of the party were trying to give me some space as I was stripping myself down; I don't think they knew I had injured myself, I didn't even knew it at the time. I saw first aid rep face and knew it was bad. The bump looked really big; there was probably a lot of blood pooled inside. Firs aid rep instructed me to use clean water to "wash" it. I had already used antiseptic and put pressure to stop the bleeding. I did as requested. The leader came shortly afterwards to take a look after setting the tent and asked me to get into the tent and finish drying inside; the leader pointed out I was shivering and we needed to avoid hypothermia. Once I was inside, I finished drying and the leader gave me a hot beverage. Leader did a full body scan to check if I had injured myself elsewhere. Leader proceeded to clean my wounds by using an antiseptic on a spray, using pressure to get any possible gunk out. Leader used some steri strips to try to close the wound, put a nonstick pad and used micropore to set it in place. Leader asked me if I wanted to hike out that same day, but I said I was tired and couldn't do another 14 miles. I really needed to rest. Leader then said we would hike out the next day and get me to urgent care asap. The first aid contact had already told me we needed to hike out the next day, as I would likely need stitches and there was risk of infection. I agreed though I wasn't mentally prepared to hike out the very next day with the wound, but knew they were right, I just needed to get in the right mindset and figured rest would definitely help. The leader went and talked to other members in the group and he came back to let me know everyone agreed and we would hike out the next day. Everyone in our party was really gracious and I deeply appreciate their kindness and effort to hike out the next day even though it wasn't planned and it would be a long tiring day. There was not another backpacking leader in our party so we all had to hike out. I took some strong NSAIDs at the start of the hike, and the leader helped out with a big chunk of my backpack weight and lend me one of his poles. I offered the pole back on each creek crossing. I think we hiked out in about 7.5 hours, which was pretty good; I know we were all very tired. The leader and I were carpooling and we drove to the		

						closest urgent care we could find. The PA that looked at me said stitches were no longer a possibility as the wound was more than 16 hours old and the risk of infection was greater if we closed the wound. Oral antibiotics were not given because they aren't given to healthy young individuals, but topical ones were prescribed. The PA said we made a good decision to hike out as early as we safely could, since an infection would've likely make it harder to come out unassisted.		
May-22	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	Slip and fall on loose rock. The participant had a bruised hip the next day but no other injury.	Importance of reminding participants that most falls happen on the way back down and to use due care.	
May-22	Sea Kayaking	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - pre-existing condition	Water - large bodies, fresh or salt	A basic class student states they 'broke' rib at the lake session, but did not report the injury then. Student believes it is a re-break of a lower rib experienced previously. Student disclosed the injury at this paddle, but stated no need for medical attention and would be able to complete the paddle although it was sore. Student was able to breathe and move fluidly; the injury did not appear to restrict ability to perform. Student states rib injured while attempting to get on the back deck of kayak for a paddle float reentry. Student stated that there was nothing in PFD that impacted the rib; it was body weight onto chest that created the injury. Student successfully completed the paddle and rescue exercises but stated at the end that the rib was very sore due to performing self and assisted rescues in this paddle. Student declined any aid.	The motion that caused the injury is unavoidable in kayaking. The participant may have benefited from being in better physical condition, but other similarly moderately conditioned participants did not have same injury. Moreover, the participant indicates a prior injury to this location previously that was not from kayaking.	
May-22	Backpacking	Minor	Hit, Struck, Cut	hit/cut - natural object	OTHER - Please describe in Incident Narrative.	Fellow participant (not me) was struck in the head by a log (less than 6 inches in diameter) that was being used to hold up a tarp as a rain shelter. Log fell as a result of a wind gust. Leaders were not present during event. Other participants helped assess injury and encouraged affected participant to apply cold compress. We collectively observed injured participant for a couple of hours until leaders returned from their day hike and determined P was stable. P denied needing additional first aid or support. Leaders were informed upon their return.	Designate first aid person in group at start of trip. If leaders leave group for a prolonged period of time, designate someone else as leader during their absence. Communicate location of first aid supplies / emergency beacon etc. Debrief incident as a group afterward to review lessons learned.	
May-22	Scrambling	Near Miss	OTHER - Please describe in Incident Narrative.	avalanche	Snow - steep, ice axe, poles recommended	As in trip feedback, we were attempting to glissade in obvious wet loose avalanche, and our party did trigger a good-sized slide that could have easily harmed someone below, with cliff bands, trees and terrain traps. Route choice was not the safest.	Leader/assistant should have addressed the terrain risk and made sure a smart group decision was made before individuals launched into the terrain and it was difficult to reroute. In group debrief, leader admitted to getting off course, and assistant leader to being a bit gung ho about glissading without assessing risk. A near miss and lesson learned for all.	Avi Evaluation
Jun-22	Stewardship	Minor	Logistics, equipment issues, party issues	party split	Trail	At the conclusion of the day's activity when hiking back to the trailhead, the group became spread out. One very fit fast hiker went ahead but stopped several times to let the group catch up. The last stop H made was beyond but not in sight of the side trail we needed to take to return to our cars. As H was waiting, a very large elk appeared in the middle of the trail and began exhibiting what appeared to be aggressive behavior. The elk was blocking H route back to the junction, so H turned and ran down the trail in the opposite direction. When the rest of the party arrived at the parking area and H was not there, everyone became concerned. This trail has five side trails, all which lead up to the only access road. Assuming H had possibly missed the junction and after waiting in the parking lot for more than 30 minutes, we organized a plan for	As the leader of this trip, I was most concerned in making sure Mountaineers knew how to handle the tools we were using and understood safe practices when working near chain sawyers. I assumed Mountaineers knew the protocol in staying together when hiking. Because there was a member of the group who was much slower than the others, I was the sweep and did not realize that the fast hiker was so far ahead (good learning opportunity for me!). I should have spoken with the fast hiker about waiting	Party Separation

						cars to drive to the other trailheads to see if H emerged somewhere else. After more than two hours of anxiety in rainy conditions, H emerged at the farthest trailhead, much to everyone's relief. H was apologetic and indicated H had a phone app which helped find way to the main trailhead, a distance of over 5 miles from the intended junction. This incident made for a very long exhausting day for everyone, including families at home concerned that we were overdue and there was no cell service to let them know what was happening.	for the group more frequently at the first stop on our hike out. For H part, I believe H might have used better tactics in dealing with the elk instead of running so far. H could have doubled back after a short evasive run and would probably have arrived back at the junction at about the same time as the rest of us. Having a number of vehicles and volunteers available to cover all the exits was almost certainly what led to the positive outcome because if H had emerged where H did and needed to walk the road to get back to us, it would have been dark before H could have reached us (that distance was much more than 5 miles). The ability to communicate with radios or walkie-talkies would have made this situation so much easier.	
Jun-22	Backpacking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Incident occurred out of sight of the leader. 1) The student stepped on a rock that gave way under foot, causing the fall. Others had stepped on the same rock. 2) The WFA leader assessed H immediately after the fall. Because the student had hit chin, the WFA leader's assessment included some basic checks for concussion that indicated a negative result. After a brief pause, the student self-reported uninjured except for some scrapes. 3) The student declined treatment of the abrasions at the scene because we were only a mile away from the trailhead and were trying to expedite our departure due to an approaching thunderstorm. The student self-administered first aid to the abrasions after we arrived back at the trailhead.	This was a random slip	
Jun-22	Day Hiking	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	While traveling on trail a hiker slipped on a tree root and took a tumble. H hit face and left leg on some hard surfaces (rock and roots). There were minor lacerations and immediate swelling on left cheekbone. H remained down and assured us H was alright. We checked for potential concussion and all signs were negative. H was able to get up and discovered a bruised left thigh as well. H assured us H was okay and was able to continue. H has a serious shiner but decided to join us for an after hike meal and was doing okay. As a precaution our hiker will head to urgent care tomorrow for an evaluation and possible x-ray of cheek.	It was a random slip and nothing was out of the ordinary.	
Jun-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Water - stream, creek, river	Crossing a creek one student lost their balance on a wood debris "bridge" and slipped and fell backwards into the creek notwithstanding use of a hand line to steady balance. I was the instructor supervising the crossing, saw the event, and immediately stepped in to assist. Immediately after, the student reported wet feet and some discomfort in the tailbone but elected to proceed. Student successfully completed the field trip with the other members of their instructional group (Approximately 6 more hours of scrambling/hiking). No medical assistance was requested or sought. The next day the student wrote to say: "My tailbone is feeling better this morning (thankfully!). I took an ice bath immediately after coming home so that must have helped. My feet are fine too."	Stream crossing by its very nature involves slick surfaces. However, this incident confirmed the appropriateness of safety measures already in place: Explain the hazards of stream crossings to each student, set a hand line, and have an instructor monitor each student as they cross. These measures contributed to a positive outcome under the circumstances.	

Jun-22	Scrambling	Near Miss	Slip, Fall, Capsize	ice axe arrest needed / attempted	Snow - steep, ice axe, poles recommended	We were downclimbing a steep snow slope and transitioning to a traverse on a snow-covered hill next to a large rock face. All party members were using ice axe self-belay technique. P lost footing, likely from soft snow sliding out from under feet. P slid on stomach feet down, approximately 15 feet down the slope over a snow-covered rock and into a set of dense trees. Myself and one other member of the party yelled "Arrest!" several times when we saw P start to slide. However, P was sliding fast and was not able to self-arrest before running into the trees. The trees stopped slide but P was then wedged in between the tree branches on top, and the snow below. P said they were OK but not able to move. Helper and I and reached P within a minute and were able to help unbuckle pack and free P from the trees. P was then able to use ice axe to climb back out and ultimately put pack back on. P didn't suffer any injury and was able to continue with the activity as planned.	I would suggest talking to P for more feedback on this one. Possibly a lesson about proper self-belay or walking in balance? P says that when P slipped, the ice axe was planted, but it pulled out of the snow and therefore P was not able to self-belay.	Ice-Axe Arrest
Jun-22	Climbing	Minor	Hit, Struck, Cut	hit/struck - natural object	Rock - non-technical, scramble skills needed	On the descent from climbing area, an intermediate student walked into the rock hitting top of head while watching footing. S sustained a minor contusion and a scalp laceration that bled for several minutes.	Reminder that proper care should be taken on the descent - the climb's not over till everyone's back to the car, and that accidents can happen even at relatively safe, roadside crags. Some of the students and instructors continued to wear their helmets on the descent, which would have prevented this injury.	
Jun-22	Climbing	Minor	Slip, Fall, Capsize	equipment issues	Snow - non-technical	Co-leader: We started working on crevasse rescue scenarios around 12:30 PM. The scenario involves a group of three students tying into the rope as they would on an actual glacier climb. The 'fallen' climber is attached to both the climbing rope as well as a secondary safety line which terminates to a munter hitch attached to an anchor tended by an instructor. The fallen climber is then lowered over the edge of the snow cut, simulating a crevasse fall. One of the students acting as the fallen climber fell from the top of the snow cut to the roadway - a distance of 12-15 feet, landing on their buttocks. The student's climbing and safety lines became entrenched during the fall, somewhat slowing the fall. The student called out for aid which was eventually relayed to the rest of the group by other students acting as fallen climbers. Instructors immediately halted all activity once they were informed of the fall. One of the primary instructors (a Nurse Practitioner), assisted by a student (a Registered Nurse) attended to the injured student while the remaining instructors met to investigate how the fall occurred. The following deficiencies were identified: 1) Instructors were not provided a demonstration of the training scenario, including station setup as well as roles and expectations of instructors and students. 2) There was too much slack in both the climbing and safety lines utilized by the injured student. 3) Students were not provided a demonstration of the training scenario including roles and responsibilities as well as how to execute the scenario safely. After meeting internally, instructors met with the students to discuss the incident and how to proceed with the remainder of the day. Instructors then met to re-build each of the five crevasse rescue stations, ensuring every instructor was on the same page with respect to station setup and proper rope lengths for the student acting as the fallen climber. Instructors then provided a full demonstration of the crevasse rescue scenario to the student group, including a thorough explanation of the lowering process for the student acting as the fallen climber. Students then launched into the crevasse rescue scenario for the remainder of the day. Students were provided the option of utilizing loaded backpacks in lieu of	Co-Leader: Course leadership as well as the field trip instructors met following the incident and identified the following lessons: Over-reliance on prior experience. There was an assumption that all instructors understood how to set up and safely manage the crevasse rescue station to which they were assigned. To mitigate this deficiency in the future, we will: Standardize and document setup procedures for student stations where a lapse in safety could result in an injury (for example, rappelling from the North wall at the Seattle Program Center, crevasse rescue stations at Baker during the snow module) Cover station setup and instructor expectations as part of the instructor review session(s) during the run-up to the course. Require a senior instructor to inspect student stations before they are used by students. Student: Better communication at the outset, along with a demo, and perhaps seeing how the first "fall" goes to pass on any info to subsequent teams Assure that the backup rope is taut and secure Recognition that incidents can happen even in "safe and controlled" environments As an aside, I am very impressed with the	

						themselves as the fallen climber, however all students were comfortable performing the scenario with each other as the fallen climber. The injured student was able to walk under their own power from the roadway to the snow field where the scenario was taking place. The student was also able to walk under their own power - instructors carried the injured student's pack - to our primary assembly point at the road cutout once the crevasse rescue scenario work concluded for the day. An instructor drove the injured student home that night so they could visit their primary care provider for imaging. Student: During crevice rescue training, I observed a student being lowered off a snow cut/bank about 15 ft high above an asphalt roadway at the Baker ski area. Among other issues, the primary and backup ropes were somewhat slack, so the student rapidly descended and landed on buttocks fairly hard, causing what I believed to be significant muscle and/or bone bruising. An instructor, myself, and other student (who was a nurse), assisted the student. The instructor performed a standard evaluation and concluded that there were no pelvis issues or other injuries beyond the butt area. The student was administered 800 mg of ibuprofen, and was able to walk, though slowly and with some pain and limping. S was later driven home by an instructor that evening. The instructors were candid and thorough in explaining what happened, and training was modified to mitigate the potential for a similar incident to occur. While I'm sure the instructors will provide their own assessment, it appears that multiple factors contributed to this incident: Insufficient communication: While we practiced the technique at the Program Center, a demo was not given prior to beginning the exercise at Baker, which the instructors noted during our debrief There was one less lead instructor who was unable to be present at Baker. Not sure how important this was, but we did have five teams going at the same time Both the primary and backup ropes had too much slack for the available distance to fall The student literally turned and jumped off the edge, vs sliding down, which given the dynamic stretch in the ropes and snow entrenchment, obviously should not have been done. By comparison, I "slid" down as slowly as I could a few minutes earlier and ended up with my feet almost touching the ground, and after a few minutes, my butt was on the ground due to snow entrenchment and anchor placement by the "rescuers". It was difficult to communicate my situation, as I could not hear my "rescuers", nor could they hear me, so no one had any idea that I was basically on the ground during my "rescue", or realize how easy it was to travel 15 ft in the conditions we had	Mountaineers emphasis and focus on safety, which is well beyond anything I've experienced elsewhere. Safety was easily the most important message that the instructors communicated during each of our nine days together, so it was disappointing and surprising to have an incident.	
Jun-22	Climbing	Significant	Hit, Struck, Cut	hit/struck - natural object	Rock - technical, rope & protection needed	Leader: On the way to the base of the route, as a party of four (two instructors, two students), two climbers followed the faint climbers trail a little beyond where they needed to traverse to the left to get to the base of the route. I traversed to the base of the route with one of the students and confirmed to the two climbers who had gone too far that I had located the route and they should make their way over to me. The two climbers who had gone too high will be referred to as Climber 1 (student) and Climber 2 (instructor). The second student, who was with me at the base of the climb will be referred to as Climber 3. Climber 1 and 2 traversed across the slope, but stayed high. They came to a rock	Incident 1: stick to established climbers trails as much as possible when in loose terrain, even when that means backtracking to get back on track. In this situation, the climbers trails were very faint so it's not like there was an obvious better way from the vantage point Climbers 1 and 2. Also, default to turning around when a fall happens and recognize that the full extent of the fallen climbers injuries are likely not to be quickly recognized.	

						outcropping and I told them they should descend to go around it. While scrambling down to go around the outcrop, Climber 1 dislodged a large boulder. I did not see exactly what happened initially, but I heard rockfall and turned to look. I saw the boulder falling and yelled rock. I also saw climber 1 tumbling down hill, probably coming to rest about 8-10 feet below. I saw that climber 1 remained on the ground where they fell. Over the radio Climber 2 told us Climber 1 was ok for now. Climber 1 remained on the ground for at least 5 minutes. Climber 2 radioed to tell us they were going to sit for a few minutes to calm down (not a direct quote, but something to that effect). Since I heard they were "ok for now" and climber 1 wanted to "calm down" I didn't bother them with additional questions over the radio. Eventually Climber 2 picked up Climber 1's pack and they both slowly scrambled down to a faint climbers train leading to the base of the route. Climber 1 and Climber 2 eventually made it to the base of the route where we could discuss what happened and find out more about how Climber 1 was doing. It was at this point that I learned that the boulder had come from right above Climber 1 and had been dislodged when C1 put a hand on it for support. As the boulder slid it hit their leg. Climber 1 showed scrapes on shin and chest. Climber 1 was debating whether should try and climb (the route we were going to do is a 3 pitch 5.6, which we planned to link up with another 4 pitch 5.6 up above). He reported that leg hurt where the rock had hit it. I gave C1 some ibuprofen from my first aid kit and suggested rest while Climber 2 and Climber 3 start up the route. I suggested that if Climber 1 wasn't feeling much better in a few minutes then I would hike back to the car with them. However, we ended up continuing to talk about what happened and get a better sense of how Climber 1 was feeling and decided that they should go back to the car and not climb today. At this point, Climber 2 (other instructor) suggested that I climb with Climber 3 and C2 would hike out with Climber 1. After some discussion, we all agreed to this plan. Climber 1 and 2 stayed at the base of the climb while Climber 3 and I got ready for the first pitch. The following day, we learned from Climber 1 that the rock had actually broken their fibula. At this point a second safety incident report begins. Climber 3, as the student learning to lead, took the lead on the first pitch. The first moves on this route are lie-back moves and the first 10' to 15' of the route was very wet due to rain the day before. It was about 10:30AM at this point. Climber 3 put their first piece as far up the route as they could reach from the ground. They started climbing and clipped the first piece, but since it wasn't high enough to protect from a ground fall, I was spotting them rather than belaying. Climber 3's feet slipped and they fell. I partly cushioned their fall, at least keeping them from falling over and tumbling but they did land on their feet. They probably fell from 6 feet. Climber 3 didn't seem to be hurt. After discussing lie-back technique and determining that this was still the easiest start to the route despite the wet rock, Climber 3 decided to try again. I advised putting in a second piece about three feet above the first to protect against the ground fall. Climber 3 put in the second piece, a #5 C4 cam, but fell again when trying to clip it. Again, since Climber 3 hadn't yet clipped the second piece I was spotting them rather than belaying. Climber 2 had joined us at the bottom of the pitch to also spot Climber 3. Climber 3's fall was controlled by the spot such that they didn't fall over (or off the ledge) and instead landed on the ground with their feet. They probably fell from 8 feet up. I should note that I was tied in to a belay anchor while spotting. Climber 3 seemed to be ok again except for a bit of heel pain. They figured it was just	Incident 2: Lie-back moves can be very secure, but if your feet slip then you have nothing. Things that contributed to Climber 3's falls: 1) very wet rock, 2) not wiping shoes on pant legs when taking off in order to clean off the sand/grit from the base of the climb and 3) not keeping the soles of the climbing shoes clean and dry before the start of the climb (by using a ground cloth, pack, etc. to stand on). Main lesson learned--do not underestimate the hazard posed by wet rock. participant: Always wear a helmet. Just because it’s a large rock doesn't mean its stable.	

						bruised and wanted to continue climbing if we could find a way past the first moves on the route. I believed that part of the reason Climber 3 fell was poor lie-back technique and not keeping enough counter force on their feet. Since the moves are relatively low angle, I believed I could get past this first 10-15 feet of wet rock and the rest of the route looked dry and in the sun. So, we switched roles with Climber 3 belaying and I led. I had no problems with the moves and the rest of the pitch (and the next six after that) went by without incident. As I was belaying climber 3 up the first pitch, I saw climber 1 and 2 hiking out. They were moving slow but steady. Participant Update: leg broken Fracture of proximal end of right Fibula On approach to Tree and Stump I got a little off route of the climbers trail. I put a hand on what I thought was a huge stable rock. That's when the rock broke loose catching my right knee and pushing me tumbling down a 15ft drop off. Lucky there was one tiny bush/tree that I hit and was able to hold on to just before a 20-foot cliff that would not of ended well. Luckily my climbing friend was close and kept me calm as the adrenaline hit me hard and almost lost my breakfast. I laid there for a while thinking about how much worse it could of been. Once I gathered my wits I was able to walk about 100yrds to the start of the route. I decided it wasn't a smart idea to climb as my knee was pretty sore. Yes I could of gotten up but I was worried about getting down and putting weight on it as it was swollen, stiff and painful. So, I scrubbed the climb saw my buddies off on their start which was a bit tricky with some still wet rock. I was able to make it back to the car using a stick as a crutch (next time will bring poles). No matter the size of the rock it may not be stable, always wear a helmet even on an easy approach, and know who is below you. Thankful for friends and quick action.		
Jun-22	Scrambling	Near Miss	Hit, Struck, Cut	hit/struck - natural object	Rock - talus, boulders, scree	A boulder was loose and came down on the way to the summit and almost hit one of the team members. Rock was yelled and it missed P who got out of the way.	Avoided that section where a lot of loose rock was.	
Jun-22	Sea Kayaking	Near Miss	Slip, Fall, Capsize	lack of skill, preparation, conditioning, fatigue	Water - large bodies, fresh or salt	During the later portion of an Introduction to the Surf Zone kayaking clinic, one participant was paddling in the "soup" and flipped over. P was initially unable to remove spray skirt. P was able to hold head out of the water using paddle as a prop, and was able to remove skirt just as I arrived (I saw P flip and I was wadding out to P during the event). Post event, I removed all participants form the water and we had a debriefing of what happened and how to prevent it.	We had an incident management clinic the previous day, where we described two ways to remove a skirt. I should have had the students practice this again in the surf zone (soup) with an instructor or assistant at their sides. Also, students should practice removing their skirts while being forced into a lay-back position by the local currents in the surf zone.	
Jun-22	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	equipment issues	Trail	Hypothermia concern. A hiker got very cold and shivery as we approached the summit on a wet June day--temperature in the high 40s. H rain jacket and rain pants did not keep H dry. H didn't have any dry gloves or extra dry clothes in pack. Another hiker loaned wool socks to replace soaked gloves. We took an abbreviated lunch break (15-20 min) and started down. The rain stopped and another hiker helped H remove wet jacket and rain pants. H warmed up as we descended and was fine.	We did not check whether everyone had enough extra clothing at the start. When the hiker was shivery, we did not ask other hikers if they had extra hats or other dry clothing they could share. Sharing dry socks for mittens and helping get wet raingear off helped keeping cold from going to hypothermia. Shortened lunch break helped.	
Jun-22	Climbing	Safety Concern	Slip, Fall, Capsize	hit/struck - natural object	Snow - steep, ice axe, poles recommended	On the descent there was a steep snow roll over (60°ish) which required face in downclimbing to descend for 10'. While most descended one at a time, some students started to descend while a climber was still in the line of fire. A number of people were hit by small pieces of snow/ice. This particular area was situated over a steep area with high consequences for a fall	It's a good reminder to folks to descend one at a time or in a traversing fashion to prevent ice fall or a potential friend fall from taking out a partner	

Jun-22	Climbing	Near Miss	Hit, Struck, Cut	hit/struck - equipment /tool	Snow - technical, glacier, rope needed	After reaching the summit, we began our descent of the steepest part of the climb, the 30-degree wall, at approximately 10:00am. The snow was icy and it was sunny, but windy and cold. Below us were four un-roped climbers/skiers, a team of five roped climbers, and a team of 3 roped climbers/skiers. Above us was one climber who was going to ski down the glacier, but at that time our team was unaware of solo climber presence above us. We were about half way down the wall when the climber on skis started descent and shortly afterwards crashed. A cell phone flew out of climber's pocket and straight towards one of the climbers on my rope team. I heard the crash but did not see the phone, but a few other climbers did see the phone but didn't know what to say (not a rock) so they just watched the phone flying in the air. Fortunately, the climber on my team saw the phone flying in the air towards us, and took evasive action by quickly moving. Our climber later told me that it would have hit face if they didn't move. After the cell phone went down the slope, shortly afterwards one of the skis came sliding down the slope towards us. This time one climber yelled "heads-up watch out" and we all moved out of the path of the ski. Afterwards I retrieved the cell phone and one of the un-roped climbers retrieved the ski, and another un-roped climber went back up to give the gear back to the owner. We continued down without any further incident.	I find this situation to be interesting, because no one yelled out that a phone was flying in the air like a rock, which almost hit someone on my rope and could have caused a fall and further complications. I believe that because it was not a rock the climbers that saw it didn't yell "rock", but if they would have yelled "rock", the response from all of the climbers on the wall would have been the same, which is look up and avoid the object. So I believe that the only additional action from my team should have been to yell out "rock" when the cell phone was airborne and headed towards us. Additionally, if possible, climbers should time their breaks and start/leave times to avoid heavy traffic on that section of the climb, which is steep and icy, and is an accident waiting to happen when it becomes a bottle neck. Also, early season on this route watch out for skiers who pass you without warning, and lots of un-roped climbers. We even saw a glacier runner, a guy running down the mountain with an ice ax in one hand and crampons on. I have never seen that before!	
Jun-22	Climbing	Significant	Hit, Struck, Cut	hit/cut - equipment, tool	Off-trail, cross-country	The climb leader was supervising arrival of students at the ledge following the short scramble section on the approach. Unfortunate positioning meant that my face was in the path of a swinging ice axe which somehow contrived to get under my sunglasses and hit me in the eye. Fortunately, the area struck was the eye-white rather than the vision components. a small amount of blood was visible; one of the participants was a doctor (though not an ophthalmologist), and it was dr's opinion that due to vision not being affected at that time, it was not a current critical situation, though it should be checked out by an eye doctor as soon as possible. The other rope leaders conferred with the physician and delegated the actual decision to me. I was comfortable with "watchful waiting", meaning in my case, we would proceed onwards to high camp, see how the eye felt there and make a decision at that time. This evaluation was repeated the next day during the alpine start, and during the course of the climb. I experienced no pain in the eye, and my vision was unimpaired at all times. Other than some stinging in the eye, and swelling around my eyelid, I had no symptoms other than looking like I'd been in a bar fight. The climb completed uneventfully. I will visit the eye doctor first thing tomorrow, since although the eye feels fine, the eye white looks ugly still.	Be more careful of positioning in confined places with ice axes. We (the leaders) were very grateful to our climber-doctor for assessment of condition and knowledge to assist our decision making. In a future world, a spot-like service might be available to upload pictures/data to get an informed medical opinion even in the absence of a doctor on the party. We can hope.	
Jun-22	Day Hiking	Minor	Illness	lack of skill, preparation, conditioning, fatigue	Trail	Trip Leader: one person in our group appeared to have some heat exhaustion. Once P said they weren't feeling well, we stopped, gave electrolytes, helped P cool down and made sure P was fully hydrated and rested. This occurred just shortly before the end of the hike, near the end of the trail. I thought the leader handled the situation well and everyone pitched in to make sure P was okay before we completed the last little bit of the hike. Participant: P became dehydrated on the way back down the mountain. I didn't know that was the problem at the time, so it wasn't seriously addressed until we were about a 1/4 mile from the parking lot. At this point P sat down and rested for about 15	Trip Leader: not sure we could have done anything differently, when we stopped the leader always asked if everyone was doing okay and P always said OK. Participant: I concluded the problem was dehydration after we returned home and as P was emptying pack I noticed that the 2.5L bladder pulled out still had close to 2 liters of water remaining. I've since read a little bit about dehydration while hiking	Heat Exhaustion

						minutes, drank some water, took 2 electrolyte tablets, and cooled down. Everyone was extremely supportive and attentive to P and Leader made sure P made it back comfortably and safely.	and the article I read mentioned senior hikers on average have 10% less fluid in their bodies than younger adults. In addition, seniors have a diminished sense of thirst that also can contribute to reduced fluid intake. We both now know how important it is for us to consciously be aware of taking a few sips of water every 10 to 15 minutes while we were on the trail.	
Jun-22	Day Hiking	Minor	Illness	lack of skill, preparation, conditioning, fatigue	Trail	Heat stress/dehydration incident: Our group of six set off from trailhead and made good progress up to the junction, and then the trail became faint and severely overgrown. We returned to the junction and weighed our options for continuing the hike. I knew that the views from summit were not particularly exciting and the group agreed that we weren't up for completing the entire loop. We lunched near the upper trailhead, reviewed paper and electronic maps, and agreed to take a different trail back to the cars. The descent was steep and also severely overgrown in spots, and the day was getting warmer. We found ourselves in two groups of three, with the faster group stopping frequently to rejoin the slower group so we didn't get too spread out. Within a quarter-mile of the cars, one of the hikers in the slower group experienced dizziness and weakness. Another hiker carried their pack and encouraged them to drink more water, and we decided to take an extended break in the shade to allow them to recover from what appeared to be heat stress. Apparently they had consumed less than a liter of water over six hours of moderate hiking. We fanned them, applied a wet bandana to their neck and soaked their cap, and had them chew some electrolyte tabs and sport jelly beans. After 15 mins. the hiker felt well enough to continue. Their carpool driver went ahead of the group to start the vehicle's air conditioning and they proceeded home without further symptoms.	I may have seen the symptoms developing earlier had I led from the rear -- something I'll consider in the future when hiking in hot weather. I felt really good about the group response -- everyone had a part in cooling the hiker off and getting them back to the trailhead safely.	Heat Exhaustion
Jun-22	Sea Kayaking	Assistance Given	Slip, Fall, Capsize	water incident - capsize, immersion	Water - large bodies, fresh or salt	Hobie Cat capsized near boat launch. Our team witnessed the capsize as we were returning to our launch point at the end of our student paddle. We watched the boat to see if the sailors could self-rescue. They were unable to, so we decided as a team to paddle to them and provide assistance. Leader and student1 volunteered to exit kayaks and assist with righting the Hobie Cat. Two more students held on to the empty kayaks. Leader and S1 worked with the sailors to get the Hobie Cat upright for ~20-30 minutes. We got pushed farther out to deeper water. Once the Hobie Cat was upright, Leader fetched student from Hobie Cat and brought S to kayak. Another participant towed Leader's empty kayak to shore. Leader stayed on the Hobie Cat and sailed the two sailors back to shore. We did not need to tow the Hobie Cat. If it were a cold/cloudy day, the two sailors would have likely been hypothermic. They were not wearing proper immersion equipment and only had a cell phone to call for help. I'm glad this team of kayakers were able to provide assistance.	Kayak team should have communicated a plan before taking action. Leader and S1 immediately volunteered to get out of kayaks and help the sail boat without talking it through. Other students took care of empty boats to let them provide assistance. If it were a smaller group of kayakers, not sure what would have happened. If none of the kayakers had a tow rope, not sure what would have happened. If none of the kayakers had a VHF radio, nobody would have been able to call Coast Guard for help. I learned that I need a tow rope and I need a radio.	
Jun-22	Sea Kayaking	Near Miss	Slip, Fall, Capsize	water incident - capsize, immersion	Water - large bodies, fresh or salt	During rescue practice two paddlers in the water attempting to do paddle float recuses. We had been about 1 nm above a fish pen in the middle of a bay we thought we were far enough above the pens that it wouldn't be any issues. But that was a mistake as the current on the flood tide and wind in combination had pushed us to within a 100 feet when I had realized we were going to run into the pen. I hooked up the kayak with my short toe and paddled north against the current but it was stronger than I could overcome. So I called out to the assistant leader letting them know that we were having trouble very loudly which woke them up they were also in danger of being swept into the pen. The P that was in the water had performed self-rescue and was in	We then gathered all of us together ceased performing recuse practice. We then proceed over to a lunch spot. During lunch we discussed with our group what had occurred and what could we have done differently. What had they learned and I told them that I was going to report this as a near Miss. So that others might avoid making the mistake we had made and hopeful other could learn to be careful when wind or current are present to be very	

						kayak and was unable to avoid the pen so reached up and gabbed ahold of the cat-walk and kept upright and no harm came. I had in the meantime been continuing to ferry sideways drifting over a cable that was approximately 1 foot under the water surface my student who was attempting to do a paddle float self-rescue had not been able to perform it but was on the stern of kayak and I informed S to drift over the cable and then I went over the cable and I was able to paddle horizontally and ferry out of the way of the pen. I instructed S to abandon self-rescue and I did a T rescue and got S back in kayak and got S and two other students to raft up and remain together until we returned. After that I paddled back to the pen we had drifted approximately 1/8 mile below the pin. I was able to paddle back to the pen against the current now that I wasn't towing anyone. By then my assistant leader had S kayak in tow. AL had succeed in pulling S out of the direct path of the pein but miss judged the distance and was headed back towards the pen when I arrived and grabbed the paddler that was in the water. I had S hang on to my stern and I paddle S out danger. The assistant leader brought the kayak alongside and we did a tee rescue to get S back in kayak.	careful regardless of how far away it looks it was unbelievable that we had drifted in such a short time over a mile to those pens very scary fortunately nobody was hurt no damage to anybody's property just a very good learning lesson being aware of your surroundings not so concentrating on what you're doing and also paying closer attention to your surroundings plus what you're doing at all times and group etiquette watching out for each other working as a group. Me having shouted out loudly that I required help from others alerted the group to the danger that was rapidly developing. That notification help avert serious injury.	
Jun-22	Day Hiking	Minor	Illness	injury/ illness - sudden onset	Developed spaces, campgrounds, fields	A youth, suddenly developed a swollen, tearing left eye. C did not know why this occurred and did not report pain, a sting, etc. Parent checked eye and did not find a foreign object or any sign of injury. Another party member had child dose of Benadryl which was given by parent and the swelling and tearing reduced according to the parent. It was dark and I did not see it after the initial exam. The cause was never known.	Bring child dosage for Benadryl on family hikes.	
Jul-22	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	Climbing	Minor	Slip, Fall, Capsize	ice axe arrest needed / attempted	Snow - steep, ice axe, poles recommended	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. 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). 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	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.	Ice-Axe Arrest; appropriate footwear (crampons)

						fortunate because the snow in the gulley 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! 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. 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. 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. We completed the trip without further incident. At the parking lot we discovered fallen climber also had 8-inch vertical abrasions (perhaps 2-3, 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.	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. The second photo is the self-arrest path the fallen climber made, and the rocky scree they ended up in.	
Jul-22	Day Hiking	Minor	Slip, Fall, Capsize	fall (travel a distance)	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	Scrambling	Minor	Slip, Fall, Capsize	ice axe arrest needed / attempted	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	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	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.	

						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.	Sites such as this one (Exit 38) have different risks than sitting on a side of a trail on hiking field trips.	
Jul-22	Sea Kayaking	Significant	Illness	injury/ illness - pre-existing condition	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. Secondarily, could ask people specific "are you sure" questions and dig into experience more but I believe this paddler did not attend the pre-trip.	
Jul-22	Sea Kayaking	Near Miss	Illness	injury/ illness - pre-existing condition	Water - large bodies, fresh or salt	A participant on a kayak activityc 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 was adverted.	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	Minor	Illness	injury/ illness - sudden onset	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	Scrambling	Safety Concern	Illness	injury/ illness - pre-existing condition	rock - non-technical, scramble skills needed	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. 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. Preparation: The leader was not familiar with the route. The route is listed on the	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. 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	

						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 counter-clockwise. 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.	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. 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. 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.	
Jul-22	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	Climbing	Near Miss	Slip, Fall, Capsize	fall (travel a distance)	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	Sea Kayaking	Safety Concern	OTHER - Please describe in Incident Narrative.		Water - large bodies, fresh or salt	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, P 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 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.	
Jul-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	INCIDENT 1: After setting up camp, I 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 a 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. 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 they you scramble up the block gully. We completed the ascent without issue.	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.	
Jul-22	Scrambling	Near Miss	Hit, Struck, Cut	hit/struck - natural object	Rock - non-technical, scramble skills needed	INCIDENT 2: 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	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. 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	

						rolled down to the snow below. There were no other parties on the route. 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.	would instead bounce crazily down the route. 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. 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. 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.	
Jul-22	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.		Rock - technical, rope & protection needed	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 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. 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.	Assistant Lead: Don't climb on hot days. Knowing the sun exposure of the location it may have been prudent to cancel or re-schedule the climb to another date when the temperature was lower. 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)	Heat Exhaustion
Jul-22	Climbing	Safety Concern	Hit, Struck, Cut	hit/struck - natural object	Snow - technical, glacier, rope needed	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 gulley at 10,800 ft. My rope team was first off the upper and onto the scree covered slopes of the exit gulley 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	Rockfall from cliffs above the upper : The poor-quality rock on the cliffs above the upper 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 gulley: 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	

						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 gulley to prepare for descent of the . 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 gulley (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 outcome. More of an etiquette / behavior concern. Pack tumbled down the 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 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.	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 may emphasize the importance of securing our equipment at all times in high consequence terrain.	
Jul-22	Scrambling	Minor	Illness	injury/ illness - pre-existing condition	Trail	There was a person on our trip who announced just as we were starting they do not tolerate heat well. The forecast 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.	I think that the person in question should have cancelled from the roster, knowing they do not tolerate heat well.	Heat Exhaustion
Aug-22	Exploring Nature	Major	Illness or Personal issues (conditioning, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	This 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	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	

						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). 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. 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 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. 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. 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. Please see my notes in my feedback section.	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. 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 exposure and elevation gain. 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 sign up for the same hike. Support your leaders with rules. 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.	

Aug-22	Climbing	Near Miss	Slip, Fall, Capsize	hit/struck - natural object	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.	Heat Exhaustion
Aug-22	Climbing	Minor	Slip, Fall, Capsize	hit/struck - equipment /tool	Snow - technical, glacier, rope needed	Participant 1: 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. Participant 2: 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. 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 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	Participant 1: 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. Participant 2: 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. Mentored Lead: This incident could have been avoided by - Removing crampons when snow conditions changed - 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	Party Separation; Conditioning; Appropriate footwear

						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.	path that didn't go straight down the slope, or walking abreast rather than in file)	
Aug-22	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	Day Hiking	Safety Concern	Slip, Fall, Capsize	lack of skill, preparation, conditioning, fatigue	Trail	Leader: I was the leader. I fall a lot due to my numb left foot but I fall 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. Participant: 1st trip on trail. No assistance needed 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." 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.	Leader: See above. Be more vigilant of trail features on these challenging hikes and drink/take electrolyte chews even if I am not thirsty. Participant: The participants had the skills, knowledge to assist. Possibly a designated assistant leader. Exact times and pictures were not taken. Participant: do more research on the hike leaders	
Aug-22	Climbing	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	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.	I have done this climb on several occasions and am familiar with the danger in the steep approach gulley 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.	
Aug-22	Day Hiking	Significant	Hit, Struck, Cut	hit/struck - natural object	Trail	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	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	Appropriate footwear

						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 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 toe nail in which was removed. P said OK and that otherwise enjoyed the trip.	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 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	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	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. Participant: I did not observe the incident but was told that the hiker had taken a bad step twisting the ankle	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. 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.	
Aug-22	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	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	Climbing	Major	Illness	injury/ illness - sudden onset	Trail	Weather forecast was for sun and high of 69 F with afternoon breeze 6-10mph, gusts to 21mph. 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. 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	Lessons learned: Dehydration can strike even on cool days. Carpooling avoided having M's vehicle stranded at TH 3.5 hours from Seattle. InReach communication requires clear view of sky in	Conditioning

						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) 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. 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. 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 severe pain and became agitated and combative. We stopped and M vomited up some water, then felt better. After this M's breathing gradually	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 allowed messages to be relayed between the various agencies (InReach response, sheriff, medical team, etc.). The Mountaineers emergency notification process worked very well in combination with the InReach notification. It was important that one of F's emergency contacts initiated the Mountaineers emergency notification process. Climb leaders carrying an InReach should ensure that their InReach contacts know how to initiate the Mountaineers emergency contact procedure.	

						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	Climbing	Near Miss	Hit, Struck, Cut	hit/struck - natural object	Rock - non-technical, scramble skills needed	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 un-roped on the summit pyramid. Third, we had a near miss with a slip/slide while down climbing on snow just above Winnie's Slide. 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. 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. 2. After a successful summit, we descended with two double-rope rappels. This left some easier (but still non trivial) 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	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.	Route finding; Ice-Axe Arrest

						uncomfortable, and then he lost traction and slid. My main take-away is to have more experienced climbers supervising all travel in technical terrain. 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.		
Aug-22	Climbing	Significant	Hit, Struck, Cut	hit/struck - natural object	Off-trail, cross-country	Incident One: Traveling cross country, bushwhacking through dense undergrowth, assistant leader stung by bees/wasps twice. 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 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.	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. 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. 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 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.	
Aug-22	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-	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	Both the First Aid lead and myself 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	

				inflicted, caused by movement		to resume the trail run at the same pace as before and completed the run without additional incident.	completed the run. I have since replenished my First Aid kit with alcohol pads.	
Aug-22	Climbing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - technical, rope & protection needed	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. This peak 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. 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. 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. 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.	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. 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.	
Sep-22	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Rock - technical, rope & protection needed		We rappelled with the intention of linking to another summit. All the beta (multiple sources) indicate that two single rappels will get you to the Col. I did a single rope rappel from the chains at the summit, and found that my 60m rope did NOT reach the next rap anchor. I've never measured my rope, so perhaps it is a few feet short? But nevertheless, my rope got me to about 3-4 feet ABOVE the middle rap chains. There is not a ledge here, it is very steep terrain. Of course I had an autoblock and knots in the end of my rope, so I was not in imminent danger. I ended up having to create a new, longer personal anchor out of a cordelette that I had on my harness, leaned down as low as I safely could, and clipped it to the chains. Then I had a bit of a cluster trying to unweight my rappel and safely lower my weight to the anchor, as I was at the knots and my autoblock was fully loaded. I got through it, and I did it relatively safely, but it was not fun. Then I tied the second rope (I had rappelled with it in my pack) to the end of my rappel rope, and yelled up to the rest of the team to pull the rope up for a double rope rappel. The double rope rappel easily reached the col, and it is a clean pull, nothing to get stuck on. So I think the standard beta should be to rap from the top with a double rope rappel, or to use a 70m.	In general, I try not to do double rope rappels unless they are mandatory. Problems with pulling ropes, knots getting stuck, etc. However, since I had not done this rap before (and you can't see the middle anchor from the top, it's under an overhang), I should have erred on the side of doing the double rope rappel, since I was rapping into the unknown. This incident has caused me to rethink my stance on double rope rappels. Things I was grateful for: knots in the end of my rope (always!!!) and autoblock and having a cordelette anchor with me (not something I had intentionally done, but very glad I had it!) Probably a good idea to make sure the first person to rap has some kind of anchor with them, just in case.	
Sep-22	Scrambling	Significant	OTHER - Please describe in Incident Narrative.	fire danger	rock - non-technical, scramble skills needed	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 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	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	

						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 or other escape) and find SAR. On my out I unknowingly came upon the deputy sheriff (SAR) responding to inreach 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.	on wildfire I did not realize that most fires go uphill (with some exceptions) (see website on scouting magazine Survival strategies to help you escape a forest fire	
Sep-22	Scrambling	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	rock - non-technical, scramble skills needed	Rock Fall, Slip/trip on loose rock resulting in hand laceration	Caution, Safe movement, Balance.	
Sep-22	Climbing	Near Miss	Slip, Fall, Capsize	fall (travel a distance)	Rock - technical, rope & protection needed	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. 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. 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 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.	Have more instructors watching and coaching proper technique and protocol while climbing. 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.	Route-finding; Pendulum
Sep-22	Scrambling	Minor	OTHER - Please describe in Incident Narrative.	hit/cut - person, animal, insect stings	Trail	Scrambling a seemingly very straight forward trail straight uphill we ran suddenly into a hidden ground wasp nest. 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	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	Insects

						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 birth 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 birth 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.	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	Climbing	Assistance Given	Slip, Fall, Capsize	fall (travel a distance)	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. 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.	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.	
Sep-22	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Off-trail, cross-country	There were actually two incidents that occurred. 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. 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	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. 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. 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.	Insects

						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.		
Sep-22	Exploring Nature	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	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. 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 turn 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 theirs'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.	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. 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. 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.	Conditioning
Sep-22	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	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	Day Hiking	Safety Concern	Illness or Personal issues (conditioning, lack of skill)	lack of skill, preparation, conditioning, fatigue	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 vertigo episodes occurred. At the beginning of the climb, I had asked the group if anyone had any health concerns before we start hiking. None were offered.	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.	

Sep-22	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Approximately .5 miles from the TH, I tripped sustaining an injury above my right eye, my right shoulder, right side of my rib cage, and right knee. I washed off the cuts and abrasions on the trail and then walked to my truck. When I arrived there, I cleaned and dressed the wounds and drove home.	I need to be more careful when trail running, especially when fatigued. This is the third time in the last year that I have sustained the exact same injuries from falling.	
Oct-22	Scrambling	Near Miss	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	While coming down from the Peak, we had the leaders split, one at the front, and one of the back, right behind the participant that was feeling a little bit more nervous about the terrain. The down-climbing was a little challenging at parts, requiring careful footing and hand placements, apart from some big steps. On the way up, when going through the same challenging terrain, which very brushy but with a visible boot path, we used veggie belays as one of the techniques to gain leverage and go up some tricky sections were that was the only thing available, and to avoid slipping on the steep and loose dirt path. We explained to the participants how to use the veggie belays safely, keeping 3 points of contact, looking for live and solid branches/trees and slowly shifting their weight until they fell it was secure, before fully committing to it. While coming down, the assistant leader identified the best route down (same as we had gone up on that particular section) and proceeded to head down, but he had to take a big step down in order to reach the boot path again, hence as soon as he did so, he turned around and prepared to spot the next participant, who happened to be a member with plenty of years of both scrambling and climbing experience. Unfortunately, the participant used a veggie belay, and committed to it without getting a good footing beforehand, or realizing that the branch used was rather crusty/dead, which meant that they lost their footing and slid down about 3 feet, hitting their back along the process. Luckily the assistant leader was already spotting at the base of the move and was able to quickly help them stop, but the participant was a little shaken and with a small discomfort on their back for the remainder of the trip.	As the participant was perhaps a little shorter than the assistant leader who scouted the route, we probably could've checked if there was an alternate route which didn't require such a big step down and reach, so that the participants didn't have to be on unstable footing on the way down. We could've reiterated the safe way to navigate that type of terrain, not only on the way up, but also on the way down, inspecting where they stepped, what things were available around them, and to maintain always the 3 points of contact minimum, with slow and balanced moves that test their next stance before committing to it. If the terrain was deemed to be too unstable or unsafe to be downclimbed by the participants, the assistant leader could've requested the rope to be taken out to aid in making the move in a safe manner. The leader was at the back with the emergency rope with the explicit goal of having it available if this scenario appeared, and we talked about it at the summit before we started going down. The move was short enough though, that the assistant leader didn't deem necessary to take the rope out (no explicit communication was done between the leaders about this specific move or decision though, as we passed many other similar spots without issues earlier on the route).	
Oct-22	Sea Kayaking	Near Miss	Boat/kayak mishap	water incident - capsize, immersion	Water - large bodies, fresh or salt	I led a group of 6 paddlers through the Ballard Locks. We had paddled through the Locks in the morning, out to Puget Sound. Upon our return, around 2 p.m., we were directed into the Locks as instructed by Locks crew and were situated by the Locks crew at the far rear of the Locks chamber behind a large tour boat. We were crammed into a small space in the rear that offered minimal maneuverability. The cycling of the lock generated current in the rear of the chamber. The current became too great to hold onto a post on the chamber wall for one of the kayakers, and this kayaker's stern became stuck in a crevice in the concrete wall, dragging the stern down as the water level in the chamber rose. The kayaker was trapped for several minutes as the Locks crew tried to dislodge the boat with a pole, and finally the kayak capsized. The kayaker performed a wet exit, and other kayakers came to the kayaker's assistance to re-enter the boat. The kayaker was not injured, but the incident was distressing for both the kayaker and the group.	Concerns include, why were the kayakers crammed near the rear flood gate, behind a large tour boat, where water was most turbulent, and. are the current options for securing small craft in the chamber insufficient. Fortunately, the kayaker involved in the incident was skilled, and able to make the right decisions and maneuvers to exit and re-enter the boat. Other kayakers were skilled in assisting this kayaker. With a less experienced kayaker and group, consequences could have been more serious, including hypothermia and injury. I will write a trip report which cautions trip leaders about the chamber process, and cautions leaders to avoid situations where maneuverability is seriously compromised, especially in the rear of the chamber. Other	

							measures need to be considered by Locks leadership (see attached document), and we are awaiting a response to discuss them further.	
Nov-22	Stewardship	Minor	Hit, struck (or near miss by falling objects)	hit/struck - equipment /tool	Inside a building or structure	A person was vacuuming under tables in the main eating area. Benches were on the floor in normal usage position when bench fell over when knocked by vacuum, striking lateral aspect L foot 2-3cm proximal to little toe. Person was wearing slippers. cc: pain + swelling in L foot. Exam: 3cm purple swelling proximal to little toe. tenderness on palpation of meta-tarsals proximal to injury site. +CSM distal pain 6/10. 10-migraine seen in ED.A.PSN. M:PSN, P,PSN, L:lunch. normal outs. Tx: cold pack. 1000mg Tylenol, 400mg Ibu @ 13:15. no splint for discomfort. Tx: POV - recommended ER or Urgent care for Xray. Results: negative.	Move benches atop tables when vacuuming or sweeping.	
Nov-22	Stewardship	Safety Concern	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Developed spaces, campgrounds, fields	Snowpack on roof of Stevens Lodge could have fallen on work area below. All were aware of the danger as occasional snow drifted down, and we could see it looking up. Maybe the snow pile up wasn't significant and someone had already assessed the danger, it was impossible to know from down below.		
Nov-22	Day Hiking	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Trail	One member of the group hit head on an overhead tree branch. Person was wearing a baseball cap with the brim low and did not see the branch. Developed a big lump on the top of her head and had a headache. Advil was provided by group members and an ice pack was applied to reduce swelling. The group continued on hiking and the individual started to feel better later on in the hike.	Always look around when crossing over an obstacle. The participant should have adjusted the hat so that it was not in her line of sight. It would have been better if there was a first aid person in the group…	
Dec-22	Sea Kayaking	Minor	Boat/kayak mishap	water hazard - wake, waves, conditions	Water - large bodies, fresh or salt	The forecast was winds N to NNW up 0-10 knots rising at noon with gusts up to 18 knots. The wind was at least 10 knots by 1100 and it was a unanimous decision to bail the original plan to plan B destination, have lunch and then return to the boat launch. Visibility was excellent although sighting was difficult if you were looking into the glare off the water. Weather was clear and cold, temps in 30s to low 40s.We reached Johnson Point around noon to find there were no suitable lunch spots. The rest of the shoreline was in the shade so we decided to go to back to the sunny side in the small cove where we had been earlier. The wind continued to shift between N and NNW which gave us a nice push to help us along and we arrived at our lunch spot before 1300.The flood tide with its western flowing water had started at 0730 and the water had risen about six inches by the time we loaded up and left about an hour later. The wind continued to blow steadily from the opposite direction creating a slight opposing wind and current situation. Occasional small white caps were forming as we rounded the headland and continued southeast. In a few minutes Drayton Passage opened up on our left across the channel between Devils Head and Anderson Island. This allowed the wind to increase a bit and the waves began to get bigger rolling towards the shore. I asked Leader if we were going to follow the shore or head straight for the next point and L said the latter. I stayed on the outside picking my way through the sometimes-contradictory waves that occasionally rose over 2' high. It has been a while since I have been in these conditions so I was concentrating on my route and target. Soon I heard Ly call and I glanced over my shoulder. It was hard to see anything in the glare. I finally made out L motioning me to go towards shore so I did so and L called that another participant was feeling queasy. I dreaded the idea of a seasick paddler although I could see how it could easily happen with a spicy lunch followed by our current conditions. As I approached them I asked participant if sick and P said no. However P wanted to stay closer to shore. This is the natural reaction to anybody feeling uncomfortable in a boat, seasick or not. However, this is not always the best thing to do and I believe I mentioned the clapotis issue but am not sure anybody heard	There are little or no currents in the first section. The increasingly shallow delta is formed between the outflows of a river and a creek. Wind can travel a long way and often does across the flats. Any unimpeded amount of water will always flow to the lowest point. When it goes from a deeper to shallower area it begins to stack up and waves form. The waves will continue to rise until they break and tumble down on themselves or run up on a shore, lose energy, stop and then reverse. While the most recognizable form of this are waves at a beach it also occurs over rocks and shoals rising from the ocean floor, causing standing waves and turbulence that fluctuate with the level of the water provided by the tides. These areas are usually identified on nautical charts and on the water with navigational buoys and markers. While steep cliffs and rock faces above beaches are marked on the charts breakwaters are not. Breakwaters can be temporary or permanent bulkheads either formed naturally from fallen trees and rocks or manmade, usually with concrete, masonry or fixed timber. When hit by incoming waves they reflect a turbulent outgoing wave pattern called clapotis. Paddling through clapotis can range from a fun and bouncy ride to feeling like you are being helplessly tossed around in a washing machine. All three of the participants have been paddling for	

						me. Very soon we were in an area of almost continuous bulkheads and the water became very chaotic. The standing waves increased to most of them at least three feet and sometimes exploded like fountains. The turbulent conditions prevented us from getting next to each other and also caused some boats to go forwards while holding others back. P became increasingly uncomfortable and began verbalizing it. L remained as close as possible, encouraging P while I stayed slightly ahead, occasionally back paddling and shouting encouragement. Even though the wind was blowing only ten knots we had to shout and most of the time P couldn't hear me. We couldn't use our radio because the conditions required both hands at all times. It seemed to take a lot longer than it probably actually did to get around an intermediate point. Once there we were in a protected area the waves mostly disappeared. We moved over to the quieter waters for a break. P was ok and we continued on without getting out of our boats. We were now opposite Anderson Island so we had a little less wind to contend with and the waves dropped to a steady and predictable 0-1' level. We made good time back to the boat launch where another difficulty rose. The boat ramp has concrete and large rock bulkheads on both sides and a mostly rocky beach below. The water level was still rising and had left a rocky strip of barely five feet wide on either side to get our 16 and 17 foot kayaks up. The north wind was causing a surge up the boat ramp so we couldn't land directly on it. Concrete is very damaging to fiberglass boats and we all had one. P and I approached the closest beach first with L behind us. We both got pitched out while trying to exit. My boat became swamped and pushed up against the rocks on the side of the boat ramp. L struggled to miss getting surged into a submerged pipe of some kind. I got my boat stabilized and helped L get boat to the end of and up the boat ramp safely. Then L and P did the same with mine. The three of us were able to get the last boat up the side of the boat launch. This was made extremely difficult due to the unsafe footing that was used on the sides of the boat launch. It was about 1500 when we and our boats were all standing safely above the water. I later found that my boats keel strip had been damaged, most likely at the boat launch. The distance was 13 nautical miles.	years and are experienced trip leaders. We all had the required gear, dry suits, gloves, first aid kits, had tested our marine radios when launched, had tow belts and knew how to use them. The weather never got worse. We had observed road access in places along the way so we did have bail out points if we had to although none were marked or planned. While it may have been more trouble than it was worth, Zittle's Marina is located less than a mile south of Johnson Point that could have been used if necessary. We all carried extra snacks and a backup dry bag of warm clothing and at the least I had a thermos of hot tea if we had to wait at a beach, walk or hitch a ride back to the cars. I had cash, credit card and a Smart phone and the others probably did too. Had we kept with the original route we would have had still have had to cross an inlet with a head wind and possibly choppy conditions. We would have had the same conditions that I had experienced first when crossing the passage but we wouldn't have had to contend with the clapotis. We would have been most likely in the lee of the wind on the southern shore. But we would have had a following sea situation crossing back over and we were all willing to avoid that. A tow would be an almost last resort in these conditions with only three people. Only a long tow would have been helpful for the distance that had to be covered. One paddler would have to be rafted with P to keep P from going over but there was no fourth person to facilitate communication which is critical in a tow. We would likely have had to abandon the paddle before we could consider a tow. P said afterwards that P hasn't been in conditions like this in a long time. I haven't either and found the conditions a little intimidating at first but was used to it by the time things started hitting the fan. One thing that L and I agreed on was that L would have done differently was to insist that we get out for a snack/bio break and a quick review at the first opportunity instead of continuing on right away. P also thanked L warmly for all of the support and encouragement. While I felt I could have done a better job at staying behind more L said my bobbing boat in front actually gave them both encouragements to stay the course. L and I both agreed we should have got out of boats in front of the boat launch and then walked or swam them	

							in. My foam noodles protected my boat from more damage and could have been used to roll the boat up the launch. We all agreed a good time was had by all! But I'm not too anxious to go back to that nasty boat launch!	
Dec-22	Sea Kayaking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)		Water - large bodies, fresh or salt	Leader: With a wind of 8nm and expected to slow during the day we started our trip launching from Wauna heading toward minter by. After observing the groups paddling speed of about 1.7 nm rather than the 2.3nm I expected to maintain throughout the paddle I decide to get the group together and make an alternate plan. we decided to go with my alternate plan to turn around and paddle into protected waters. Shortly after turning around one of the paddlers in our group was having a difficult time sitting upright to paddle and maintaining control of boat. Before the paddle P told Leader they had a major surgery about a year earlier and was working to get back in shape and had been on several other paddles after surgery. Members of the group came up with a plan quickly to tow P back to the boat launch and helped P load boat on car before the rest of us finished the paddle around the lagoon and finished the paddle successfully. Participant: A member of the party required assistance returning to the kayak launch site due to difficulty managing the conditions.	Leader: It would have been better if I had kept the group closer together although as a group. When the group was separated, I could see there was always an experienced paddler taking sweep. Plan B into the Lagoon from the start of the paddle would have been appropriate and there may not have been any incident at all. Participant: Contributing factors to consider / lessons learned: 1. The pre-paddle check in provides an opportunity to share (with just the leader or the group) any physical or equipment concerns. An opportunity to do this could have led to different decisions 2. A more in depth discussion of how a shift in conditions (more wind than expected) would affect both rate of progress and difficulty 3. The level of debris in the water coupled with the conditions and a paddler that needed support increased the risk. Helmets might have been considered as a backup.	