

Date	Activity	Incident Severity	Incident Category	Terrain	Incident Narrative	Lessons Learned	Key Learnings
Jan-23	Sea Kayaking	Minor	Slip, Fall, Capsize	OTHER - Please describe in Incident Narrative.	<p>We were loading all our individual kayaks up on our cars. A participant had a fold up stepstool with two steps. It basically folded up underneath while in use, and the participant fell and bumped their head on the pavement but had a storm cap on (rather thick one), and said they were OK. Participant didn't appear to have hit head very hard, so I'm very grateful for that, but I think it does warrant an incident report. I recommended no longer using the stool.</p> <p>Follow-up: participant texted today morning indicating head still hurts from bumping it on the pavement.</p>	Don't use an in-expensive fold up step stool on wet pavement while trying to put your kayak up with a kayak loading system or maybe P was just trying to lock them out.	Test Equipment
Jan-23	Climbing	Safety Concern	Slip, Fall, Capsize	Inside a building or structure	I was belaying a fellow student on the wall in Goodman C, weather conditions not applicable indoors. They unexpectedly fell off the wall and I rapidly caught them. At that same point, I saw a hold fall to the ground. I safely lowered my fellow student. Instructors asked if my fellow student and I were ok (emotionally and physically). My fellow student had a small cut and redness on their left hand but did not ask for treatment. Instructor picked up the hold and said it was possible it spun a bit on the wall (contributing factor to the fall).	I am not sure how often that happens/is normal or if more frequent inspections of holds need to occur by someone at The Mountaineers.	
Jan-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	<p>Leader - Participant tripped on a rock in the trail and fell forward and hit their face on a rock in the trail. The bridge of their nose was noticeably bruised and swollen. They rested at the injury location for about ten minutes and then stood up and said they were okay. They did not appear to be bleeding. They took ibuprofen and completed the day hike at a normal pace with no complaints or mention of pain.</p> <p>P1 - One hiker fell, landing face first. It was on a slight decline. I did not see the fall, but immediately saw them on the ground. They made contact with the ground with the left side of forehead/bridge of nose and had an immediate pea sized welt appear. No noticeable abrasion or bleeding. After resting for a minute on the ground, they got up and rested on a rock for about 5 minutes. The group then proceeded. Rob handled the situation professional and calmly.</p> <p>P2 - Person apparently tripped and fell on their face. They 4will have a bruise but no apparent damage.</p>	<p>Leader - This is just one of those things that can happen to anyone on a trail with rocks and roots. P1 - n/a. All handled well. P2 - People trip on trails -- this one appeared to be just an unpreventable accident.</p>	Mindful Walking
Jan-23	Climbing	Significant	OTHER - Please describe in Incident Narrative.	Inside a building or structure	I was at the belay station in Goodman C with several other students. At one point while I was at the station, an instructor noticed that I was no longer taught to the anchor, and suddenly pulled on the other end of the rope hard enough that it caused me to get pulled forward and violently knocked down to the ground. Other students noticed what had happened and audibly reacted. After I picked myself up, the instructor said "sorry, but now you won't do that again". There was no further discussion, and the station continued on as usual. When I got home that evening, I discovered that my left arm and knee became bruised when I was knocked down. The following day I began to feel sore in both of my knees and was unable to do the physical activities I had planned with my family. Another day has gone by, and I am still unable to do the physical activities I had planned. This was additionally embarrassing as several of my peers saw what happened.		
Jan-23	Snowshoeing	Minor	Illness or Personal issues (conditioning, lack of skill)	Snow - non-technical	During the Foothills Basic Snowshoe Course field activity at Commonwealth Basin, a participant became fatigued about 2/3 of the way to the lunch spot. I asked one of the instructors to escort P back to trailhead, stay with P for a few minutes to ensure P was OK and seemed capable to drive, and then to text me that they both made it back to the parking lot safely. The rest of the group continued on with the trip without incident.	None.	Conditioning

Jan-23	Snowshoeing	Near Miss	Hit, Struck, Cut	Snow - steep, ice axe, poles recommended	<p>Here is the link to the video taken by one of our team members. TM was videoing the avalanche activity in front of him when another avalanche let loose and actually hit him. The snow covered up to almost to knees. I have posted the link to my personal Flickr page and the link is below.</p> <p>Video Link: <a href="https://flic.kr/p/2ocKsyi">https://flic.kr/p/2ocKsyi</a> Participant Link: <a href="https://1drv.ms/u/s!Anbcdvjh-IRdgUAfljEC9YerO8y8">https://1drv.ms/u/s!Anbcdvjh-IRdgUAfljEC9YerO8y8</a></p> <p>This is my report. First of all, I want to say I thought hard on documenting this incident. But after showing the video to another Leader, I was encouraged to report this immediately. I feel bad because the leader was very friendly.</p> <p>I met with Leader and one other participant. The leader had posted a snowshoe and I had signed up. We carpoled from North Bend and arrived at the parking area. The day before this snowshoe approximately a foot of snow had fallen, and the NWAC had avalanche levels at yellow "moderate". The leader said had read the report and was confident if there was any activity it would be safe - not knock us off our feet or bury us. We started our snowshoe, and we were the first on the trail breaking fresh powder. We worked our way up through the treed portion of the snowshoe and soon broke out into the open steep slope areas. We were working our way across the slope when I saw snow break off high above and start avalanche activity towards a team member (TM). I yelled "avalanche." TM stopped and watched the activity slide in front of them. Then a second slide kicked off and this one was larger. Actually, made it to our trail and hit TM. TM was able to stand there as snow flowed past, covering almost to TM's knees. TM later showed a video of the whole thing which I saved and is also the link above I have provided. TM told me did not feel the debris was going to knock them over, but it was "concerning." Then a third avalanche broke free and was heading my direction, so I ran and hid under a grouping of trees. The avalanche did not make it to me. At this point honestly, I was scared. I started to run out of the chute into the trees. The other two caught up and I asked the leader how they felt about this situation, and I was concerned. The leader again said the snow was very light and couldn't really hurt us. I had some doubts here because when I ran over the debris it felt hard and firm, not light. I told the leader "Hey I haven't had a lot of avalanche training and need to know you feel this is safe". The leader again reassured me all was fine. We continued across the other slopes to our destination. On the return I was already feeling very anxious about again crossing those slopes. Once we reached the slopes, we all were commenting that "wow a lot more activity happened while we were at the destination". I was having to snowshoe up and over hard avalanche debris that clearly had crossed our trail and even continued down the slope. I really feel if one of those had hit me earlier, I would have definitely been knocked off my feet and taken down the slope.</p>	I wish I had been brave enough to just say we should turn around.	Avalanche Safety
Jan-23	Avalanche	Significant	Slip, Fall, Capsize	Snow - non-technical	<p>Student was traveling uphill and initiated a kick turn, caught the tip of the back ski S was trying to "kick" into the new travel direction, torqued knee, and re-injured a 10-year-old MCL tear. Student did not fall, felt knee "pop", and could no longer support weight on that leg. The knee was splinted with a SAM splint and student was able to ski out on one ski with support from an instructor.</p>	<p>Unsure. Pre-Course survey indicated no health concerns. Instructor gave an example of a previous student who strained an ACL trying to initiate a kick turn and asked that students share any concerns. None was shared. Student was taught an alternative A-V-A turn to use but felt there was not enough room to execute that. Student felt that more kick-turn practice may have helped, but simulating catching a tip on a root or branch could not have been safely executed. In future I will modify our Pre-Course Survey questions to "any knee condition that could prohibit a kick-turn", "any shoulder or back conditions that</p>	

						could prohibit digging in snow". The student was in very good spirits and showed no signs of fatigue but may have become over-extended physically in an activity student was not accustomed to.	
Feb-23	Climbing	Minor	OTHER - Please describe in Incident Narrative.	Ice - technical	On the second day of the three-day course a student was top roping ice and had a stuck tool. They got up to it and yanked on it. The ice tool popped out and struck the student in the lip, ultimately chipping their tooth. The student was lowered and was fully coherent. There was no pain in the tooth, but it was obviously chipped, there wasn't any blood. After deliberating on the ground, we opted to have the student go back to their car and check in with a dentist. It was an easy walk back on a formal path in the ice park, where the student's car was. I let the student know that if they were given the OK and wanted to, they could return to climb later that day or the next. The student went back to town, talked with a dentist and was advised if there wasn't any pain that it was a cosmetic issue and could wait until they returned to Seattle. That afternoon the student contacted me via phone. They returned to climb that afternoon and for the rest of the trip.	In the course we talked about watching your face when pulling out a tool. This is especially emphasized for people's whose tools have an adze. When students get stuck tools, it would be good to remind the student about this danger. As students are on the ice with the longer routes it is hard to always catch when they have a stuck tool. On a near miss side, we are fortunate that the student was climbing with an ice tool, and not an ice axe with an adze. A near miss lesson to be emphasized here is to use tools without an adze if you are climbing water ice in a park like Ouray. An adze definitely isn't needed in this environment and an accident like this one would be much worse if the tool had an adze.	Equipment Technique
Feb-23	Cross-country Skiing	Minor	Slip, Fall, Capsize	Snow - non-technical	This was a class field trip for a Cross-Country Ski Course. This particular clinic/class was focused on ungroomed cross-country ski skills. As such, we spent some time within the tree canopy where the snow was old, firm, hard, and a bit icy. As we navigated through this terrain we demonstrated and discussed all the potential hazards that should be considered such as snow bombs, tree wells, logs, rocks, streams, snow bridges, ice, etc. Overall, in my opinion, the snow conditions for the day were excellent for a good day of cross-country skiing focused on ungroomed snow. Certainly not so icy as to be considered unsafe or un-skiable. While practicing side stepping up and down a short incline and after the student was back down on generally flat terrain and fell backwards on skis and struck their elbow on the hard snow/ice. the student made it back up to their feet (still on skis) using techniques taught in the class. Student inspected elbow, ability to move elbow, arm, fingers, etc. and pronounced they were fit to proceed. We continued with the class which included skiing on groomed and ungroomed trails and some trail breaking in non-trail areas. We didn't spend much more time under the tree canopy on the hard/icy snow but did encounter a number of patches of hard snow/ice during the day. The student did fall down a few more times during the day but was able to get back on skis and finish the class. I checked with student via email the next day and S said although S was a bit sore, S didn't express concern for long-term issues.	Falling is an inherent part of learning to cross country ski. This type of fall could very easily have occurred on freshly groomed track. During this trip/class and the previous two classes the student(s) received instruction on how to safely fall when skiing (moving) and also how to minimize the chances of falling unexpectedly when standing still. Even with this type of instruction and practice it only takes a moment of inattention to have the skis slip out from under you. Falling when standing still on cross country skis is not an uncommon event, especially for new students. Truth be told it happens to experienced skiers also. While we (instructors) did emphasize and reemphasize the need for physical and mental vigilance when both moving on snow and (especially) when standing still, we perhaps could have been even more emphatic about proper stance and care when in these specific conditions.	
Feb-23	Climbing	Near Miss	Logistics, equipment issues, party issues	Ice - technical	Participant was leading a route with some preplaced screws. They botched a clip and eventually pulled a tool out as they fumbled with the clip. They were a full body length above their last screw. The fall was totally clean, and they (surprisingly) finished leading the route.	There are lots of lessons to be learned here: down climb if you're messing up. Take your gloves off if they are messing up your clip. Hang on a high tool, not a low one. Get better feet. Don't lead so close to your limit.	Equipment Technique
Feb-23	Downhill Skiing & Snowboarding	Near Miss	Slip, Fall, Capsize	Snow - non-technical	When being towed back from Meany Lodge, the skier closest to the snowmobile fell during a corner just before the parking lot. This caused another skier behind to fall on top of them. There were some bruises but no significant injuries. The team helped remove the skis and helped the two skiers back on their feet and resumed the rest of the way.	The snowmobiles should go slower during corners to help reduce the chance of this. Beginner skiers should be encouraged to ride in case they aren't able to handle the corners.	
Feb-23	Day Hiking	Near Miss	Safety Concern	Trail	Leader - A participant on the hike did not stop at trail junctions or every 25 minutes, per directions. P never stopped, took a wrong turn at a junction, and was not at the destination when the group	Leader - Really, really, really emphasize stopping at junctions, every 25 minutes, and at stream crossings.	Party Separation

					<p>arrived. We had no idea where P might be, there were multiple trail junctions P walked through. So, we headed back. When we got to a spot with cell service, P had texted me saying P knew where P was and how to get back and would have no problem getting back before dark. P texted me when P got back to the parking lot.</p> <p>Participant - A participant who is a strong and fast hiker, always in the front, choose to go way ahead of the group. P was aware of the policy to stop at junctions, river crossings, and every 25 minutes. We were a very competent group with a great leader, so no one was lagging behind. P did not follow any of the rules. P went through trail junctions at 5 and 7 miles, went over moderate (the last one, two participants chose to not do) river crossings at 7 and 9 miles and never stopped otherwise. At the terminus of the hike where we hoped to find P at 9.5 miles, P was not there and another hiker not in our group had not seen P. P was aware of the end point. We discussed the situation as a group and decided to return, another 4 miles and look for possible cell coverage with the plan to call for help if we did not hear from P. Fortunately, P was safe and indicated to the leader that P had missed some turns. Although we were fairly sure because of P's ability that the outcome would be good, we were also appropriately concerned and worried which affected the enjoyment of an otherwise beautiful day. And P had exhibited similar lack of consideration for the group on a hike we were on together before but was less than a mile ahead and stopped at some pools to swim, so we caught up. The leader is excellent and is very clear with expectations for hike etiquette and enjoyment. Since this was the fourth day of the trip with no new participants, the leader may not have been as complete, but everyone had hiked together multiple times and participated in many other Mountaineers activities, so they should be aware of the policies to assure everyone is safe and has a good trip.</p>	<p>Add a rule that if you are in front and you can't see the person behind you, stop. If someone breaks one of these rules, take them aside and talk to them, including saying this is their 1 and only warning. If they do it again, I won't let them join my hikes again.</p> <p>Participant - After the first minor incident that the leader recognized, have a discussion with the participant. If P is comfortable letting someone go ahead which I understand and respect, make it clear where to stop and wait and when.</p>	
Feb-23	Cross-country Skiing	Significant	Slip, Fall, Capsize	Snow - non-technical	<p>Cross country ski outing with 5 experienced cross-country skiers (classic and ungroomed, not back-country). Successful, moderate paced ski. Trails had not been groomed for 2 days and trails were covered with about 1-2" of new snow from overnight snow. Snow conditions were generally good however it did tend to clump on bottom of skis, and we all used glide wax a couple of times during the day. At approximately the 4-1/2-mile point in the trip, within about 1/3 mile from planned end of trip a couple skiers chose to ski down an ungroomed slope. The initial run was short and approximately a 30-40 degree slope (not measured). The run then flattened out to a generally gentle slope. The ungroomed run was lumpy from previous sledding/tubing activity before the current new snow.</p> <p>One skier hit the uneven, lumpy, area and fell at bottom of steep portion and fell on back on bum. No injuries. The second skier made it slightly farther and fell hard, pitching forward on head, neck, shoulders. This knocked the wind out of the skier. The skier recovered but was in obvious pain in shoulders, neck, chest. The skier was able to slowly ski back to the cars (about 1/3 mile or so). Skier was in obvious pain. Skier's partner helped skier to evaluate the skier's condition and then drove skier to Urgent Care. After full medical evaluation (X-Ray, CT, follow-up with specialist, prescription for appropriate medicines, planned Physical Therapy, etc.) report is that skier will be sore for several weeks but will not have long term damage.</p>	<p>Falls are part of the skiing environment. This was not a "student" class and not, as such, an instructional trip. Each skier is responsible for evaluating their own risk tolerances and skills and weighing that tolerance and their skills against their evaluation of the conditions.</p> <p>Given that we all knew and commented on the clumping conditions and given that the first skier fell, it would have been wise for the subsequently injured skier, the first uninjured skier, and perhaps all the other skiers to raise a concern after the first skier fell (or even before the first skier went down the slope). This would fall in line with the concept that everyone on a Mountaineers trip is responsible for everyone else on the trip, even if they aren't the leader, even if they are not the most experienced in the technical skill. Raise a concern, urge caution, suggest aborting, etc. With that said, I'm not sure what really could be considered a lesson learned. Both the affected skiers had, in previous years, successfully completed this short downhill segment with no issues.</p>	Terrain

Feb-23	Scrambling	Minor	Illness or Personal issues (conditioning, lack of skill)	Trail	As we were leaving the TH for camp the participant reported strained calf muscle. Participant had carpoled with two other party members and reported not feeling comfortable staying overnight at the TH alone. Participant accompanied group to camp at normal pace and reported low level of discomfort during regular check-ins. At camp the participant reported feeling better. In the morning the participant reported feeling better and wanted to climb with slower paced group. Leaders decided to let the participant climb for 1,000 ft and see how they were doing. About 0.5 mile from camp participant reported pain that sounded like a bad muscle cramp and was escorted back to camp. One leader then escorted participant the TH before the group returned in case the trip to the TH took a long time. Participant reported minimal discomfort on trip to TH did not plan to seek medical care.	The only more conservative approach would have been to ask participant and those they carpoled with to cancel off the trip. I think the approach used was a good balance.	
Feb-23	Scrambling	Near Miss	OTHER - Please describe in Incident Narrative.	Off-trail, cross-country	I triggered a small, inconsequential wind slab slide on a day with a moderate avy risk and wind slab identified as a problem.	This occurrence was a great reminder to increase my attention to evaluation of each slope even on moderate risk days. I will use my avy beacon now even on moderate days and will encourage others to do so as well. We rerouted to avoid other wind loaded slopes.	Avalanche Safety
Feb-23	Urban Walking	Near Miss	OTHER - Please describe in Incident Narrative.	Road	Party head-lamped and leaders plus one participant carried traffic wands, flash mode to more safely cross T-intersection. The intersection lacks zebra stripes, traffic lights and stop signs. All participants were veteran urban night walkers, well versed in street crossing protocol. As is protocol, leader had rehearsed night walk crossing procedure at first intersection and followed at all crossings. Leader stood at intersection and raised flashing light wand. Leader looked back to make sure sweep (co-leader) also had raised light wand. Participant in group center also raised leader's second light wand. Car approaching from leader left stopped. Leader made eye-contact with driver. Leader swept L-R-L and slowly walked towards street center observing oncoming car from leader right. Leader stopped at street center to wait for oncoming vehicle to halt. The driver maintained speed (approx 25mph) and continued without slowing or halting. Leader uttered harsh comment as car drove on. No further vehicles threatened and group reached sidewalk without further incident. Group completed 5-mile walk.	Group discussion post the incident and with co-leader on ride home affirmed street crossing protocol had been faithfully followed. Participant also reiterated that having traffic law on your side (pedestrian right-of-way) is no guarantee that drivers will obey the law. Leader had mentioned several times before street crossings that leader L-R-L sweep should be mirrored by participants -- a tough ask. Never assume drivers will follow the law or are operating sober and without divided attention. Cross when driver action (stop, eye contact) is observed and confirmed.	
Mar-23	Sea Kayaking	Safety Concern	Illness or Personal issues (conditioning, lack of skill)	Water - large bodies, fresh or salt	<p>Leader - Incident occurred during a sea kayaking event during intermittent rain and temps of ~ 39 degrees F. A paddler in the group experienced some impairment due to what they described as a migraine. They alerted members of the group, and another paddler towed them to shore (using a tow rope). The tow was short in duration and the paddler reported being secure in their balance, but not their ability to paddle. The tower made the decision to use a tow rope and quickly took the paddler to shore. The paddler was coherent and communicative and presented confidence in managing the situation directing other paddlers providing assistance as to what would best support their recovery. They were always in the company of one of the trip leaders and two other paddlers while the other trip leader communicated with the rest of the group and plans were made. The paddler made a full recovery, and the group discussed the incident in the post-paddle de-brief where "lessons learned" were covered and are shared below.</p> <p>Participant - I was paddling next to another paddler and chatting with them when the person stopped paddling, face contorted in apparent pain, and the yelled out. I asked what was wrong. The paddler replied they had a migraine and tunnel vision. I suggested taking P to the beach, which was directly to my right. Instead, P started paddling forward at a pace faster than I could keep up. I did not have a radio, and I thought about using my whistle, but I was concerned the whistle would be too loud for a migraine sufferer and cause more of a problem. So alternated trying to keep up with stopping and</p>	<p>Leader - The following emerged from the post-paddle de-brief and further reflection by the paddle leaders:</p> <ol style="list-style-type: none"> <li>1. A sudden visual impairment can easily affect balance as well as environmental awareness. The paddler assured the person providing a tow that their balance was fine, and they just needed assistance to shore. They never displayed a loss of balance and shore was close. However, given the proximity to shore, a contact tow would have been just as effective and provided eyes on the paddler. Another option would have been a closer escort of the impaired paddler by another group member.</li> <li>2. This visual impairment as a result of migraine is an occurrence the afflicted paddler has: a. experienced before b. takes precautions to prevent (which generally keep it from happening) c. has a treatment plan for (both behavioral and medicinal). The above facilitated the quick assessment, action and eventual</li> </ol>	Health Check

					<p>raising my paddle straight up to indicate the "come to me" signal. I figured people behind me were faster paddlers and could catch up close enough for me to direct them towards the paddler (which is what happened). I also figured the migraine paddler might catch up to the next person in line, who was also a strong paddler. Or the migraine paddler would go over, in which I was close enough to render aid and then contact others with my whistle. There were no way other paddlers could see something was wrong without talking directly to me or the migraine paddler. The migraine paddler made it to the next person about the same time as the person from behind had passed me and also made it to the migraine paddler. The migraine paddler was placed on a tow line, and the other paddlers nearby supported the tow. They then landed on the beach near a shelter. One of the trip leaders then began assisting the paddler. I did not see what exactly was done for medications, but the paddler was placed in a comfortable position with extra layers for warmth, a hat to cover eyes, and rested until the migraine went away.</p> <p>Participant: During the paddle, one of the participants experienced a migraine that led to impaired vision and an inability to paddle to shore. I communicated with the person, and they said they were OK with maintaining balance and were fully conscious and aware of the situation (which they said they had a lot of experience with). The person asked me to use a short tow to tow them to a covered shelter approximately 100 yards away. During this time, we were within 20 feet of the shore, and the conditions were very calm. I towed the person to the beach, talking to them the entire way. Once at the beach, I helped the person get out of their kayak and up to a portion of the beach where they could lay down. At this point, another participant sat with the person. After ~30 min of rest, the person indicated that they felt fine, and they were able to paddle back to the launch site without any further trouble.</p>	<p>resolution of the incident because the group member effectively conveyed all of this information. However, it might be worthwhile for the paddler to consider communicating with the trip leader or group about the possibility of this happening, the most helpful response and the location of any relevant medication they carry, just to further facilitate assistance if it happens again.</p> <p>Participant - I should have a radio available on my deck or person. Others had radios, and the response would have been faster. I also could have told home to stay put on come over to provide a short tow to the beach to my right.</p> <p>Participant - In future situations like this, I will likely just tow the person directly to shore even if they indicate that they are doing well enough to maintain balance to avoid any complications that might arise if their condition worsens.</p>	
Mar-23	Naturalist	Minor	Slip, Fall, Capsize	Trail	<p>Leader: a doorway to a structure can be problematic since it is shorter than what we normally encounter in everyday life. It does have reflective caution tape on the topside of the doorway on both the outside and inside. One of the participants who is on the tall side along with a few other participants entered. I was nearby with the other participants. As we approached the structure, we heard a knock and commotion. A participant hit their forehead on the upper limit of the doorway, fell backwards and hit the back of their head on the opposite wall of the blind. I and few other participants approached to determine the injury and offer assistance. Approximately 2 minutes had lapsed from the time of the first impact to find the participant was already standing. P was conscious and coherent. P reported P was ok and sat down asking for time to sit and take inventory. I offered ibuprofen, which was denied but would let me know if P changed mind. It was reported by participants with the injured person and had witnessed the accident that the participant hadn't ducked down enough to clear the top of the doorway. Thankfully P was carpooling with me so I could watch and check in with P. I checked in with P a couple of times before lunch. Sometime after lunch we checked in again and P reported that the area on the back of head was tender but no other symptoms.</p> <p>Participant: There is very low entrance to a structure. Several of us had gone into the structure. One participant turned to leave, ducked down but not far enough and hit head on the door. P stumbled backward and fell, hit the back of head on the wall. P attempted to get up and I asked P to wait and then asked how P was feeling concerned with concussion and nausea. P began to get up and said P would be ok, I asked if P wanted to sit, and another participant pulled a chair over and positioned it so P could easily sit down. By this time two of the leaders had come into the structure after hearing the commotion inside. They took over the care of the participant and asked if P needed any Advil or pain reliever. P said P would be fine. After sitting for a few minutes P continued the outing. I asked P later in the day how P was feeling - P's head hurt mostly in the back when P applied pressure but also</p>	<p>Leader: To avoid or mitigate similar accident:                  1) Alert participants of the low clearing doorways.                  2) discourage entering the structure with low clearing doorways.</p> <p>Participant: the structure is well known for how low the doorway is. The door frame on the outside and inside is painted bright yellow, but it is surprising just how low it is. We discussed possibly the idea of warning participants on arrival about the doorway. We also thought on future trips to have someone at the doorway to remind people to "bend down, no lower than that."</p>	Mindful Walking

					said P's neck was stiffening up. I chatted with the leader after the outing, and we discussed what could be done in the future and I also wanted to check up on the participant since P had been in the car with the leader. The leader checked in with P throughout the day. The participant has also called their partner to let them know what had happened and it sounds like they checked in on P too.		
Mar-23	Global Adventures	Significant	Illness or Personal issues (conditioning, lack of skill)	Inside a building or structure	A skier in our group started experiencing intermittent pain on the right side of back. In the evening, the pain was bad enough that skier needed to lay down and had no appetite for dinner. The skier's partner convinced them to seek medical care, and they located an urgent care clinic. The clinic sent an ambulance. S received the diagnosis of a kidney stone, was sold pain medication. S pain continued off and on through and then stopped. S did not discern the passing of a stone.	This medical incident did not seem to be preventable, and the patient had no history of kidney stones. So I don't think avoidance or mitigation was possible. Lesson learned? Perhaps to expect the unexpected. .	Health Check
Mar-23	Global Adventures	Significant	Slip, Fall, Capsize	Trail	<p>One of our skiers fell, slow motion, into a shallow snowy tree well. There were two parts to the fall. The first fall was minor while skier repositioned into the right side of the xc ski tracks from a standing position, the skier fell in the sitting position onto the shoulder of the trail. The second part of the fall occurred moments later when the soft shoulder gave way, and skier tumbled backwards into a shallow tree well which was formed between two small trees. Skier landed on back in the well, in a V position. Skier's left leg, with ski attached, crossed over right leg, with the first third of the left ski tip stuck in the snow at an uncomfortable angle, twisting left ankle. Skier could not release left binding. The right ski binding released after a minute freeing skier's leg, but not before the awkward position strained right knee. Within a minute of the fall, I had my skis off and was assessing the situation w/our three other skiers. The injured skier was trying to release the left binding but could not. The skier said the left ankle was in discomfort. When it was determined that I would step down into the shallow tree well to help release the left binding, another good Samaritan (GS) skier stopped, quickly surveyed the accident and discussed the situation with us and said they would get into the tree well. GS quickly removed skis, jumped into the shallow tree well holding onto a tree trunk, released the left ski binding and got skier standing. We were handed skier's two skis w/poles. Then, several of us used our outstretched hands to easily pull skier, and then GS, out of the tree well.</p> <p>The injured skier was able to ski slowly, mostly downhill, another 7km to the trailhead. The skier did sustain a large bruise over left foot, a sprain left ankle and a slightly injured right knee.</p> <p>Update: the skier did go to a hospital upon return home. X-Rays shows two fractures on either side of left ankle. Skier is able to bear some weight on foot. Skier is following up with an orthopedic doctor next week.</p>	I do not think this accident could have been prevented. The problem was a common ski track fall and landing on a soft snow shoulder' that was not obvious. This is the first time as a xc country skier and a ski leader that I have dealt with the danger of a snowy tree well. I am grateful that it was a shallow tree well, our small group worked together, and two other experienced skiers stopped on the trail to help, the GS and an Alaskan Sports Medicine skier. It was teamwork between all of us that got the injured skier out of the hole and back on their feet. Skier made the decision they could ski down slowly to our stopping point.	
Mar-23	Scrambling	Near Miss	Slip, Fall, Capsize	Snow - steep, ice axe, poles recommended	<p>Leader: Submitting a near miss as we had two participants slip in snow and slide off the boot path while descending a ridge. Neither were injured and the trip was completed successfully. However, it was enough of a startle to me that I wanted to think it through and thus submitting the near miss form as a retrospective process. On the ridge there is a short, rocky section. On the ascent, this section was snow covered, with enough snow to kick in 3-4 good steps and your over it. On the decent, we found a different picture. There had been enough foot traffic with other climbers plus the afternoon sun that the snow was significantly reduced on the rock face. What was left was wet rock and moss covered with a thin layer of snow. In the afternoon sun the snow was very soft and slippery too. There was no ice axe purchase with rock underneath, and it was hard to get any boot purchase with microspikes either. Team members 1 and 2 descended successfully on the ascent route with very careful footwork in the remaining snow foot holds. Team member 3 was sitting and stepping down to a foot hold in the snow, but lost their footing and slid on their back, approximately 10 feet and was stopped by snow drift and brush off to the side of the boot path. After team member 3 slid, I directed team member 4 and 5 to an alternate route traversing to the right around the rocky obstacle. The left side of the obstacle was impassable. The footing was not much better there either (still wet rock and moss covered with a thin layer of snow). But team members 4 and 5 had made it 90%</p>	Leader: What didn't seem like an obstacle in the morning, became an obstacle in the afternoon. It was really surprising to see how different this section looked by the afternoon. Never underestimate how the snow conditions may change during the day with sun, foot traffic, etc. Especially when you know the snow is over rock. It is always important to remember that whatever you climb up, you need to be able to climb down. And you need to be able to do it within the group members' abilities/skill set. Team members 3 and 4 who slipped were (by my own knowledge/assessment) the least experienced and least conditioned of the 5 team members. Which I have to wonder if that played into the situation: tiredness on the descent, lesser experience in varied rock/snow terrain, lesser experience with good snow	Mindful Walking

					<p>around the obstacle when unfortunately, team member 4 lost footing while standing and fell uphill on their stomach. Self-belay was ineffective due to no ice axe purchase. Team member 4 slid approximately 10 feet and was stopped by snow drift and brush off the boot path, at nearly the same spot as team member 3 had ended. Team member 5 was then able to descend successfully with careful footwork. Team members 3 and 4 were unharmed and completed the trip successfully.</p> <p>Participant: There's a short stretch on a ridge where the route gets pretty steep---mostly just mossy rock that's too sheer to hold much snow, just some slush/ice. This portion (maybe 20ft?) was fine going up but ended up being more of a challenge coming back down, with afternoon melt happening. Two in our party of 5 (including trip leader) were able to get down it safely. I was third, and my foothold slipped on first move, and I went flying. Not that far (again maybe 20-25ft?) but pretty fast. Luckily was able to stop before bigger drop below and lots of trees. In hindsight, I should have put my helmet on and maybe gotten my ice axe out. (Entire scramble up to this point had successfully been navigated with poles only.) Leader checked I was safe, took my pack and helped guide me to scoot back up onto the boot path, then I went to wait on an outcropping further below with the first climber. The leader stayed at the bottom of the portion where'd I'd fallen, waiting for the two-remaining people in our party (the assistant leader, plus a participant who had not summited and was already pretty exhausted) to make their way down to the problem section. Leader instructed them to get helmets and axes out, and together the three of them worked to try to find a different path around the area, but the non-leader participant fell multiple times (I think three?), again arresting just in time to avoid cliffy fallout. No significant injuries, just near-misses with some hard bumps and bruises.</p>	<p>footwork. I had set this trip up as slower paced with the intent to help people get some conditioning and experience. However, I hadn't expected this more technical obstacle which we got on the descent, given the snow conditions, and these participants were not as prepared to handle it. Given that, I should have stopped and done a better job with a strategy to help them get down. I should have put up a rope - I had it with me of course. It would have made it a lot easier for folks to downclimb with the rope for that added security. We should have stopped and better assessed the obstacle as a group and discussed options, tactics, comfort level, etc. from the top before attempting to continue down. I did not realize that team member 4 had taken off their microspikes higher up, due to balling up snow. I should have checked before they attempted the traverse around the obstacle. Everyone else had spikes on.</p> <p>Participant: I should have gotten my helmet out. And if I had to do it again, I would face in, rather than facing out. Leader did a great job of staying calm and saying "Stop yourself, stop yourself" in a way that was empowering but not panicky, and leader worked to get the remaining participant through in a different way after I fell. In hindsight it MIGHT have been worth getting a rope out over this section (leader did tell us to bring our hasty harnesses in the trip plan!) but I'm not sure. It was doable without, just tricky. Wish I'd taken a photo of the area, but it didn't occur to me at the time.</p>	
Mar-23	Day Hiking	Minor	OTHER - Please describe in Incident Narrative.	Trail	<p>A participant developed significant pain just lateral to right knee joint about the 3-mile mark. It did not occur due to any injury but developed while doing normal hike activities. The participant reported that P was doing some extra leg strengthening activities that week and though it may be due to overuse of muscles around the knee and possibly a tendon issues. As a group we stopped, ACE wrapped knee and P was able to take some ibuprofen. We were near a trail and slowly walked P to a cafe that was open. There P rested until all hiked back to the cars. As the leader, I then went back to pick P up and P indicated the knee felt better after that rest. I then took P to P's car and P left to drive home.</p>	<p>This individual is a seasoned hiker and this seems like an unfortunate overuse injury to knee but the lessons learned: 1) is that all need to be prepared for the unexpected and that 2) all needs to work together as a team to help any injured participant to minimize the effect of any unexpected injury.</p>	
Mar-23	Urban Walking	Minor	Logistics, equipment issues, party issues	Trail	<p>Leader: While using hiking poles to go uphill on a short, steep social trail, one of a participant's telescoping poles collapsed causing the hiker to use their hand on the ground to brace themselves. This social trail was the connector between two urban street ends. Trail is about 20' in length and requires ability to step up at least the height of two standard steps. The required use of poles and description of this section were explained in the Hello Walker pre-trip message. At the top of the slope, they were flexing their wrist to see if an injury had occurred and commented there was no injury. P reported that the locks on P's telescoping poles were not tight enough and that's why the pole collapsed. A couple hours later, at the end of the trip, I asked how their wrist and arm felt and was told there was no pain and no injury.</p>	<p>Leader: after extending poles, advise participants to apply weight on the pole to assure that keepers are tight enough to keep the pole from collapsing. Don't assume that all hikers know how to properly use their equipment. A teachable moment was missed: it might have been possible to review for everyone in the group how locking mechanisms work and how to check if they are properly adjusted prior to use.</p>	Equipment Technique



					Co-leader: The route contained one steep dirt trail on the walk. When I arrived at the top of the hill, one person who was sitting on a stationary bench was rolling their hand slowly around in a circle. I asked if they were okay and they explained how they caught themselves by using their hand, it landed on the ground next to them vs their pole. I wasn't near them when it occurred and did not see it happen. When I asked if they were alright, they replied they were fine and weren't hurt. Later during the walk, when the same person was next to me, I asked again if their wrist was okay and they said yes, they were fine. The also heard the leader ask them at the end of the walk if they were okay and they replied they were fine and not hurt at all.	Co-leader: after extending poles, advise participants to apply weight on the pole to assure that keepers are tight enough to keep the pole from collapsing. Don't assume that all hikers know how to properly use their equipment. A teachable moment was missed: it might have been possible to review for everyone in the group how locking mechanisms work and how to check if they are properly adjusted prior to use.	
Mar-23	Urban Walking	Minor	Slip, Fall, Capsize	Trail	While the group was walking along on a brick paved, one person slipped and fell to their knee. The group stopped and as I looked back, I saw the person being helped back up. I came back to the individual to ask if they were okay; they said they responded, yes were fine and not injured. The pavement was slippery in places due to recent rain. The weather was misty versus raining at the time of the incident.	Another type of reminder about the pavement, adding that it may be slippery in places due to recent rain. This would be in addition to sharing walkers will encounter uneven or slanted pavement on this designated route. Positive actions were the immediate attention and concern of the leaders for the person's wellbeing and for others in the group asking if they were okay. They reported they were fine, and I asked at the end of the walk again if they were okay and they confirmed they were fine and no injuries.	Mindful Walking
Mar-23	Sea Kayaking	Minor	Hit, Struck, Cut	Water - large bodies, fresh or salt	During a "train the trainer" activity for this year's Sea Kayaking Basic Class a participant was executing a paddle float self-rescue and did not keep enough pressure on their paddle while getting their legs into the boat. This allowed the paddle blade (with float on it) to "rainbow" over their boat and dumped them back into the water. Participant was hit in the nose by the paddle shaft or their hands as this happened, causing a bloody nose. Participant successfully completed next attempted self-rescue and stopped bleeding by pinching nose. They were offered to come off the water and use gauze to stop the bleeding, but they felt it was fine and continued on. Followed up with participant the next day and they reported no bruising or linger pain	We describe this exact scenario during our demo of the paddle float self-rescue process, so it is a known possibility. Helmets are generally not worn at this event, and were listed as optional, but would not have prevented a nose hit anyway.	Equipment Technique
Apr-23	Bike Packing	Near Miss	OTHER - Please describe in Incident Narrative.	Trail	A group of cyclist were traveling on a wide trail and some choose to stop at a bridge. They did so without indicating "slowing" or "stopping." As such, a few of us behind them had to come to a sudden stop and two of the cyclists had their tires skid.	We were talking as we were riding so did not see the cyclists slowing and stopping ahead of us. Oral call outs of "slowing" and "stopping" would have prevented our surprise.	
Apr-23	Canyoning	Minor	Slip, Fall, Capsize	Rock - non-technical, scramble skills needed	Participant: One of our team members fell when attempting to downclimb while canyoning and injured knee. I was not there to witness it, but I was told that with the help of our leaders P was able to self-rescue and make it back to the car with the help of a leader. When the group arrived back to the cars P reported being in a significant amount of pain with a lot of swelling.  Canyoning Safety Committee: this incident report is supplied by the canyoning committee safety committee (but they don't have access to submit via the web form as they were not on the trip) Incident Summary and Analysis: on a canyoning trip, one participant (Subject) landed poorly on a 6-foot downclimb and injured their left knee. Subject self-rescued by walking out with significant assistance from one of the three leaders. The following day, back in Seattle, a medical evaluation revealed that the Subject had a tibial spine fracture (fracture at the top of the tibia). The primary contributing factor to the incident was miscommunication. As this was the third day of a strenuous trip, it's also possible that fatigue was a contributing factor.	More time should be spent in the course discussing communication between downclimbing partners: * Down climber should communicate specifically what they want from the assist/spot. * Assist/spot should proactively offer assistance and advice based on what others have done successfully. * Down climber should talk directly to the spotter/assist, rather than to others in the group.  For future trips: * Build in intentional rest time. * If the preferred canyons don 't go, choose shorter canyons.	

				<p>Background Information - Description of the Downclimb: the incident occurred at a 6-foot dry downclimb. The downclimb begins as a sloped slab that transitions to vertical prior to reaching the water. The creek is knee-deep with cobbles at the bottom.</p> <p>The attached figure is from a different trip but provides a visual context of the downclimb. There are three options for completing the downclimb: (i) it may be stemmed, which is easier for taller people, (ii) it may be slowly slid using friction-sliding technique with soft knees (meaning that the down climber should be ready to bend their knees when they reach the bottom), or (iii) it may be slowly slid with a partner assist from another person below (in this situation, the person below would lean against the rock and offer their shoulder for the down climber to put a hand on for balance and weight transfer). All three are common downclimbing techniques used in canyons.</p> <p>Description of Events Leading to Incident: the group was descending the canyon with Leader 1 at the front of the group, Leader 2 in the middle, and Leader 3 as sweep. Leader 1 and Assistant Lead 1 (AL1) reached the downclimb first. AL1 downclimbed independently by stemming and gave a partner assist to Leader 1. Leader 1 asked AL1 to wait at the bottom of the downclimb to offer a partner assist to the next person, and then to ask that person to assist the rest of the group with the downclimb. Once there was another person to assist with the downclimb, AL1 would proceed forward to assist Leader 1 with setting rope length on the first rappel and to begin rigging the second rappel. Leader 1 then went to rig the first rappel. Participant 1 (P1) was next to downclimb. AL1 offered a partner assist, which the participant declined. P1 downclimbed independently with no issues. AL1 asked if P1 could assist the rest of the group with the downclimb, and P1 agreed. Participant 2 (P2) was next to downclimb. P1 offered a partner assist, which P2 accepted. P2 slowly slid the downclimb with a partner assist from P1 with no issues. Leader 2 was next to downclimb. P1 asked Leader 2 if they wanted a spot or assist. Leader 2 responded that they were going to slide the downclimb and proceeded to do so. Leader 2 then stood up and stepped behind P1.</p> <p>Subject was next to downclimb. P1 remembers offering a partner assist (Subject does not recall being offered an assist), and Subject asked Leader 2 how deep is it? referring to the water below. Both Leader 2 and P1 replied that it was not that deep. Subject remembers sitting down in the water flow on the edge of the downclimb, making eye contact with P1, and asking if they were ready. P1 remembers being unclear about what Subject 's plan was, and getting the impression that they did not want a spot. P1 remembers turning to Leader 2 to ask how it was to slide. Subject placed their foot on the wall opposite where they were sitting to perform a downclimb. Subject 's foot slipped from the rock, resulting in a fall feet-first into the pool below, while P1 had head turned. Subject landed with their left leg straight and felt the impact of the landing travel through their leg, followed by their knee buckling sideways. Subject described feeling a "pop."</p> <p>Leader 2 guided Subject away from where they fell to a rocky platform and Subject sat down. Over the next several minutes, the pain appeared to alternate between significant and manageable levels. At this time, Subject had full range of motion in the left knee and was able to stand. Subject was considering whether to continue or exit the canyon. Leader 1, Leader 2, and Leader 3 assessed the situation and concluded that should Subject decide to exit, Leader 2 will accompany Subject, and Leader 1 and Leader 3 will lead the remaining participants through the canyon. Subject decided to</p>	
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					<p>exit the canyon. Leader 2 scrambled back up the 6-foot downclimb with a partner assist from Leader 1 and dropped a rope, which Subject ascended. The rest of the exit consisted of retracing several hundred feet of the creek bed with various pools and scrambles, and reversing the approach hike, which was a 0.6-mile walk on a dirt road and a 600-foot-long off-trail hike from the creek to the road. Total elevation gain for the exit hike was 200 feet. Leader 1 and Leader 2 discussed contingency plans before separating. Leader 1 and Leader 3 would continue descending the canyon with the remaining 7 participants, which was expected to take 4 to 5 hours. If the group returned to the cars, and Subject and Leader 2 were not there, one leader would hike out with a team prepared to assist their travel.</p> <p>Subject was able to hike back to the cars with significant assistance from Leader 2. During the hike, Subject appeared to be in pain and lost some of the range of motion in their left knee. The group returned to the cars around 3:00pm and found Subject and Leader 2 at the cars, resting. Subject was in significant pain at this time. The group drove to the airport and flew home to Seattle that evening.</p>		
Apr-23	Day Hiking	Minor	Slip, Fall, Capsize	Snow - non-technical	<p>Everyone did bring microspikes and trekking poles as asked. We knew there would be snow above. All but one person put spikes on at the point where the leader requested they do so. P is really big with a firm step and didn't think P needed them yet. At one point P slipped on an icy patch hidden by snow and fell on P's hip. P quickly jumped up and declared they were fine. P did have some blood from a scrape on hand. P took care of this. P had no problems continuing on the hike and was in good spirits throughout. I sent an email this morning asking how P was doing but haven't heard back yet.</p>	I wish P had put on spikes with the rest of us. I could have been firmer in demanding that P do so.	Correct Foot Gear
Apr-23	Global Adventures	Significant	Slip, Fall, Capsize	Trail	<p>Leader: The weather was cool and misty, with periods of rain/hail. We had walked up to a destination and had lunch. The descent was on a long, steep, rocky trail with uneven steppingstone "stairs". The rain had made the steppingstones slick, so we were going very slowly and carefully and most of the group was using their hiking poles. One of the participants slipped on a step and sprained ankle. P was wearing hiking boots with ankle support. We carefully inspected the ankle and foot to insure there was movement in all directions, toes able to wiggle and no loss of feeling. Assessing that broken bones were unlikely, P was able to walk gingerly, and was carefully helped down the remaining trail. The ankle was swollen and bruised, but after a few days of rest, P was able to walk relatively normally on it for the remainder of the trip (although unable to do any strenuous hiking).</p> <p>This is a revised incident report to the one filed earlier for the same incident. One of the participants slipped on a rock while descending on the trail. Originally, we believed the ankle was sprained as the participant was able to walk on it pretty well without pain within a few days, however, when x-rayed, it was found that there was a fracture in the ankle bone which required a surgical procedure to repair. Report was revised to indicate "incident type" better classified as "significant" instead of "minor"</p> <p>P1 Fellow trip participant twisted ankle on a descent of a trail. This resulted in having to make a slow, careful descent with help from another hiker, resulting in finishing the hike just before sunset, and missing most of the hikes on the trip.</p> <p>P2: We were hiking down the side of the mountain over a large section of talus rock, boulders, and scree. I was using poles, going slow, being cautious, but due to the expansiveness of the rocks and the wetness due to rain I lost my footing and slipped. It appeared to be a sprained ankle. I hiked the remaining 3 miles down the mountain with assistance from another hiker. An X-ray revealed it was a fracture and that surgery will be necessary.</p>	<p>Leader: We could have considered an alternative trail due to the weather conditions. Lack of knowledge of the trail terrain and how it might be affected by the weather conditions. Walking with side stepping motion rather than "one-foot-in-front-of-the-other" motion may have helped prevent the fall. We were reminded to slow down and descend carefully, so I think this was just an unfortunate slip that could have happened to anyone.</p> <p>P1 Warning about typical trail conditions (limestone, poor trail maintenance), lesson in how to descend safely given those conditions.</p> <p>P2 This incident could have been avoided if we had not started with the most challenging hike in rainy conditions. If we had chosen a different hike due to weather conditions.</p>	Mindful Walking

Apr-23	Urban Walking	Minor	OTHER - Please describe in Incident Narrative.	Trail	Participant had a dizziness episode, which P said P has frequently enough that P knows what P needs to do when it happens - that is sit down. P sat down when the nearest bench was seen. Not really an incident but conversation resulted because of it so I note it here.	Nice to have a pole in case someone needs it.	Health Check
Apr-23	Climbing	Near Miss	Hit, Struck, Cut	Rock - technical, rope & protection needed	This near miss involved rock fall near a belayer (myself) and occurred at a Basic Climbing Course Rock 2 field trip. This happened during the first rotation of the day at approximately 10 or 11 AM. One of the top-roping routes that was set up involved a crack climb that ended with a flake below the anchor. Other students had been climbing this route before the incident occurred. I was anchored into a belay station, left of the crack/below the flake, in-line with the top roping anchor above. The climber's route is on the right and utilizes the crack. As the climber made their way up to the top of the route, they stepped on the flake, and a portion of the rock about the size of a grapefruit was knocked loose. The climber yelled "rock rock rock" and all instructors and students nearby proceeded to get out of the way and do the same, until the loose rocks all fell and stopped moving. As I was anchored in and belaying someone with an ATC, I was only able to shift slightly to the left, out of the fall zone of the rock. Luckily, a small ledge was in between me and the initial fall path of the rock - it changed the trajectory of the rock to land ~8 ft to my right. No one was hit with the rock. The climber noticed that there were still loose sections of rock on the flake before getting lowered. They avoided this area by skirting around the flake while getting lowered. Afterwards, instructors cleared the area and trundled the remaining large loose portion of the flake (~1.5 ft in length) and students began climbing that route again.	1. There were many students who had climbed the route earlier that day, if anyone noticed loose rock an instructor should have been notified. It would have been helpful to mark the rock with chalk or trundle much earlier in the day. 2. I would consider belaying with a gri-gri - if I was hit and let go of the brake strand, the climber could have been seriously injured as well. 3. As the belayer, I realized I did not know what to do in the case of rockfall, especially when I was anchored in and couldn't let go of the brake strand. More education and discussion about how to handle this scenario could be helpful for students.	Rock Fall
Apr-23	Urban Walking	Minor	Slip, Fall, Capsize	OTHER - Please describe in Incident Narrative.	Urban evening walkers encountered a slightly raised utility port cover (approx. 2' diameter, about 1" above grade). The party was grouped and looking at a trail sign. Co-leader's toe caught on edge, and they fell to ground on right side. They got up and dusted off dirt. Slight bruise to right elbow. No other injuries. All proceeded without further incidents.	Trip hazards in the city or on trail are best identified by leader and broadcast back through following hikers/walkers. No walker spotted (or attended to) the hazard. With both urban walks and day hikes attracting new club members, leaders in their trailhead talk could state the warning protocol. And at first instance of spotting a hazard leader could rehearse the warning protocol.	Mindful Walking
Apr-23	Scrambling	Minor	Hit, Struck, Cut	Snow - steep, ice axe, poles recommended	Second steep glissade of the day. The party, including all students, had performed well on our first steep glissade. I located a second site for a steep glissade, but one with an obstruction-free run and run-out. I have utilized this same area in past years on past student instructional snow scrambles, finding it exhilarating but safe and fun. I tested the run first and set a chute. The lower part of the chute was quite steep, but was followed by a gentle runout, so I indicated to the rest of the group that the students could begin following. My capable assistants set the students up properly and the first several students proceeded down, one at a time. Because of the steepness of the chute, the assistants probably could not see the final part of each student's run, until they emerged into view at the very bottom runout. The first couple-three students performed well, although obviously surprised and excited by the final steep drop in the run. The fourth student was sufficiently surprised that S clenched inward a bit at the dropping sensation, which caused S to pull ice ax in toward body line. We discussed this, but the student's descent was otherwise also controlled and safe. In line, in other words, with my past experience: the glissade was challenging for the students, but essentially safe. The fifth student then came down. S did fine until S dropped into the steepest portion of the chute, where S lost alignment with the chute, tumbled sideways, lost ice ax, barrel-rolled on left side several times, and then came to rest in the runout.  This was a pretty wild landing, so those of us waiting at the bottom asked S if okay, and S responded	Even though I had successfully used this same exact terrain for student glissade practice on several prior occasions, and five out of six of us came down the run without any inordinate difficulty, in retrospect, on this occasion, the last steep portion of the run probably was a little too challenging. The sudden increase in the steepness took two or three of the students by surprise, with varying degrees of reaction. Even though I had tested the run and the runout myself, I should have realized (no later than the preceding student's "clench" and difficulty keeping ice ax in the required safe position) that the steepness and surprise could lead to an unpredictable reaction by a following student.  Since I'm confident that my assistants had set S up with the correct grip (I was watching each descent carefully and signaling the students if they needed to	Leadership

					<p>that S thought S poked chest with (in all likelihood, the tip of the pick of) ice ax. First aid leader (FAL) spoke with and helped assess the victim while directing a second student) in performing the actual hand's-on first aid. S had suffered a poke from (again, judging from the position and size/shape of the wound) the tip of the pick of ice ax. This must have occurred during the initial tumble/slide out of alignment with the steep bottom of the chute and must have caused S to release ice ax in reflex. Perhaps fortunately, S released/lost ax before going into multiple side barrel-roll tumbles (again, the run-out itself was safe and S did not appear to have suffered any injuries in the course of tumbling to a stop).</p> <p>The wound penetrated S's shirt and opened a small crater-shaped wound through the skin layer into the flesh/muscle of upper right chest. The wound itself was perhaps 1/4" x 1/4". Blood was visible, but the wound was welling rather than bleeding profusely. FAL applied antibiotic ointment to the wound and had S smear the ointment into the puncture. FAL then applied a folded square of gauze (perhaps an inch by an inch or slightly larger). S held this while first aid student secured the gauze pad with two 4-to-6-inch strips of approx. 3/4" wide liquid tape (the surrounding skin was both sweaty and hairy, but the dressing seemed to hold). S was also offered and took a small dose of a pain pill (not sure if ibuprofen 400 mg or exactly what formulation). S denied being in pain or discomfort anywhere other than the wound under gentle, but careful and thorough, questioning from FAL. FAL also asked questions designed to check for a concussion (S was of course wearing climbing helmet). S denied any extreme pain, even at the site of the wound. There was no indication of the lung having been penetrated; the wound was more a combination of a shallow puncture and likely bruising in the same immediate vicinity from the impact. S was able to use both limbs, use ice ax for snow travel, and keep up with the group without complaint as we exited the area.</p> <p>Given that a couple of students in a row had had some degree of difficulty with the steepest portion of the chute, I called up to the remaining party members and had them swing wide around the glissade run on a shallower snow slope and join the rest of the party while first aid was being administered. I perhaps should have reacted quicker after the previous student had difficulty with the bottom part of this glissade. In retrospect, on this particular occasion, the steepness of the bottom part of the chute was above the ability/comfort level of at least some of the students. Upon arrival at the parking lot, the group held a debriefing in which both the many good (and the one bad) things that had happened were discussed. I indicated that I would file the formal incident report, but that they were of course free to give any relevant information or reaction when they filled out their trip feedback forms. S was again interrogated to see how S was doing, cautioned to watch out for signs of infection (fever, inflammation, increasing pain, discharge, discolored lines radiating away from the wound, etc.), to consult medical providers as warranted, and to at least consider a tetanus booster (given that S had suffered a wound from a non-sterile metal object). The group was dismissed, then four of us (myself and three students, including S) had one beer each at the Dru Bru brewpub.</p>	<p>push their picks out away from themselves further or if they needed to bend their knees more), it's somewhat difficult to understand how the pick got turned enough (in the arrest grip that S surely had right before initial tumble) to poke S in the chest. My best guess is that the surprise resulting from the final steep drop caused a somewhat similar reaction as the previous student's: that is, that S tensed or clenched limbs around torso, bringing the head of the ax back across body (from left to right), and that S then tumbled against the head of the ax at the same time as wrist twisted (or got twisted, in the course of that very first tumble) so that the pick was pointing inward towards S's chest, rather than outward/away.</p> <p>Other than picking more appropriate terrain, I'm not sure what could have prevented this incident. I do try to emphasize to my students that they need to maintain the "correct" glissade body/ice ax positions even if the chute dips, bumps, or turns -- even if they are temporarily airborne. But, of course, this is easy to say and hard to do early in one's glissading career, before one has been down a fair number of runs. S was an enjoyable, engaged, and attentive student (and, in fact, was the first to draw my attention to the NWAC avalanche update that came out several days before this trip, and which was our first concern for most of the trip). S assures me that this incident won't keep S from glissading! Because S is scheduled to attend the Rock Workshop, it may be necessary to accommodate S if chest muscle is sore/limiting. I will reach out to S in this regard and also to the workshop leader. As part of follow-up with S, I will also request that S let me know if any further treatment turns out to be required.</p>	
Apr-23	Climbing	Safety Concern	Logistics, equipment issues, party issues	Rock - technical, rope & protection needed	<p>At a belay station, a student and I opened a locking carabiner (already clipped with a figure 8 on a bight) in order to clip a prusik loop wrapped on a static handline. A simple way to avoid any risk of the bight coming off the carabiner would have been to use second locking carabiner on belay loop and clip the prusik loop to that instead. Other assistant instructors witnessed this and called out the issue immediately, emphasizing the safety practices/protocols to minimize risk and stay safe.</p> <p>Contributing factors: This was my very first student of the day and this was the student's first activity. Both of us were a bit jittery.</p>	<p>Given my jitters, I missed an opportunity to slow down, take a breath, and talk with the student about next steps before taking any action. I believe we both would have caught the issue during our conversation/planning. Both of us know and practice these safety protocols. I also missed an opportunity to get a better look at the static handlines and work with the primary instructor to ensure I had a clear and concise talk track to instruct the student on attaching to the handline. For what it's worth, student use of the</p>	Equipment Technique

					I didn't fully think through exactly how I would ask or instruct the student to attach to the handline.	handline was smooth and without issue for the rest of the day.	
Apr-23	Trail Running	Safety Concern	Illness or Personal issues (conditioning, lack of skill)	Trail	After the group stopped at a second or third junction; one participant laid down on the ground to try and stretch back out. P's partner mentioned that P was having a problem and questioned continuing. The leader took charge of the situation by asking questions that included them not continuing and returning the way we came. Everyone felt comfortable with them returning the way we started because partner was a professional medical person. The leader took the rest of us a little further, and then we all turned around and met back up with the couple. The P with the sore back was still doing okay; and was making sure not to aggravate a chronic back injury any further.	I believe the participant with the sore back did not know that trail running would make back feel worse. Now P is aware of this, and hopefully will run without a sore back in the future.	
Apr-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	I rolled my ankle. I was in the back of the group, with my assistant leader in front. The trail was a bit rocky, and it's likely that I just hit the rock just "right" to roll it. First, I called to the assistant leader, to share I rolled my ankle and needed some assistance. I carry an ankle brace with me, so I put it on, grabbed some trekking poles, took some Ibuprofen and hiked out. One of the other hikers carried my pack. It's a little bit swollen and sore, but I think it'll be okay with some rest, ice, and elevation. I didn't go to urgent care when I got back home, as I can bear weight.	Honestly, not much. This was a dog friendly hike, so instead of using trekking poles, I had my dog on a leash. Perhaps if I'd been using trekking poles, I might not have rolled it. I could have worn my ankle brace from the start, but elected not to - I haven't rolled my ankle on a hike in three years and haven't needed to hike in it in three years. I've been working on joint stability, and it's been feeling strong. I always carry it just in case (and more as a superstition...as a talisman against rolling my ankle), and I'm glad I do.	Mindful Walking
May-23	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Trail	Participant dropped phone/wallet 3 miles back on the trail. Had to hike back up to recover phone when just a mile from the trailhead. Separated with group. Added 4 extra miles for four of us because of incident. Noone hurt or lost.	Stay within sight of main group.	
May-23	Navigation	Safety Concern	Slip, Fall, Capsize	Off-trail, cross-country	The navigation course, specifically the long distance nav section. I don't mind navigating through the woods (think second growth), but this was not fun or particularly safe. Prickle bushes everywhere, slippery logs covered in moss and ferns, etc. There were a few places going downhill where I stepped and sank up to my thigh between fallen trees. It was not safe - in fact one group stopped and skipped this exercise entirely after one of their members fell (no visible injury and P said P was fine).	N/A for me specifically. Moving the long distance nav to a better location where you can focus on the task instead of getting torn up in every direction would be best.	
May-23	Navigation	Minor	Slip, Fall, Capsize	Off-trail, cross-country	While I was hiking with partner on assigned off trail route generally downhill for long navigation exercise where we had met up to proceed to continue bearing from nav target (snag guide stump) on a small knoll (crowded with very close trees, fallen large branches, snags and stumps). I had a minor fall after a large angled branch (seemed stable enough) against tree that I grabbed for support with right hand briefly gave way (both trek poles temp in left hand), the branch shifted, and I fell. I fell slowly toward my left wrist which took most impact, and briefly paused to self-assess contact/pain points. My partner was close by and asked if I was ok and offered assistance as I attempted to carefully get up from the tangle of woody snags. I advised of pain in L wrist and demonstrated my wrist full mobility, light contact with back of head (no pain) and R shoulder minor pain from secondary impact after slight roll backwards on R shoulder. I advised partner that I was Ok and comfortable to proceed downhill on long nav exercise. As ground cover deepened and deteriorated with much woody debris, tangles of thorny veg, deep holes, I tended to travel more slowly and guarded to avoid another fall or risk a sprain. At end of long exercise, I had no L wrist pain and slight pain in R shoulder. Since returning home, I've taken a couple doses of Ibuprofen and determined no need for medical follow up at this time as shoulder pain decreasing. I feel the deteriorating poor condition (from 5 years ago on my prior nav course) of long nav hill including heavy ground	Try to use both poles although difficult to use in the tight quarters on the small knoll, rather than rely on support of the large angled branch which was not as stable as expected. Unsure if poles could have gotten hung up or slipped causing similar fall. Very careful, more guarded nav downhill through tangled veg/debris was reasonably safe and I did not use brief support of any woody structures. Instructor is evaluating possible improved, lower risk location for future long navigation course given deteriorated condition of present location.	

					cover/debris over long nav exercise presents moderate injury risk to students and should be evaluated for possible safer location.		
May-23	Day Hiking	Near Miss	Slip, Fall, Capsize	Rock - talus, boulders, scree	Co-leader placed right foot on ~1sq ft right slanted, damp rock to pivot for turn. CL judged adjacent ~1.5 sq ft upright rock to not present an ankle trap hazard (having just warned the group about ankle traps on this scree/talus route section.) On the pivot, right foot slipped toward the narrow crease between the rocks. Sight unseen, following hiker placed hand firmly on right hip to arrest the slip and with plant of left foot, co-leader completed the turn -- no trap, no ankle or lower leg injury. Thanks were given.	The rocks presented a more subtle-than-usual ankle trap opportunity. Hiker should better consider the slip to trip sequence (vs simply unwise ankle-in-trap initial placement) in judging peril, particularly under damp conditions. Hike leaders and followers should call out likely hazards and look back, after passage, to following hiker to offer support/guidance.	Talus
May-23	Scrambling	Near Miss	Hit, Struck, Cut	Snow - steep, ice axe, poles recommended	<p>We had two serious near misses, just minutes apart and at the same location. One involved an avalanche that nearly buried an assistant leader and the other a glissade that got out of control followed by a failed self-arrest, resulting in an uncontrolled tumble/slide down the mountain.</p> <p>The primary leader (myself) led a trip that was a combination of a half-day class followed by a scramble to a summit. Except for the two exceptionally skilled Assistant Leaders, all of the other participants were scramble students on their first scramble; they all had already had their snow workshop, this was just additional practice. In the morning, we spent three to four hours reviewing and practicing self-arrest and glissading skills. One of the participants (P1) was weak in skills and extremely tentative when glissading. I was leaning toward not letting P1 head farther up the mountain and sending P1 down to the cars (with an assistant leader). But just as the review session was ending and we broke for lunch, the weather deteriorated, and it started to rain. We thought we would eat lunch and then everyone would head down together. But over the course of our lunch break, the rain stopped, and the skies turned blue. We decided to at least venture up and see what conditions were like, aware that the rain and sun might increase avalanche risks (we were ascending on a ridge, so it wasn't a huge concern).</p> <p>I consulted with the assistant leaders about what to do with P1. At the time, I was thinking more about P1's tentativeness and how slow descent would be rather than about how weak P1's self-arrest skills were. I considered P1 slowness to be more an issue of it being frustrating to the rest of the group than an issue of safety. We had plenty of time. We decided that I would talk with P1 and give some additional one-on-one training on glissading, with a focus on overcoming tentativeness. P1 assured me that P1 would pick up speed and P1 performed several glissades at moderate speed on a moderately steep slope. In any case, we could always plunge step down the mountain. Glissading was not essential. As for P1's weak self-arrest skills, I figured that the snow was soft enough that anyone could stop, even with poor skills. And so, we decided to let P1 continue up the mountain. (In retrospect, this was a huge mistake.)</p> <p>As we were climbing, the clouds came back, and it started snowing. There is one steep pitch on the ridge that we had to ascend. I had hoped that on seeing it, P1 would opt to turn around, but to P1's credit, P1 is spunky and kept going. There was about two inches of new snow (most of it fell during the night) on top of older, wet snow with no discernable crust. It seemed to be adhering well and we saw no signs of roller balls, and so we started to ascend the one steep pitch. When the lead climber (the person in front) was about 90 percent up and everyone else was at least halfway up, the lead person triggered a small avalanche. Only the top two inches of snow were involved, and the avalanche only grew to about two feet in width, but it slowly slid down the length of the face. It clearly upset a number of the students and we clearly had to have a group discussion about what we just saw and what it meant for our plans. But we could not have that discussion sitting in the middle</p>		Avalanche Safety

					<p>of the slope. It was either quickly climb to the top of the pitch and talk there or quickly descend down. Given that we were more than halfway up, I made the hasty decision to keep climbing and we met at the top of the pitch.</p> <p>From the top of that one pitch, the ridge to the summit is all easy scrambling and there are seven glissade chutes off to the right for descending off of the ridge, several of which were less steep than the one pitch we had just ascended. Collectively, the group opted to keep climbing, knowing we had seven possible descent routes of varying steepness. As we climbed, the weather continued to deteriorate; it started to snow very hard, and the wind became quite strong. By the time we reached the summit, it felt like a blizzard. As the leader, I became worried about how much worse the weather might become and getting down off the mountain quickly became my paramount concern. After consulting with the two assistant leaders (who are both very experienced and very knowledgeable about the routes), we opted to descent the second of the glissade chutes -- it offered the best balance of getting us down quickly while avoiding the steepest of the chutes.</p> <p>The snow had become quite heavy and soft, so that plunge stepping down the ridge to the descent chute was quite difficult, especially for P1. Continuing down the ridge to lower chutes was no longer a viable option, nor was plunge stepping down our descent chute. For the safety of the group, we felt we needed to glissade down this one particular chute. It wasn't a great option, but it was our best option. Given how soft the snow was, we assumed that the first person to glissade down the chute would trigger a wet snow avalanche in front of them. We figured it wouldn't be a problem. Just stop and let the snow slide down in front of you. Or at least that was what I was thinking. I never considered that once shorn of the support of the surface snow, the snow behind the glissader would break loose and form a second wet avalanche, this one behind the glissader. Given the high winds and nasty weather and the need for speed, I failed to have a long discussion with the two assistant leaders at the lip of the chute, so I don't know if they had thought of that possibility. Anyway, one of the assistant leaders started to glissade down and as predicted triggered a wet snow avalanche in front of himself. But also triggered a wet snow avalanche behind. Sandwiched between the two, AL had to ride down the whole chute in one long glissade, using swimming motions to stay on top of moving snow. Near miss number one.</p>		
May-23	Scrambling	Near Miss	Slip, Fall, Capsize	<p>Snow - steep, ice axe, poles recommended</p> <p>Leader: after the avalanches swept the chute free of loose snow, the rest of the students (except P1) glissaded down safely, quickly, and without incident. However, P1's descent was different. P1 quickly lost control of glissade and turned over to self-arrest. P1's self-arrest failed and P1 started to tumble. At some point, P1 lost P1's ax. By the time P1 was about halfway down the chute P1 was going headfirst, flat on back in the smooth pathway carved out by the earlier glissaders. P1 reported that at that point, P1 relaxed and enjoyed the rest of the ride down. Near miss number two.</p> <p>Instructor: Participant lost control and tumbled down a planned steep glissade, losing ice axe in the process. Fortunately for us, they were not injured and there was a safe runout. It could have been much worse if they had slipped elsewhere or injured themselves with their ice axe. As one of two instructors, in addition to trip leader, we noticed participant's weak ice axe skills and fear of gentle slope during skill practice at lower portion of mountain. The 3 of us had a private conversation to discuss whether or not to allow participant to continue climb. We were also distracted by the weather forecast of lightening, and we had even considered canceling the summit due to that, but the weather seemed to improve. We explained to participant that slope would be greater higher up the mountain. Participant said they would be ok with glissading, but not having to arrest from falling on back side, headfirst. In hindsight, this was a big red flag that we should have heeded, as this is a necessary skill to proceed. We allowed participant to continue, but our approach was to re-evaluate</p>	<p>Leader:</p> <p>Instructor: It's so easy to look back and see the multiple warning signals. It's always a combination of factors: in this case, the participant's skill level, confidence, experience, and fitness level all came together. As leaders, we try to encourage and support participants, but sometimes we need to heed the red flags. I honestly believe participant was physically exhausted and emotionally overwhelmed, but reluctant to express what was going on. I still don't understand how the glissading technique deteriorated from what we initially saw. They had demonstrated the ability to roll over and stop earlier, but in this case, with a few small bumps lost control and gave up. They are clearly not skilled enough at this point to participate on this type of trip without further training. Conditioning should also be a high priority. Since</p>	Equipment Technique	



					<p>along the way.</p> <p>The other major factor in this incident is participant's fitness level. I was sweep for the group and participant was directly in front of me the entire climb to the summit. Participant complained of quadriceps burning, and I could also tell they were short of breath. I emphasized drinking water, going at a sustainable pace, and even provided energy chews at one point. Participant was very slow compared to the rest of the group and I knew we would have problems as we continued. In hindsight, this was another red flag. I should have taken trip leader aside to discuss. Because we were in an exposed area where we witnessed roller balls, we were concerned about avalanche risk and wanted to get to the relatively safer summit quickly. From there, I thought it would be an easy return to TH. After we reached the summit, we began a short, gentle initial glissade toward the intended major steep glissade. It became obvious that participant lacked energy and was afraid of even the slightest bit of speed or slope. Decision was made to remove backpack, which I carried in addition to my own for the remainder of the trip. I coached participant on glissading and plunge stepping skills many times, but it was difficult to get feedback or understand if they were learning, due to their quiet reserved personality. This all happened prior to the major, steep glissade where the incident occurred. I was hopeful they would glissade without incident, but not surprised when it actually happened. I immediately glissaded to catchup to participant to see if they were ok, which they were. Fortunately, no injury. We recovered the ice axe and hiked back to TH without further incident.</p> <p>Participant: Scrambling student lost control during glissade and tumbled down the slope. Attempted to self-arrest but failed and lost ice axe (later recovered). Snow was soft, no injuries. slope tapered into valley, so there was no risk of falling off a cliff or anything. It was a safe environment. Tumbling down shook the student, who needed extra help continuing the descent from the mountain.</p>	<p>these are both requirements of the scrambling course in which participant very recently qualified as a current student, I think this should also be evaluated by the course leader.</p> <p>Participant: Student clearly was not well conditioned and hadn't well mastered glissade nor self-arrest. Student needs to practice these techniques more before attempting another snow scramble</p>	
May-23	Scrambling	Minor	Slip, Fall, Capsize	<p>Snow - steep, ice axe, poles recommended</p>	<p>A student on this trip twisted knee slightly when doing a self-arrest from a glissade. It didn't hurt much, and S was able to walk back to the cars without pain. S didn't feel any pain until S took boots off, and the pain was much less after a day. S believes a knee ligament was slightly strained. For a little context, I split a long slope into three sections to glissade, stopping each one with a self-arrest. On the first two, I went down first, but only far enough that I could both communicate and verify that they were starting correctly. On the third, I came down last so that I could watch their glissades once from above. It was on this third glissade that S's injury occurred. S self-arrest was partway down, possibly because S was starting to be uncomfortable with speed (this is what I had told them all to do). Where S stopped, the snow was quite slushy, and S thinks this may have contributed to the injury. Another student was not able to successfully self-arrest near the end of that 3rd glissade, and rolled over a couple of times, but of course there was a good runout there, and it's not too unusual for a student on a first scramble.</p>	<p>I'm really not sure what could have been done. When I came down on that last glissade, I didn't notice anything that would have indicated that extra caution would be advisable. Even if I had another experienced person on the trip so that all glissades could be watched from above and below, I think S's injury could still have occurred.</p>	Equipment Technique
May-23	Backcountry Skiing	Minor	Slip, Fall, Capsize	<p>Snow - steep, ice axe, poles recommended</p>	<p>Slip on steep snow while skinning up - ice axe on pack not in hand. Bruised ribs and skinned knuckles.</p> <p>Conditions: On the ascent, we picked a route up to a cleaver. This contains several steeper faces up to 35-40 degrees have to be navigated in non-glaciated terrain before reaching the top of the rocks and roping up. The incident happened on the largest of these faces at 8500 feet elevation. We were skinning up at around 7am, the snow was firm but not completely frozen. Even though the weather was completely clear, the snow never froze overnight due to a warm airmass moving in with 12,000-foot freezing levels, accompanied by light-moderate wind.</p> <p>Incident: I as the group leader was staying in the back with a slower member of the group. Everyone was using ski crampons and conditions had been perfect so far. As we started up the steeper face,</p>	<p>The moral of the story is: always get out your ice axe when a fall would have unpleasant consequences, even if you don't think a fall is likely. Especially for skiers who may have less experience with various snow conditions, it may be hard to judge the likelihood of falling on a specific combination of slope steepness and snow conditions. As a leader, I should have been more prescriptive and either asked people to take off their skis at the bottom of the steep slope and kick steps up it, or to at least get out their ice axes.</p>	Equipment Technique

					<p>the thought went through my head to tell people to get their ice axes out, but I assumed they all had enough experience to judge for themselves whether they needed their ice axe or not. Also, the faster members of the group were already ahead and out of shouting distance, although one of them did have a radio that I could have called.</p> <p>In the middle of the slope, one of the skiers slipped during a kick turn and started sliding down the slope. S's ice axe was on pack and not in hand. S tumbled with skis still on for about 50 feet before S was able to self-arrest by digging the end of a ski pole into the snow. S bruised ribs, which caused pain with deep breaths for the rest of the trip. Of note, S had already bruised those ribs within the past week, so the injury was likely an exacerbation of a preexisting injury. Other than several skinned knuckles, S was otherwise unharmed and was able to complete the ascent. One of S's ski crampons was destroyed in the fall.</p> <p>Discussion: Leading up to the fall, the skier had noted that S was slipping a little during kick turns. S didn't really worry about it though, and never seriously considered stopping and getting out ice axe. Barriers to ice axe deployment may have included: difficult to get pack off in the middle of a steep slope, conceived pressure to keep up with the group, and the fact that it's more awkward to ski with an ice axe. The top few inches of the snow were soft and giving decent purchase to skis, making it feel relatively secure. However, in some spots the slushy snow was deeper and made it hard for the ski crampons to grip. The 3 most experienced members of the group, including the leader, were using whippets (ski poles with an ice axe head). These give the skier the stability of having two ski poles, and a fully functional self-arrest tool as long as the head of the whippet is gripped properly for self-arrest. The drawback of the whippet is the fact that its shaft can't be plunged into the snow for self-belay, so it is less appropriate for really steep ascents where one shifts to kicking steps and self-belaying with the ice axe. One of the group members created a pointy attachment for the whippet shaft tip to enable it to be converted to an almost fully functional axe. These attachments are now also commercially available. However, we knew that our route did not have any sections that were steep enough to require a full axe, and so opted for the whippets for their superior skiing functionality, and the fact that a self-arrest tool would always be at hand, no decision making needed apart from how to grip the tool's head. Another solution is to use voile straps to attach your axe to your ski pole, but this contraption is less secure and more awkward to hold.</p>		
May-23	Scrambling	Minor	Slip, Fall, Capsize	Snow - non-technical	<p>We were returning from a summit. We were about 1/2 back, having completed most of the descent (at about 4000' of elevation). We needed to cross a snow bridge over a creek. The day had been warm and sunny (I estimate about 70 degrees at this altitude). The team had concerns about the snow bridge we used to cross the creek in the morning, so we investigated several possible routes across the creek. During the investigation, one of the instructors, post holed through the snow near the bank of the creek and hurt right ankle (P post holed about a foot and reported that P twisted ankle on a rock) - I did not witness the incident because P was out of sight at the moment, but was within hearing distance. First aid was given in the form of self-administered Ibuprofen and raising P's right leg while wrapping it and icing it with snow. After the incident, P could not put much weight on ankle, but was able to move under own power for the final ~1.5 mile. We distributed pack to other team members and gave P a second ice axe to use as a cane. P was able to make it back to the trailhead although at a much slower pace (we had plenty of day light, so this wasn't a concern for the other team members).</p> <p>The rest of the team safely crossed the creek via a different route.</p>		Terrain

May-23	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues	Water - large bodies, fresh or salt	A participant's boat developed a leak - unclear if in back hatch, skeg box, or front hatch. The participant opted to call a water taxi to return them back to their car instead of attempting a boat repair. We did have several boat repair kits available to work with. We escorted the participant to a safe accessible beach on Sucia Island, confirm cell phone reception for calling a water taxi and communicating with group and confirmed participant had enough water, cell phone power to comfortable wait for a day. We then left with a plan to return if needed in 2 hours. Participant did let us know quickly that P reserved a taxi at 4pm, then later texted back at car, and all was well.		
May-23	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Trail	Weather was hot. Some members became overheated. Some members did not bring adequate water supply. The group divvied up resources making sure everyone had enough water & electrolytes as needed.	Wouldn't have done anything differently in regard to the problem solving once concerns arose. Hike leaders did an excellent job of appointing jobs to certain members of the group to make sure everyone got back to the trailhead safely. Members of the group divvied up supplies, so everyone was taken care of. Members stayed in contact with each other to make sure everyone was doing ok.	Weather
May-23	Climbing	Minor	Slip, Fall, Capsize	Trail	A member of our party got heat exhaustion and took a fall on trail during the hike out. Other team member and leaders promptly provided assistance.	Better communication about route planning on the hike out, more water per person, and a shade umbrella would have helped.	Weather
May-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	Participant had two trips/falls. First just after lunch while descending a fairly steep section of hiking trail with uneven, rocky features and loose sand / gravel. Fall resulted in a bump and bruising on participant's right thigh. MOFA lead helped participant assess whether and how to continue. After some stretching and self-administered NSAID pills participant elected to continue. Participant fell a second time 1000 linear feet from the cars on flat, level trail with a single 3-inch root sticking up. Tripped on the root and went down a second time.	This participant disclosed they had cataract removal surgery a few days prior to the trip and had limited vision in one eye. Participant said they had hiked after cataract surgery on their other eye previously so had the opinion, they were able to participate effectively. I tried hiking with one eye closed for several minutes as an experiment and did find it affected my depth perception, balance and even sense of direction. I spent 8 hours sweeping this participant on this trip. I noted they did not appear to pick their feet up very high, and would often make poor foot placements, like directly on loose stones, at awkward angles, and in other improbable places. I mentioned this observation to the participant at one point and they commented that they felt like they were walking normally but could, perhaps, concentrate on lifting their feet higher and aiming foot placements intentionally. Didn't seem to help.	Mindful Walking
May-23	Day Hiking	Minor	Illness or Personal issues (conditioning, lack of skill)	Trail	One of the hikes had been experiencing GI issues earlier in the week. H started to feel unwell during the hike and wanted to return to the trailhead with partner who was also on the hike. The co-leader offered to go with them, but they politely declined. The unwell hiker was afraid H would have diarrhea on the way back to the trailhead and preferred more privacy. The leader and co-leader made sure the couple had first aid supplies, water, and a map. There was little chance of the couple getting lost as there were no intersecting trails on the way to the trailhead. The couple promised to call the hike leader if they felt lost or needed help. The hike leader asked the couple to call here when they reached the trailhead and said leader would call them if leader hadn't heard from them within an hour. The couple called the leader ~25 minutes later to confirm that they had reached their car.		Health Check

May-23	Youth	Minor	Hit, Struck, Cut	Rock - technical, rope & protection needed	A rock fell from above and struck a belayer in the face. Climbers on the wall, nor belayers on the ground, noticed the rock fall, hence there was no warning calls. Belayer maintained control of the belay and was able to lower the climber with assistance/oversight by others in the party before being treated. A doctor in the party assisted with first aid. The rock caused lacerations and bruising near the eye and nose.	Everyone in the party had WFA training. Appropriate gear was in use (helmet, assisted braking device, etc.). Party carried appropriate supplies to deal with the injury (excess water to flush the wound, ointment, chemical ice packs, etc.).	Rock Fall
May-23	Climbing	Minor	OTHER - Please describe in Incident Narrative.	Rock - technical, rope & protection needed	<p>Leader: Intermediate student fainted while leading pitch 3 on Liberty Bell/Beckey Route. This was after a minor leader fall, and some scrapes from the rock. Seemed no big deal, but then S fainted. S quickly regained consciousness (10 seconds S was out?) but was a bit out of it for the next ten minutes or so. We determined that S couldn't go up and had to go down. We built an anchor and used it to lower S to bottom of P3. Then we lowered S to bottom of P2. S was able to rap from there to bottom of P1 (w/ fireman belay from another student). All hiked out without problem. Good teamwork getting safely down.</p> <p>Co-Leader: I did not observe the incident, but assisted with the injured climber, once they were down from the 2nd pitch. The leader of our group and possibly one other were in attendance. Their feedback should be considered.</p>	<p>Leader: Everybody did the right thing here. Leader falls happen from time to time, and whatever S physical response, it happened, and we got S safely down without having to do a tandem rappel. We had webbing, cord, rap rings. One of the intermediate students was particularly competent in helping me, doublechecking systems, talking through things.</p> <p>Co leader: 1st team seemed to be too fixated on summiting and was too far ahead (of the second team, which had the fallen climber) to be of assistance to the injured climber, or even have any awareness of the incident. Had the climber's fall been more severe: rescue and extraction of the injured climber could have been delayed and or more difficult. Had the fallen climber sustained more traumatic injuries, that delay or lack of rescue personnel could have had dire consequences. We did not have a group radio frequency: each rope team of 2 was on their own channel.</p>	Health Check
May-23	Sea Kayaking	Minor	Hit, Struck, Cut	Developed spaces, campgrounds, fields	Participate cut thumb while cutting a watermelon. P washed and bandaged thumb.	No more watermelons on my paddles. Stress safe knife use.	
Jun-23	Sea Kayaking	Minor	Illness or Personal issues (conditioning, lack of skill)	Water - large bodies, fresh or salt	On the way from Hobuck Beach to Shi Shi Beach, one of the participants became mildly seasick. P was able to continue the trip after taking some meclizine and resting on beaches a few places along the way back, including one longer beach stretch with a nap.		
Jun-23	Backpacking	Minor	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	<p>Leader: A member of the group was walking around the campsite barefoot and tripped on a tent wire. M's toenail was partially separated and experienced some bleeding. We administered first aid to help clean and wrap the toe. M was able to hike out but mentioned plan to get medical care to ensure it didn't get infected.</p> <p>Co Leader: A participant walking barefoot stepped on a tent stake and stripped off toenail. First aid was provided. M was able to walk out the next day with shoes. Mentioned would go to the ER to "make sure everything is okay".</p>	<p>Leader: M was told M should put on footwear at the campsite.</p> <p>Co Leader: M was told to not walk barefooted.</p>	
Jun-23	Climbing	Safety Concern	Logistics, equipment issues,	Snow - non-technical	A cooking canister lit fire while trying to cook. Canister was thrown away from people and then smothered with snow to put out the fire. No one was injured and fire was put out within a minute. I was not the closest to the incident and likely there will be a more detailed incident report from others.	Checking connections and canisters before turning on. Making sure there is space between stove to prevent a gas leak finding an ignition source from another stove.	Test Equipment

			party issues				
Jun-23	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues	Water - large bodies, fresh or salt	One of the paddlers was having trouble with their skeg deploying property, we think possibly because the skeg wire may have been kinked. We were able to get it into the "down" position per the paddlers request since we were paddling downwind with some swell and took care not to damage it when landing. The paddler will have the skeg looked at when home.		
Jun-23	Backpacking	Significant	OTHER - Please describe in Incident Narrative.	Trail	At around ~5.5 mi mark P's knee started aching and P slowed pace. At ~6.5 mi mark the group stopped for lunch at which point P noticed that knee swelled significantly. P was our First aid contact for this trip. P took ibuprofen and applied compression wrap and decided that P could proceed to our destination. However, P could not go far as the knee started hurting worse. It was obvious that P would not be able to finish the whole trip. After discussion and consideration with mentoring Leader and P we decided not to call SAR. Our options were to either spend a night on trail or walk out, both options were presented to P and the group. P was confident that slowly but steadily P could make it out. We also had two additional campsites on our way back where we could spend a night if need be. I made the decision to turn around and walk back to the trailhead as a group in case we needed to offload some weight or even help P walk. Everyone made it back to the trailhead safely the same day including P. P contacted me later that day letting me know that P made it home. The next day P visited ER and unfortunately ended up getting crutches and will need to stay off that leg for several weeks.	Since there was no fall or anything traumatic involved and P was obviously in great physical shape, I do not think there is really anything that could be done to avoid the issue in the future. I am glad that we didn't stay for the night (this was one of the options discussed), as the later visit to ER proved, that it might have been worse walking out the next day and delaying medical attention. I am also confident that walking out as a group was the right decision. While the trip didn't turn out as expected everyone was supportive, helpful, cheering and ready to help. I am very grateful I had a mentoring leader on the trip. While ML let me make all the decisions on my own ML was a great listener and sounding board and provided helpful tips on handling the situation.	
Jun-23	Climbing	Near Miss	Hit, Struck, Cut	Snow - technical, glacier, rope needed	High on a glacier two participants in a rope of two climbers were standing near each other at an anchor they had constructed. As they spoke, about 3 feet apart, a rock sailing down from above went between them. The rock was reportedly golf ball sized. It reportedly whizzed between them so fast they heard it but didn't recognize what happened. Another climber on a different rope below them saw it and later told them what witnessed.	To me this illustrates a difference between some large intermediate glacier objectives and basic glacier objectives. The team began walking at 1:30 a.m. hoping to do as much of the route in the colder temps of night as possible. However significant route finding, and technical ice obstacles slowed progress so that the party was still on route as the sun came up and warmed the slopes above, likely contributing to rockfall risk. The party took the steps available to mitigate the hazard of being in the line of fire as temps warmed, but the level of challenge delayed them. These big intermediate objectives are no joke and can't be taken lightly.	Rock Fall
Jun-23	Climbing	Significant	Slip, Fall, Capsize	Rock - technical, rope & protection needed	Climber was following leader after leader built an anchor and was belaying from above. Climber cleaned two pieces of protection and was approximately 15-20ft above the start of the pitch and fell while on top rope belay. The fall was taken in a manner such that the climber's ankle was injured, and the climber opened a prior hand wound exposing blood, resulting in a brief (1 min) period of passing out as a reaction to the sight of the blood. The climber and following party were able to communicate with the lead climber to lower climber due to each climber having a radio and a shared, private, communication channel. Via radio, the lead climber communicated the plan to the second party by assigning responsibility for care of the fallen climber and beginning to setup a rappel station for descent from the route. Medical attention was provided by the second party to the ankle injury, assessing consciousness, and checking for any other possible injuries while the lead climber organized and executed a safe descent method to reach the injured climber.	Prior to climb: Discussion with climber on comfort falling on top rope while climbing a crack. Discussion with climber on reaction to exposed blood and understanding of how to mitigate response.	Equipment Technique

					Due to the concern over prior loss of consciousness, it was decided that the injured climber would tandem rappel for an additional layer of safety. Two rappels were executed to reach the ground and backpacks, and the injured climber was able to hike out with assistance.		
Jun-23	Scrambling	Safety Concern	Slip, Fall, Capsize	Snow - steep, ice axe, poles recommended	<p>Going up relatively steep snow slope we needed to traverse slope. No cliff bands below, but runout did lead to some rock fields. Day was warming - 50-60 F and snow was slushy 2-3 inches on top of hard packed snow. A few of the party did not have crampons (it was recommended but not required for the trip) and only had microspikes. Lead person (not in crampons) was taking care and kicking good steps and suddenly slid about 60 feet down slope having to use ice axe self-arrest before stopping just before a rocky outcropping below. No injury. Several other parties (not ours) on the mountain also slid in steep areas due to snow conditions.</p> <p>Contributing factors: trying to get snow credit for scramble students- not all students had crampons so didn't make it a requirement.</p> <p>Snow conditions- mixed. top soft snow didn't allow microspikes to do much good. Occasionally the hardpack prevented ice axe in going very deep.</p>	Good care was being taken to not slip- team wasn't rushing or focused on timing. Good dialogue before attempting traverse and afterwards on what to do next. Could have traversed the majority of the slope via the rocks but they were challenging as well so the thought was the snow would have been easier- in retrospect the rocks were a better option. Starting earlier in the day before the snow was soft would have helped people with microspikes going up. Crampons worked well with the hardpack just below the slush- so should have been required for the route conditions. Scramble students should be required to have crampons.	Correct Foot Gear
Jun-23	Scrambling	Near Miss	Slip, Fall, Capsize	Snow - steep, ice axe, poles recommended	<p>Leader: Our group was descending where we had been working with a group of scramble equivalency students on snow and rock skills. We had earlier ascended the more western side of the basin under sunny skies in the morning, but we all had noted a weather system beginning to move in in the afternoon, bringing increased winds, clouds, and cooler temps. Around 3pm, we had completed our skills work and had descended down to the head of the snowy basin. The assistant leader/ instructor on this trip, having earlier in the week done a trip, where AL ascended the more eastern side of the north basin and descended the usual "trail" route, voted to descend that eastern side. We all agreed. At first, we went down snow with easy plunge steps, but then the terrain becomes much steeper and more forested. We then encountered one short rocky cliff that the assistant leader went down through a crack in it, descending about 6 feet. The second student going down behind and slid down this muddy crack, landing at the bottom just before a snow patch, with no injuries. From there, the assistant leader navigated us over to a steeper snow gully which would take us down to the known talus field. As this slope was north facing, it held quite firm snow with a not-so-pleasant run out. Another of the students, while using an ice axe and wearing microspikes, did slide on the snow and managed to effect a self-arrest, but landed very close to some smaller trees in the middle of the gully. This writer slid once as well, also with an axe and microspikes, and self-arrested. Again, no injuries were reported. I have reached out to both students via email this morning to see how they are doing today, and both have emailed me back that they are feeling no ill effects today.</p> <p>P1: We were navigating down through steep, brushy terrain and encountered a small "cliff". I lost my footing and fell over the cliff falling perhaps five or six feet lodging at the margin of the snowfield beneath the cliff. I was not injured but certainly could have been.</p> <p>P2: We descended from the peak through difficult terrain. We eventually reached a point where there was a choice between descending either a steep snow gully or a wooded slope to reach a talus field. Most of the group chose the snow, me included. I attempted to glissade the last section of this and slipped before I had gotten in the optimal position. I managed to self-arrest, but awkwardly, and slid further than I would have liked. There was a small tree that would have probably caught me had I failed to stop on my own.</p>	<p>Leader: (1) It is typically easier to go up challenging terrain than to descend challenging terrain. In retrospect, if making this as a loop, would recommend doing it in the reverse direction. (2) Given that we were working with a party of equivalency students, who present with a wide variety of skill backgrounds, that the weather was changing and that the end of the day was approaching and our energy waning, I see now that taking an "easier" route back would be preferred, saving more adventurous loops for a different party and a different day. (3) None of us were wearing microspikes on the steep forested section, but they might have come in handy in that section and prevented the first incident.</p> <p>P1 Perhaps we could have navigated to a safer place to further our descent.</p> <p>P2 In the future, I will not attempt to glissade such a steep slope. Descending through the trees would have been fine, or self-belaying all the way down the snow.</p>	Terrain

Jun-23	Climbing	Minor	Hit, Struck, Cut	Rock - technical, rope & protection needed	I had read that there was an alternate way from the snow slopes below the ridge to the summit on the north side. Our group explored the North side and found a gulley we believed we could ascend with a fixed line. I was leading a low 5th ledge section to put in the fixed line and came to a large loose rock. I believed there was risk that a party member would mistake this for a handhold and elected to remove it. I called out to the team and belayer below that I was going to remove the rock, so they knew it was coming down. I hurled the chunk of rock into a lane in the gulley below me believing it would pass my party on their right. Instead it took a bounce that sent it straight at my belayer. It was a loose, crumbly piece so it fractured as it hit the slope below me. A piece of what my belayer called shrapnel hit in the neck causing a tiny red mark. The larger piece of rock glanced off hip but caused no injury.	On reflection I could have left the stone in place and bypassed it. This might have been best. I did not want to do that because I had several first-time climbers on this trip, and I was concerned they might try to use it as a hand hold in their inexperience. I understand that best practice for moving lose material is to just gently remove it and place it aside. I was engaged in a traversing move with my body hugging the face in front of me and had nowhere obvious to place the stone once I removed it. With perfect hindsight I realize I could have hurled the piece over the heads of the party below me onto snow slopes beneath them, but even this seems risky as I contemplate it. I could have retreated from the route as well, determining that encountering this loose piece so low on the route predicted additional loose terrain above, and made the route unsuitable. I really thought throwing it out of the line of fire would be best. Lesson learned is, like footballs, rock trajectories can't be predicted once they begin to bounce.	Rock Fall
Jun-23	Youth	Safety Concern	Logistics, equipment issues, party issues	Snow - steep, ice axe, poles recommended	Youth trip participant had an equipment failure- the toe piece of ski binding fully detached from the ski during normal and acceptable use. Conditions were not super challenging so clearly something was wrong or defective with the ski binding mounting. We suspect that the ski mount was done improperly, and the ski core had been exposed to water and rotted as a result. Due to this equipment failure P had to switch to crampons on ski boots and use an ice axe to travel. This mode of travel was feasible in the terrain and conditions we experienced. However, this kind of malfunction is not repairable in the field (we tried with epoxy, steel wool and other materials). This would be a trip ender if travel by foot with crampons and ice axe had not been possible.	P borrowed this ski gear, and its history, maintenance was not fully known. Inspecting the gear more fully in advance could have helped renting gear rather than borrowing might make more sense for a trip with 2 nights out/higher level of commitment.	
Jun-23	Scrambling	Minor	Hit, Struck, Cut	Rock - talus, boulders, scree	While ascending a steep scree/dirt gully (about halfway up), a climber near the top of the gully dislodged an approx. 1ftx1ftx1ft rock. It fell/rolled approx. 20-30 vertical feet, hit the leader's pack and then a climber's hand. Moderate injury - pain, discomfort, hematoma, reduced range of motion. First aid applied. With unanimous consent the decision was made to continue the climb to the summit, at which point the injured climber and another participant descended a hiker's trail to a trailhead. Follow-up medical care provided again at summit and back at the trailhead.	This was a steep gully with loose rock - there had already been many rocks dislodged prior in the trip. In hindsight given this feature's steepness and the looseness of the rock, the group should either have stayed tightly together to prevent spacing out or had climber's go one at a time while the remainder stayed outside the fall path. The group did promptly and effectively shout "rock" which helped climbers move out of the way.	Rock Fall
Jun-23	Scrambling	Significant	Hit, Struck, Cut	Off-trail, cross-country	Three scramblers in lead of 10 total accidentally kicked loosed rock down steep dirt-grassy-small rock mixed steep slope. Those below, me included, barely dodged first two sets of falling rock. Surprisingly, 1 of 3 lead scrambler kicked 3rd round. Fortunately, the worst softball size rock hit my pack, which others said caused that rock to hit P's hand and not head. P and support team were admirable. Team gave medical help to badge cuts and supported P's injured fingers-hand. P agreed to continue to summit, because descending would be just as challenging. Another participant volunteered to hike off summit on standard trail to TH, which would be much easy descent for P. 8 other scramblers completed ridge run and cross-country descent, which was fastest route to cars. We picked up P and volunteer at their TH, which was on route back home. Once back in Seattle, P got medical evaluation that evening: no broken bones. Next day - swelling had slightly reduced.	After first round of loose kicked rocks, should have told 3 highest scramblers to freeze, while those below moved 100%***** out of the fall line. 3 scramblers seemed competent, but truly surprised when they immediately kicked second round of rock and shocked when they released third round, while only ascending 5-15 feet.	Rock Fall

Jun-23	Climbing	Major	Slip, Fall, Capsize	Rock - technical, rope & protection needed	<p>Lead climber fell approximately 30ft on the first pitch, almost at the beginning of it. LC placed first protection piece at about 20' and continued climbing for another ~15'. At that point a large hold broke off and the climber fell, hitting two ledges on the way down. LC hit first (smaller) ledge sideways, bounced down and landed on the second ledge head (helmet) and shoulder first. LC's helmet was cracked from the fall. The climber was unconscious for 4 minutes and could not recall the fall afterwards. LC sustained some abrasions/ lacerations and complained of rib pain. We hit SOS immediately after the fall and were communicating with the local SAR team. Based on the assessment of the climber injuries SAR concluded that airlift was the best option. LC was airlifted to the hospital 4 hours after initial SOS call was made.</p>	<p>Second protection piece would have shortened the fall and possibly prevented a harder hit. However, there are not a lot of good placement options in that section. It has relatively easy terrain that many would likely climb through. LC could have maybe taken a greater care choosing a hold. Subjectively, it looked solid from my point of view (~1ft piece that broke off). Perhaps checking if it had any play before committing to it.</p>	Equipment Technique
Jun-23	Climbing	Near Miss	Slip, Fall, Capsize	Snow - steep, ice axe, poles recommended	<p>We had some navigation issues and/or it's possible the route we were attempting was not really "in" right now with the current snow conditions. Consequently, we got into some sketchy terrain while trying to descend to the base of the glacier. There were both steep snow slopes with bad runout and steep chossy, unstable rock slopes with rockfall hazard.</p> <p>On the steep snow slope with bad runout, we were descending over two sections of rocks, one close to us and one further away. The assistant leader went first. They self-belayed for part of the slope, then switched from self-belaying to plunge stepping after they traversed past the nearest section of rocks. The first participant following them attempted to switch from self-belaying to plunge stepping shortly after clearing the first rock section. They immediately slipped and fell. They slid for about 100-150 feet, attempted to self-arrest with little success, and finally stopped shortly before the second rock section. They were uninjured, although they reported being shaken up. The rest of the party made it down without incident. Shortly after the steep snow slope, we attempted to descend further on a steep, chossy unstable rock and dirt slope. The leader was trying to avoid taking the student who had fallen on another steep snow slope. However, the rock and dirt slope also ended up being hazardous. Our party generated significant rockfall while attempting to get down this slope, even though we took as many precautions as we could as directed by the leader. The leader and two students who were more comfortable with rock scrambling made it down the rock/dirt slope, but another member of the party was uncomfortable with proceeding in the terrain. Ultimately the leader directed the remaining four party members at the top of the rock/dirt slope to traverse to a nearby snow slope and descend that instead. They descended the snow slope without incident. No one was hit by rockfall during this incident, but we had several close calls.</p>	<p>We could have had more beta on the route and route conditions before the trip. The leader had a GPX track for the route and had done research on the route but did not have recent beta. Another trip member had some beta from someone who had gone on a trip the prior weekend, but it would have been better if we had had the full download from that prior trip. We found out after the fact that the prior group summited without accessing the glacier then only spent a brief amount of time on the glacier which they descended to from the summit.</p> <p>We also should have had more group discussion before getting onto steep snow slopes with bad runouts, and seriously considered turning back (when that was still an option) or bypassing the glacier. There was definitely some "summit fever" involved because all of the participants were students who needed glacier credit, so the group was very committed to taking the glacier route. Because of the nature of the terrain, we reached a point of no return where the only option was to continue with the climb. Before committing so fully to the route, we could have had more group evaluation of the route, discussion if we were ok with continuing into such terrain, and more of a plan for how to handle different aspects of the terrain before we got onto it (and possibly discussion of putting in protection, although I don't know if that would have been possible). In my opinion, this level of terrain was beyond the scope of what students were taught to handle in the basic class. Some of the participants had never self-belayed on snow before. There were also perceived time pressures. Throughout the trip, the leader regularly emphasized that participants needed to "be efficient" and there was some history between a trip participant and the leader where the leader had told them they were not fast enough. The participant who fell reported being concerned that they would slow the group down if</p>	Equipment Technique



						<p>they self-belayed the entire slope, even though they were more comfortable doing that than switching to plunge stepping. If they had taken the extra time to self-belay the entire slope, they likely would not have fallen.</p> <p>I did appreciate the way the leader coached students through the difficult terrain once we were on it and how they directed group members to different route options based on their comfort level with different types of terrain. They also deputized the assistant leader and more confident students to help the more uncomfortable student when the leader themselves was too far away to help out. Group members really stepped up to help each other out.</p>	
Jun-23	Climbing	Near Miss	Slip, Fall, Capsize	Snow - non-technical	<p>Descending from camp, on last steep section onto ridge, one of the trip participants slipped and slid roughly 30 ft, hitting a small tree and rocks on way down and coming to a stop on less steep section of slope.</p> <p>More details: roughly 4:05 PM, on sunny day (no overcast that day), SSW aspect that was in full sun at the time of incident.</p> <p>Snow conditions: we used crampons on 3AM hike up the glacier, but they were not really necessary already then (put them on just in case for steeper section of snow above the camp). We forego them on descent from summit, as snow conditions were very good for plunge stepping, and all trip participants were proficient descending - we made it from base of summit pyramid to camp at 6200' in around 1:15. The snow conditions on the slope where slip occurred was similar. It did have large steps, but they were widely spaced apart - required large down step to follow them. The section where slip occurred was diagonally traversing skiers left. There were few steps that had been compressed and somewhat firm, but not icy - making own plunge steps adjacent to route worked, although because of the diagonal part of boot path it was easier to naturally follow existing steps. The runout was generally fine there: no cliffs, not rocks, slope was becoming gentler. There was a small tree (slanting downhill, sticking out 1-2ft above snow) and a small rock (roughly flush with snow surface).</p> <p>Participant lost footing (coming down facing out) above those two obstacles. I did not see the exact moment of slip but saw them already in self-arrest position just above the tree, trying to self-arrest and first sliding over a tree (it slowed them down), then over a rock, and coming to stop just below the rock. They were descending with ice axe in left hand (uphill in this case), and whippet in right hand. Tried to self-arrest using whippet, but the top section of snow was too soft to get enough purchase to stop in time. They did great job getting into self-arrest position - I don't think I'd do it faster myself. They practiced using whippet for self-arrest, and we discussed that on other occasion. I personally don't think using ice axe would let them stop before that tree, but if they did not lose it on the tree (which they likely would) it might have helped to stop above the rock.</p> <p>In outcome, they had a bit of bruise on shin because of sliding above the rock, but after a short break hiked out on their own and refused to distribute their weight among others (!) - which many folks offered to take.</p>	<p>Great job getting into self-arrest position quickly.</p> <p>Key contributors for slip were diagonally traversing steps spaced far apart, and they were compressed. I warned few folks behind me that's the case with the firmer snow, and I 'd expect others to do similar, maybe learning for me is to explicitly ask folks to do that. Another learning is widely communicating plunge stepping works great if snow is conforming, but occasionally there are firmer sections and one always needs to be anticipating possibility, especially after whole day of perfect, conforming snow. Do the likelihood / consequence ' evaluations frequently, especially when something changes. In this case, runout was overall ok, but there were the obstacles that were hit so some locality of where you have to pay extra attention. Snow was soft, and small whippet was not really helpful with self-arrest.</p> <p>I generally don 't like when folks go with trekking pole and ice axe at same time, as you need to make split second decision on which hand to use, and throw away other tool (which usually is leashed). Participant used whippet, and was trained to use it, and probably would not stop above tree with ice axe anyway, but having two things increase likelihood of choosing less optimal one, and other one going awry and causing some injuries. I will make point on that on future trips. Of course, there is tradeoff between that and more balance especially with heavy pack, which can decrease likelihood of slip in first place. For crampons: snow was very soft everywhere (including higher up and earlier in the day) and that slope was in</p>	Correct Foot Gear Equipment Technique

						sun, few more firm steps were probably result of a lot of folks coming up / down and compressing them (so rather anomalous, and steps were big because of that), and in those conditions crampons pose more hazard than mitigate. For example, it is much easier to catch crampons on pants / boots going down than up, especially as you 're more tired after long day. Other tool, especially with heavier backpack, was to descent steeper sections facing in. It is easier to make longer down-steps without losing balance.	
Jun-23	Sea Kayaking	Minor	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	<p>A student participant missed their footing while stepping up on a 6" curb carrying one end of a boat. The participant fell on their back on the concrete boat ramp incurring a minor scrape/bruise on their arm. Participant was wearing their personal floatation device (PFD), which cushioned the impact on their back and likely prevented their head from impacting the ground. Participant indicated that they were ok and that the scrape was minor.</p> <p>Contributing factors: - It was the end of the day the participant was likely tired from the day's practice - With 15 boats to land at the ramp, there was some urgency felt to clear the ramp quickly so others could use it.</p>	<p>Communicate the need for taking the time to carefully watch footing while carrying boats at all times. Reinforce the need to be particularly careful at the end of the day when participants are tired. Try to avoid areas with obstructions and poor footing when possible.</p>	Mindful Walking
Jun-23	Climbing	Significant	Hit, Struck, Cut	Snow - technical, glacier, rope needed	<p>On the ascent of steep snow slope, one of the assistant leaders got hit in a finger by a pebble size of rock. AL reported it being painful, but said it didn't need an immediate medical attention, however suspected a bone fracture. Fortunately, after taking an X-Ray the next day, it turned out to be just badly bruised. We began climbing as the sun started hitting the top snow slope (started ascending it at 8am, hit the rock fall section at 8:30am). There was a switchback boot path set there by all previous parties summiting in the previous days. The last switchback was going below a melted out, bare section that was covered with pebble, fist and head size rocks that were falling down (especially on descent). I was not aware of the presence of the rock fall problem on this climb (on my previous two ascends of this snow slope I didn't encounter that issue) until we reached that section and could see it. Additionally, I was going as a last person since other assistant leaders wanted to get credit for rope leading and were leading both rope teams. As soon as I realized what is happening, I told people that we should cross that section as fast as possible, but the team was too tired to significantly pick up the pace.</p>	<p>In my opinion, this incident was hard to avoid. The extend of rock fall problem was not visible from below and once the team hit that switchback, other than turning around, the only mitigation was to cross that section as fast as possible. Ideally we should have been there earlier (when setting a start time, I was hoping we will reach the summit no later than 8am, although our turnaround time was set to 9am), but we were moving slower than I anticipated. Getting through that section before it was hit by sun could have potentially mitigate the problem, at least for ascent. One other option was to try different ascend / descend route. On the uphill, as we didn't know about the problem until it was too late, it was not really viable option. For descent, I have decided to go down the same way because it was a very well-set booth path. I knew that two of the participants were not very comfortable on the steep snow. Trying to establish a new track would have created another set of problems (slip and fall on Roman Wall could have been potentially catastrophic given the steepness of the terrain and bergschrund that is at the bottom of it) that I deemed to be of a higher consequence than moving through rock fall section again.</p>	Rock Fall
Jun-23	Scrambling	Near Miss	Hit, Struck, Cut	Rock - non-technical, scramble skills needed	<p>While climbing the northeast gully on the final ascent to the summit, a member of the party kicked loose a softball to football-sized rock, which proceeded to ricochet down the gully. Two climbers in our party were still in the gully but the rock missed them. All members of the party were wearing helmets. Two climbers from another party--not wearing helmets--were just beginning to descend the gully and luckily were out of harm's way. Upon the incident of rockfall, everyone on the heather</p>	<p>Just before beginning the final slope (approx. 500 ft of gain), we took a break to get out our ice axes. Beta for the route indicated rockfall potential on the final slopes, so I should have included that discussion in the briefing. We were all wearing helmets and had</p>	Rock Fall

					slopes above the gulley stopped until everyone was out of the gulley. We closed ranks and reviewed precautions for rockfall. On the descent, we did not have any rockfall issues.	been for a long time, so that was good. The main factor in this incident was the building of potential energy as the group became separated. One participant, a recent scramble graduate, was significantly slower than the group pace, and thus lagged in the gulley as the rest of us topped out. The assistant leader was down in the gulley as well, and as a result, they were the two who were at risk from the rockfall. I see two things I could have done differently:  (1) Rockfall techniques discussion just before the final push. (2) Be deliberate about the order in which we ascend the gulley. As to what order would be best, it's hard to say. Putting the slow scrambler first would have reduced the potential energy, but also potentially increased the chance that this less-experienced scramble would knock rocks on the rest of us.	
Jun-23	Youth	Minor	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	Camper was swinging on the swing set at nature lovers camp and fell backwards and hit the back of head on the ground (dirt). C bounced up quickly and sat behind the swing set for a while. I came and checked on C and asked if C was feeling okay. C told me C was okay, but head was hurting. When I asked what happened, the camper said, "my hands slipped." The camper was fine for a while and continued to play, but when we came inside, C threw up. I called the parent, and they picked the camper up. The camper was checked out and was told to rest and will be back on Wednesday.		
Jun-23	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Snow - non-technical	We camped at 6500ft on rock/snow with great weather. The forecast said a 20% chance of thunder showers. Around 5pm the thunder and lightning started, followed by rain. We all got into the lightning position and discussed our options and got updated forecasts via phones. Five team members reported tingling skin and their hair rose. We decided to leave and made it back to the trailhead without incident.	I believe we made the right decisions but should have left immediately, since hair raising indicates a lightning strike might happen. This report is mainly informational.	Weather
Jun-23	Youth	Near Miss	OTHER - Please describe in Incident Narrative.	Water - large bodies, fresh or salt	Day Camp Instructor and 6 campers swam out to the dock at the waterfront. Due to a combination of the cold water, exhaustion, and panic, a camper began to have difficulty staying afloat and called for help. I began to drag C back to shallower water when another camper also began experiencing difficulty and called for help. I yelled for help from the shore. I instructed the camper to float on their back the best they could until more help was there, and the camper was able to float to shallower water while I brought the first camper to shallower water.	Because of the incident we reevaluated the swim policy and decided to no longer allow swimming to the dock. We should have taken into account the cold-water temperature, the choppy water, and the fact that parents may have overestimated their children's swimming ability when granting them advanced swimming status without understanding the layout of the waterfront.	
Jun-23	Sea Kayaking	Safety Concern	OTHER - Please describe in Incident Narrative.	Water - large bodies, fresh or salt	Leader: One participant 's kayak was damaged during landing at floating dock. The dock surface is a couple of feet above the water and tends to move around due to wakes from passing boats, etc. Everyone successfully launched from the dock on the first day of the trip. On our return the next day, four participants and two leaders successfully landed. One leader remained in their kayak in the water in order to facilitate the process. The participant did not have experience with launching and landing on a dock and so asked for assistance. I fastened a line to the kayak 's deck line. The participant requested the assistant leader come along side and steady the kayak. While exiting the kayak, the participant accidentally pushed it forward a couple of feet parallel to the dock. The bow of the kayak was damaged when it was pinched between the dock and the post on the dock.  Analysis: We did not anticipate that the kayak would move into the pinch point when the participant	Leader: Landing and launching from a floating dock are challenging, especially for people who haven 't done it often. The leader that steadied the participant kayak successfully prevented sideways movement that could have resulted in the participant falling into the water or flooding the cockpit. However, they were not able to control the forward motion. Since two leaders were assisting, perhaps the one on the dock could have controlled the forward/backward motion of the kayak while the other steadied the kayak. This might have prevented the kayak from moving forward	

					<p>stood up to exit the kayak. Possibly having the kayak of the leader providing assistance alongside may have contributed to the incident by keeping the participant kayak up next to the dock. The fact that the participant was not experienced with dock landings played a role. The participant attempted to mitigate this by asking for assistance.</p> <p>Participant: I was returning from a kayak camping trip. We had launched from a dock that seems quite dangerous to kayakers. It requires walking down a narrow walkway with several angled turns, so you have to carry fully loaded kayaks (typically 100+ lbs. each) rather than wheeling them. Then, even though the weather was clear both days, the dock itself is detached and extremely subject to movement (wind, waves, and each ferry or even small boat passing by makes it bounce wildly). In addition, the dock is split in 3 or 4 pieces, so when you step over a piece, one side goes up while the other goes down, and it has horizontal wooden slats in which, unless you have large feet, it's very easy to slip a foot between the slats and twist/break an ankle. With all the motion of the dock, it would have been very easy to fall onto the dock, into the water, or have a boat fall over. I questioned if this was the only place to launch.</p> <p>The launching went OK, but when we got back and did the process in reverse, there was a problem. We pulled our boats in a line up to the dock. There were pilings on one side of the dock, and not the other, but for some reason we were told to line up on the side with the pilings (there was one small boat docked on the non-pilings side but plenty of room for the fiberglass kayaks to wait). Again, the water was rough because of the wind and ferries, and the dock was moving wildly. I was the last boat in line that wasn't a trip leader and while waiting my turn to be helped out of the boat, I was holding onto the dock, trying not to get moved away from it or smash into it. I was mostly thinking about how I was going to hoist myself from a moving boat onto a moving dock that was several feet above me without slamming my head or body into the dock and injuring myself. When the trip leader got to me and had me lift myself up, my boat started slipping forward away from me under my feet and I almost fell overboard. I managed to sit back in the boat, tried again, and rolled onto the dock on my belly, but my boat smashed nose-first into the piling. If trip leaders had advised me to wait on the side of the dock with no pilings, I would have done that. I recognize that it's my boat and they hold no responsibility, but I still look to the trip leaders for guidance, especially in stressful situations like this one.</p> <p>My boat now has a 5-inch gash and is cracked open between the deck and the hull. I don't yet know how much it will cost to fix, or if I can find someone to fix it. I was supposed to go on a paddle with another group in a few weeks and if my boat isn't fixed, I may have to cancel that. The fee I paid for that trip is non-refundable, so aside from the costs to repair my boat, I may lose those funds as well. I feel grateful that I wasn't injured in this incident. Again, I question if this is the only possible place for a group to launch. I know the Mountaineers didn't build the dock, but there is no doubt that this dock was built for pedestrians, not kayakers, and it felt unnecessarily dangerous to risk a group of people's safety as well as their gear on this launching spot. Also, if it in fact was the only place to launch, then AT THE VERY LEAST paddlers should be warned about the instability of the dock (particularly paddlers with disabilities) as well as advising them to consider using the side without pilings, if available, for fiberglass boats.</p>	<p>into the pinch point hazard.</p> <p>Participant: I always thought the Mountaineers put safety first but have learned that this is not necessarily the case.</p>	
Jul-23	Climbing	Major	Slip, Fall, Capsize	Snow - steep, ice axe, poles recommended	<p>Leader: Our party of 6 left camp at 430am and ascended a Col. When we reached the col, we were to descend a steep snow slope to gain the glacier. We noted that the steep snow portion of this climb was steeper and more melted out than we had been expecting based on recent photos and trip reports. I asked each student about their comfort level with downclimbing this steep snow patch on the east side of the col and we went over technique for self-belay. Two students and I descended</p>	<p>Leader: My initial and obvious thought was that we should have done a running belay to descend the snow slope, regardless of how comfortable everyone felt at the time. It looked moderate but doable, we were watching two climbers who had just descended</p>	Leadership Equipment Technique

				<p>first, followed by the assistant leader and two more students. The assistant leader demonstrated self-belay and kicking in steps sufficiently and began descending. The last student descending was about a third of the way down the slope and began to slide, arrested very briefly but the pick didn't fully hold, and continued to slide. The student hit a patch of rocks and cartwheeled over them, coming to a stop on the snowy runout. S had fallen about 250-300ft. Myself and another student who were waiting for everyone near the base called out to the fallen climber, who was not moving or responding. I instructed the other three climbers (assistant leader and two students) to stay where they are and press the SOS on the InReach.</p> <p>When the student that was with me (second student) and I reached the fallen climber S was beginning to wake and started to try and sit up. I did the initial assessment and found that S had a sore arm and knee and a head wound near left temple. S was very disoriented but was quickly remembering where S was, the date, etc. I dialed 911 and reached the emergency dispatch who worked with us to get aid enroute. We made some hot tea for the fallen climber, got out our emergency sleeping bag and insulation, and had the rest of the party safely make their way down to us with the help of the assistant leader and the second student.</p> <p>I called 911 every 30 minutes as instructed to get updates on aid. While we waited for aid, the assistant leader and I assisted the fallen climber lower to get on some rocks and off the snow. I called 911 at about 1015 for my check in and was advised the helicopter was about 10 minutes out. We prepared the area for the rotor wash by stashing packs and poles, and then prepared to flag down the helicopter. The fallen climber was taken to hospital to meet up with partner. The fall happened at 730am, and the Heli arrived at 1030am. The rest of the group packed up our items and we ascended the snow slope on a running belay to gain the col. The hike out was uneventful.</p> <p>Follow-up: I called the injured climber this morning and learned that C has a minor, untreated fracture in elbow, concussion, and a gash on the left side near temple that received three staples. C is in good spirits, but still processing everything that happened.</p> <p>Co leader: our party left camp at approximately 4:30 in the morning. At approximately 7:30 we reached the saddle/col. We needed to descend a steep snow field and then make a traverse in order to reach the glacier. Leader and I (assistant leader) checked in briefly about the descent and determined that it looked steep enough to probably need an ice axe and crampons, but that it appeared to be well-suited for self-belaying down. Group took a short break, while the Leader checked in with each of the four students to assess comfort with the descent. Students agreed they were comfortable self-belaying down. Climbing party put on crampons and helmets and got ice axes out. While we were preparing, our student/patient asked for assistance putting crampons on and stated that they hadn't had an opportunity to practice in them at snow FTs. Leader self-belayed down snow field first, followed by two students, with no issues or concerns noted. I went next, providing a quick demonstration on self-belay techniques to our two remaining students. Highlighted plunging the ice axe and kicking steps, as well as the high-pick as a second option if they were having trouble getting their ice axe deep enough. Explained the importance of feeling secure in their footing before repositioning ice axe and went down a few steps so that they could watch me do it. Both students then began their descent within the established boot path. I watched each of them perform their self-belay for several feet and then began descending again. Snow was in good shape, and I did not note concern with our decision to self-belay.</p> <p>I did not see the initial misstep of our faller. I heard S yell and looked up to see S sliding past our</p>	<p>the slope in their approach shoes, and we felt it was pretty straightforward. The rocky outcropping that split the runout was a concern that I had noted at the top. I feel like we could have talked more about this. This wouldn't have prevented the fall, of course, but it would have changed the students' feelings on the running belay. Two of the students on this trip were from another branch, and the fallen climber had mentioned the day before that their snow skills field trips for the course were postponed and changed around due to weather. I didn't think too much of this at the time since all field trips run the risk of getting weathered out, but I should have asked more questions about if S felt S received sufficient instruction in cramponing and snow skills.</p> <p>Due to their snow skills field trips being postponed and held at a later date, the students practiced snow skills without using their crampons. S reported that they fit crampons to their boots, but then practiced without them because the snow was not in good condition for cramponing. I learned (at the top of the col) that this climb was the first time S was using those crampons on those boots in the snow. We did a good gear check at the top of the col and assessed the fit of the crampons. This information did concern me, and I remember taking extra time with S at the top. S was descending with the assistant leader who had done some demonstration of kicking and self-belaying before descending.</p> <p>After talking with S this morning, S also feels like the newness of crampons and inexperience were the contributing factors to this slip on steep snow. If S was in true self-belay position - always two points of contact - S more than likely would have been able to arrest a foothold blowout. The snow on this slope was not rotten and was holding well. Also, S crampons were sufficiently snug to boots when we reached S, so this was not a gear failure. I should have been more inquisitive regarding the type of instruction that students from other branches receive. I assumed that all branches have the same opportunities for practice, but that's not always the case. (Note that the comments about the other branch are not at all about the branch but simply about my vetting of students that I have not worked with all year, like I had with the students at my branch. Both the students from the</p>	
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				<p>second student and then me. I and several others yelled for S to self-arrest, but S soon picked up too much momentum and was quickly sliding out of control. From my spot, I witnessed S sliding into the rocks and bouncing several times before S hit the snow field again and slid to a stop. It was clear that S lost consciousness after hitting the rocks. Leader and one student yelled to faller that they were coming, and started to traverse quickly to S. Both Leader and I yelled to our student still above us to stay put. I finished the descent and then immediately hit the SOS button once I could get my pack off. By the time I was down, our faller was awake and sitting up and our Leader had applied gauze and pressure to two spots on S head that were bleeding. Leader had done a patient assessment while I was descending and noted a very sore elbow, and some banged up knees as well.</p> <p>Leader was able to call 911 and reach dispatch moments after I hit the SOS button. Leader described the incident, our location, and current status of our patient. Leader then continued to call back about every 30 minutes to receive updates on the SAR efforts.</p> <p>Once the situation was stable, we had our last student descend and regrouped as a team with our patient. We got S on a sleeping pad, into extra layers and a sleeping bag, and made some tea for S. Eventually S asked to move further down the hill to the rocks because S thought it might be warmer. Leader and Assistant leader assisted S down, students helped move S stuff. Over the course of the next two hours, patient became significantly more alert, and was able to get up and pee, drank water, and ate food. Patient was also able to make a call out to partner and coordinate logistics associated with evacuation.</p> <p>At approximately 10 (I lost track of time a bit) Leader called dispatch and learned that the helicopter was ten minutes away. We got our patient packed up and ready to travel and flagged down the helicopter. Two first responders arrived, assessed that S did not need a backboard, and lifted S and pack into the helicopter headed to hospital. Group packed up and re-ascended the snow field, using a running belay. Leader and assistant leader belayed students in once they were at the top of the saddle. Group then descended back to camp, and eventually the cars.</p> <p>P1 We were down climbing a steep snow chute (comparable to Old Chute on mount hood) with bad runout when victim slipped and wasn't able to self-arrest. P hit the rock field, head down the slope and tumbled to a relatively flat snow field before stopped. It seems P lost consciousness for a moment as I see P was sliding motionless on the flat area. The total vertical distance of the fall is around 100-200ft. I wasn't seeing how the slip started, but on the way down before hitting the rock field S head was downward. I'm guessing something on the way dragged S a bit and changed body position. The victim had lacerations on head even though S was wearing helmet. A lot of bruises on arm and legs but no bone fracture. S wasn't able to stand up for several hours, though in the end before the helicopter arrived S could. I didn't know how long it took for the victim to regain consciousness as I was asked to stay put explicitly by team leader so I didn't rush to S immediately, but I did see legs moving a bit right after S stopped.</p> <p>Some factors I think were contributing to the accident:</p> <p>We started late at ~4.15am. That is relatively late for glacier travels. However, as a team we consciously agreed on this and everyone was onboard because there was a steep loose rock gully, we need to hike up first, and we don't want to do it in the dark. We travelled significantly slower than normal. When we got to the accident venue it's already ~7am. We only went up ~1300ft vertically and a little under 1 mile in distance from the campsite. Sun was already hitting the slope. Snow was a bit slushy and increased the chance of a slip. As for why we were slow: some team members were</p>	<p>other branch were awesome and spoke very highly of their Basic course). After debriefing I think the consensus is more discussion. We should have talked more about every aspect of the climb. We had discussed many things, and I always lead very open trips where I expect everyone to speak up and be coequal participants. However, I think I could have asked different questions. You don't know what you don't know, so I could have asked some leading questions to get everyone to think about different situations. I'll be incorporating more of this into future climbs, for sure.</p> <p>Co leader: Leader and Assistant Leader could have made the decision to set up a running belay down the snow field, particularly if the snow had been icy or less stable or if the students had expressed concerns about the descent. Leader and Assistant Leader could have considered conducting some type of skills check prior to the climb, given that there were two students on the climb that we have not worked with this season. This may have provided a better opportunity to assess if a running belay as an extra precaution was warranted. Given the lack of snow until the saddle, this would probably have been a self-reported skills assessment. My understanding is that the Leader did check in to ensure that student had attended required snow FTs. I think the team response and management of the situation after the fall could not have gone more smoothly. Every single person, including the faller, remained exceptionally calm and the team quickly and efficiently attended to injuries, environmental needs, and communication with SAR. The lesson here is the absolute importance of providing training and resources on first aid and emergency management in our courses.</p> <p>P1 We could have set up a belay on the down climb if anyone feels uncomfortable, but everybody said they were comfortable. We could get to the snow earlier, by start earlier or traveling faster. We might go down on the rocks on the side to avoid the snow traverse, since there seems to be a loose foot track. There was some discussion. However, the rock fall risk was significant, and it was as steep too. As a team leader it made sense decide not to do that.</p> <p>P2 Upon reflection, we could have used pickets on our</p>	
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				<p>traveling significantly slower, and we had a lot breaks. The gully uphill has a lot of loose rocks and trail is not clear. Everyone's GPX track seems different. Leader's GPX track leads to some questionable routes, and we had several discussions where to go. We had to backtrack several times.</p> <p>Victim said they never wore that pair of crampons before (as I heard from team leader) and had significant trouble putting them on (as I saw). The team waited several extra minutes for S to fit crampons. This made me think the slip may have been contributed by crampon fitness. Victim may not have sufficient steep snow travel experience. We broke into two groups 3 people each. The assistant leader's group where victim was on was climbing significantly slower and more cautiously. Assistant leader at one time seemed to have to instruct group members how to down climb steep snow efficiently (face down, lean toward slope etc.). This led me think there might be a lack of experience, even though team leader verbally confirmed with everyone they are comfortable with the down climb.</p> <p>P2 On our steep snow descent, one of our teammates fell. I believe it was at least a 100ft fall. I feel some contributing factors may have been that my teammate was new to crampons and that this was the first trial run with this gear on steep snow. It was both an accident and a near miss. Before our descent we discussed our comfort level with steep snow to determine how to proceed. S and I were the least experienced with steep snow and both of us had new crampons. We decided I would descend 2nd to last, and S would descend behind me. We were kick-stepping and using the pick on our axes to stabilize us as we descended. As I was descending, I was struggling to find my other teammates steps to follow and started kicking my own steps. I was not as confident in taking big steps like they had. A few minutes before S slipped, I heard Teammate S making some noises and I asked if S was alright. S said S was, and we kept making our way down. Shortly afterwards, Teammate S made a sound, and I heard S slide. I looked up and saw S sliding right at me. I quickly moved to the right and dug in with my right foot and axe. Teammate S saw me and yelled, watch out! and tried to scoot to the left. S crampon hit my left wrist and I pulled my arm away and S started to pick up speed as S continued to slide. At one point Teammate S began self-arrest and I thought S had it, but something happened and S lost S arrest. S might have gotten too much speed by then. S gained a lot of speed quickly as S continued to slide down the snow. S slide was stopped when S hit a large boulder and flew several feet up in the air. I think S may have lost consciousness at this point because S went limp. S landed in a boulder field and proceeded to quickly roll and bounce down the field until S hit snow again and kept sliding. S slid until the ground leveled out some. Co leader and I were still on the steep snow face while the three other members of our party had made it halfway down to a rocky area that had been our destination. Leader and another student quickly made their way down to Teammate S yelling that they were on their way to help. S started to move right about when they arrived. I stayed where I was until it looked like S help and co-leader said it was okay to start descending, which I did very slowly. Co-leader had a Garmin to get help and an emergency pad and leader had a sleeping bag and an extensive 1st aid kit.</p> <p>My goal was to get down without causing any more excitement. I was scared but very focused and intent on my foot placement. When I at long last reached my teammates, S was sitting up and talking, but cold. As a team we helped S move about 20 feet lower to a rocky area where we could more easily keep S warm. Co leader had initiated the SOS on Garmin and Leader had gotten a hold of 911. A helicopter was sent, and S was flown out. We were all very lucky and fortunate to have a team of people who kept their calm in a crisis and maintained good spirits. After S was rescued, we made our way back up the slope, roped up and with pickets in place, we proceeded to climb back up the</p>	<p>descent to help anchor a teammate should they fall. This is the only thing I can think of that may have helped us avoid the incident. There were no good places that I saw to build an anchor other than placing pickets.</p> <p>There were several things that were done that I believe contributed to the positive outcome of the incident. It could have been much worse. First, our quicker and more experienced teammates went down first and were able to reach our fallen member quickly and provide aid. Second, the leaders were prepared and had all the right tools to treat our fallen companion, create a hypo wrap, and call for additional help. Third, everyone's calm and positive demeanor kept our party focused, efficient, and in good spirits. Fourth, our attitudes and compassion and caring for each other made it so we could provide our best care and atmosphere to our fallen teammate and each other. Fifth, everyone on our team was a good listener. We checked in on each other and listened to and followed through with group decisions.</p> <p>P3 There was a small discussion about why taking the snow was the better choice than the loose steep rocks to the left of the snow as you looked down the mountain from the gap. I was asked if I was comfortable with steep snow before we started down climbing and my experience with crampons. I said I had done steep snow before but not this steep and I had used crampons before but not these crampons as we did not have good snow conditions to use them during snow 1 &amp; 2. I overestimated my capabilities and I should have been more cautious about approaching this short steep section of snow as I had not down-climbed before and had not used crampons since the previous summer and I should have communicated this better to the trip leaders so they could properly consider the collective experience of the party. We also could have done a better job of talking through consequences and runout to identify the rocks that I ended up hitting as I slid down the slope and taken steps to mitigate that outcome like placing protection and roping up.</p>
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					<p>steep snow. We climbed to the top of the col and made it down the rocky trail back to our camp, packed everything up, and proceeded back to the cars. It was about an hour after we packed up camp that my adrenaline started to crash, and I got very fatigued, and things started to hurt. I realized I had a small cut and bruise from being hit by the crampons and that full shank boots are torture devices in disguise (I'm getting different boots). The trek back to the cars took a very long time because I was so slow, but thankfully we all made it back to the cars and had a good and honest debrief. I personally am very thankful to have had this wonderful team of people on the climb. It could have been so much worse. We had strong leadership, all the right equipment, positive attitudes, and uncanny luck on our side.</p> <p>P3 I was descending a steep snow slope as the last in our group when I slipped and fell. The snow was steep, and we had crampons on and ice axes pick in helping us descend. I tried to self-arrest and tried to avoid hitting others below me and at one point flipped on my back and then do not remember anything until I was being asked questions by the group as I regained consciousness while they was tending my head wound to see where the blood was coming from. In-reach button was pushed, and the rescue commenced. We were notified they were sending a ground team. We moved down a very gentle almost flat slope about 150ft to a rock outcropping to wait. We were in contact about every 30-45 minutes with rescue coordination. 2 hours later we were notified that a helicopter was sent about 5 minutes before it showed up. They were unable to land so I was hoisted into the navy helicopter via a sitting harness, asked which hospital I wanted to go to and hooked up to pulse ox, keg, and blood pressure monitor while I was delivered to peace health in Bellingham.</p>		
Jul-23	Scrambling	Minor	Slip, Fall, Capsize	<p>Rock - talus, boulders, scree</p> <p>Leader: I took a tumble while traversing / crossing rock covered with scree and slid about 10 feet on scree. This resulted in various cuts and bruises on my arms and legs. The cuts were cleaned and bandaged, and no other medical issues were identified. At this point we decided to go down and not continue the traverse of all the peaks.</p> <p>Participant: Our group had just completed the summit and was traversing steep loose rocky terrain toward the next objective. The group leader stepped on loose rock, lost balance and fell - alternately tumbling/rolling and sliding on a (approximately) 40-degree slope. A quick-thinking participant perhaps 40 vertical feet below the initial stumble site leapt to intersect the falling climber to help stop the fall. The group assessed the fallen climber for injuries. Nothing broken, climber alert and oriented, but numerous bleeding cuts and scrapes. Wounds were cleaned and dressed, and the group rested for perhaps 20 minutes then headed back down close to our ascent path abandoning the rest of the planned trip.</p>	<p>Leader: Be more careful when crossing rock covered with scree.</p> <p>Participant: The group was traveling the route as safely as possible in my opinion. There is always the potential for such a fall on routes like this. The route was accurately characterized as T3 in my opinion. I wonder if the mountaineers might incorporate training for falls like this in the scramble class. The scramble class certainly includes lots of training and practice for falls/slides in snow. And there is discussion of using an ice ax to prevent or arrest falls in conditions other than snow (i.e. steep grass or scree). But I suspect an ice ax would not have been useful on the rocky conditions in which we were travelling. On reflection, the participant that stopped the slide cited training in slab climbing, where falling climbers are instructed to 'hug the ground' (or something to that effect) to inhibit rolling/tumbling and use the friction of one's body to stop a slide. I don't know if that's suitable or not for scramble class - might be worth discussion.</p>	Talus	
Jul-23	Day Hiking	Minor	Slip, Fall, Capsize	<p>Rock - talus, boulders, scree</p> <p>Co leader slipped on rocky trail. Slid slowly across 2' high near vertical rock (on right lower leg). Came to rest as backpack absorbed gravity induced backward slip. Injury = 7mm slight, abrasion upper right calf. No follow-on issues that day or next.</p>	<p>Ever more likely to slip, trip, fall on descent, even when travelling with deployed poles.</p>	Talus	



Jul-23	Youth	Near Miss	Slip, Fall, Capsize	Rock - technical, rope & protection needed	I (the trip leader) finished a multi-pitch climb in Squamish (Relish Route), constructed an anchor and cloved in. I then belayed up my second without incident. We were the second team of 3 (6 climbers total.) While we were relaxing at the anchor, waiting for the final team to come up, I decided it would be efficient if I started setting up the rappel. I undid my clove and untied from the rope and began threading it through the chains. I paused to take a photo of the final team coming up, and then I realized that I had failed to attach my PA to the chains, and I was not connected to anything. I quickly handed my phone to another climber and attached my PA. This anchor is located on a somewhat low angle friction slab, above a short vertical step, and then a steeper slab below. A slip would be unlikely here, however if a fall did happen it would certainly result in major injury.	My mistake was caused by complacency. The slab was fairly comfortable, not too steep, and because there were 4 of us, it was more comfortable to sit on the slab facing downward, rather than hang off of it. I think this positioning made it easier for me to not realize I was no longer attached to anything. I was also in leader mode, watching out for everyone else, and being less conscious of my own self. My mind had already moved on to rappelling and thinking about how to do it efficiently. Normally I am very conscious of being attached to an anchor and this is not a mistake I have ever made before in 12 years of multi-pitch climbing. I am very lucky that I noticed my mistake before I stood up or tried to lean back against the anchor in any way.  Lessons learned: stay vigilant! Especially in situations where you are not actively weighting the anchor. Make sure you're still attached to something!	Equipment Technique
Jul-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	Leader: Participant slipped on rocky trail and 'slightly' sprained ankle. P used an Ace bandage to wrap the ankle for support. P continued on the full trip and self-evacuated with no hindrance. Participant declined any further assistance during or at the conclusion of the trip back at the cars.  Participant: Getting over a log my foot landed unevenly and sprained my ankle.	Leader: notify participants on need to be careful on rocky trail.  Participant: Always carrying an Ace bandage and knowing how to use it.	Mindful Walking
Jul-23	Day Hiking	Significant	Slip, Fall, Capsize	Rock - talus, boulders, scree	Heading downhill about 4 miles from our trailhead we had a hiker take a slip on some loose dirt and gravel. H's right leg and foot got twisted and H heard a pop in ankle. H was okay to walk with assistance to a better spot for attention. H applied an ace bandage followed by a SAM Splint for support and hobbled (along with some piggy-back carrying assistance) back to the trailhead. We passed H on to the care of a friend in Monroe and H indicated intent to seek medical attention at Urgent Care the following morning. Sorry to say that we just learned this AM that H broke a non-weight bearing fibula.	We were all together at the same pace and non-rushed. Before heading back down we talked about potential for tired legs and to take care on the rocks and loose gravel and not to rush. We can only assess that this was just an unfortunate accident with no mitigating circumstances that might have contributed to preventing it.	Mindful Walking
Jul-23	Naturalist	Major	Slip, Fall, Capsize	Trail	Leader: A participant on a hike slipped on some loose pebbles, fell, landed on and broke wrist. We applied a splint, wrapped it in an ace bandage, and attached a sling. With assistance we walked back the 1.5 miles to the visitor's center. Search and rescue examined P at the visitor's center, determined P was OK to go to the hospital in partner's car.  Participant: One of the participants slipped on a dusty section of trail going downhill and fell, breaking wrist. I did not see the fall because I was ahead, but there were several other people in our group near P. Leader sent me ahead to look for snow on the trail while the rest of them offered first aid. I found snow on a downhill section of trail that other hikers were struggling with, and I took a photo. When I returned, the other group members had immobilized P 's wrist and were making a sling. I showed leader the photo I had taken of the snow ahead, and leader decided we would return to the trailhead an alternate way to avoid it. Others continued down the trail to notify a ranger, and the rest of our group walked back to the trailhead via the snow-free route. We carried P's pack and hiking poles and provided support while walking. A ranger was waiting for our group at the trailhead, and they took P to the visitor center for further care. Afterwards, leader forwarded us a message from P with an update on condition.	Leader: We all worked together well to address the injury and get P back safely.  Participant: I don 't think it could have been avoided slipping is a common thing while hiking. I was really impressed by others ' first aid knowledge and supplies, and it made me realize I need to take a wilderness first aid class.	Mindful Walking

Jul-23	Naturalist	Major	Slip, Fall, Capsize	Trail	Tripped over one rock, then slipped in loose dirt/rock when trying to rebalance, fell, fracturing wrist against another rock.	Avoidance next time: more careful foot placement; replace worn hiking shoes. Effective group actions: splinted wrist, notified park rangers; NPS medics for timely management. Well done!	Mindful Walking
Jul-23	Climbing	Near Miss	Slip, Fall, Capsize	Rock - talus, boulders, scree	I took a bit of a tumble down a talus basin. It was quite late in the afternoon, about 5:30 PM, and we were 3 ½ hours behind our planned timeline. In hindsight, it was a substantial fall. A rock boulder tipped and pitched me into an acrobatic somersault. I landed about 15 ' forward onto my back. Fortunately, I was wearing a pack and helmet. All around me were sharp edges of pointy talus. I was very lucky. This could have been catastrophic. After a quick self-assessment, I deduced that I re-sprained an already injured left wrist and managed to sprain my right wrist as well. Not great, but aside from a few scrapes and minor cuts, I was okay. Embarrassed a bit, I shooed off the participants of my party and declared that I was fine. We descended the remaining 800 ' of talus and made the traverse out of Source Lake basin unhindered.	After some reflection, I was a classic Bad Patient. Not only did I prevent a thorough physical exam after a fall onto a hard surface, but I also robbed my students of a real-life opportunity to respond to an incident as we teach them. If I had allowed an exam to proceed, I would have discovered that I also fractured a rib. With a fall like that and a cracked rib, there is reason to investigate further for internal injuries. I briefly saw stars, an indicator of a potential head injury. There weren't any of these, but that's not the point.  My takeaways include some humility. I was struggling to swallow my pride. I am noticeably clumsier after knee surgery, and I am no longer the surefooted rock climber that I once was. While I don 't think I was rushing any, I need to learn to slow down even more, to be more deliberate in the steps I take when in hazardous terrain. In the back of my head, beyond pride, I am sure a contributing factor to me declining further medical assistance (WFA physical exam) was driven by how behind schedule we were, and how much scorn I was going to suffer from my dog sitter / friend for getting home too late. Allowing ourselves to get behind schedule is frequently an underlying root cause to poor decisions made in the field. That did 't cause this accident, but if I had further injuries, it would have been the cause of why those weren't discovered and potential worse outcomes.	Talus
Jul-23	Climbing	Minor	Slip, Fall, Capsize	Rock - non-technical, scramble skills needed	Mentored Lead: Our team of 6 summited around 7:30 AM. After spending some time at the summit and waiting for another team to rappel, the team started to descend from the summit using rappel. At the first rappel station near the summit, 4 team members including a leader rappelled down to the second rappel station uneventfully. However, the first rappel is on a slanted face that requires some solid footing to push away from the fall line. During the 5th climber's rappel, the climber lost balance and pendulumed into the fall line and hit the rock wall. The climber sustained a sprained ankle and a cut in the front of the shin. After regaining balance, the climber was able to continue the rappel down to the second station. For the remaining of the day, the climber was also able to continue with the descend to the camp and to the trailhead on the next day. The injured climber was not very proficient at rappelling, having asked the second leader for a "refresher" while on the summit and also not able to demonstrate proficiency for the rest of the climb (extremely slow, with far from ideal body form).  P1 The first rappel off the summit block was a complicated one where you had to travel against the fall line. If you fell, there was a risk of swinging and hitting into the rock. One participant who was less familiar /comfortable with rappelling slipped and fell in the middle of the rappel, swinging into the	Mentored Leader: An option to avoid the awkward rappel is to rappel into the fall line in the gully or simply down climb, which is often done on this route. However, the team chose to do so due the rock fall hazard above. There were many parties near the summit ascending or descending. And on the previous day, a rock fall resulted in a shoulder injury of a climber from another party. We could have used slings on the border of the gully to protect the pendulum, but the rappel was not super awkward/complicated.  P1 Main lesson learned was route choice. We could have downclimbed to a different rappel station that would have had an easier rappel path. Especially	Equipment Technique

					<p>rock, and spraining their ankle in the process.</p> <p>P2 A climber was rappelling on either the first or second rappel down the summit block and was having some trouble navigating down the rappel to the next rappel station. The rappel was awkward/challenging owing to the fall line being significantly divergent from the intended destination, and the climb leaders said this route was taken to minimize exposure to potential rockfall in the adjacent crowded gully. The climber took a route down too far to climber's right and got whipped back left to the fall line, resulting in them losing control and falling/getting whipped toward the wall. This occurred after the climber had a tentative moment about their route and asked for some help from the other members of the party down below. The climber braced the fall with their left leg against a rock wall, injuring their left ankle. The climber was able to get down to the next rappel station on their own and continued the climb with the injury. The fact that this climber was injured likely necessitated more conservative measures than would otherwise be taken to be used later to protect everyone in the party from further injury, which slowed the descent down even more. The combination of placing more protection than might otherwise be needed and the more limited speed of the whole group due to the injured person limiting group speed increased the time descending, which ultimately contributed to the group decision of notifying SAR of a possible situation and the group taking an unplanned bivy at about 4:30 am. SAR was ultimately called off after the party was able to successfully descend.</p>	<p>given that the trip participants were less experienced with rappelling, this likely would have been a good choice rather than attempting the complicated rappel closer to the summit block. Also, gear choice played a role as well. We only had 30m ropes when 60m ropes would have been better for the rappels on the summit block. We probably could have bypassed the second rappel station and ended the rappel elsewhere (not traveling against the fall line) if we had longer ropes. Gear choice likely played a positive role as well. I'm not sure if the party member who fell took their hand off the brake or not when they fell, but I was very glad they had the autoblock on or they may have fallen further and had a more serious injury.</p> <p>P2 The leaders could have requested a speedier turnaround at the summit to get ahead of other groups and not be exposed to as much potential rockfall in the gully from other climbers, thus allowing the group to not use the rappel with an awkward line. An earlier start time may have additionally been helpful for avoiding big crowds and increased rockfall hazard. The leaders above and especially below the climber could have given more attentive coaching and let them know that their line was off, and they should carefully traverse back toward the fall line. More carefully explaining the problems associated with this particularly tough rappel and how to mitigate the associated issues for all of the participants also would have been helpful. We could have used 60m ropes instead of 30m ropes to minimize the total time spent rappelling, thus getting the whole party out of harm's way with potential rockfall and other hazards more quickly. The injured climber could have expressed their anxiety and indecision about the rappel in a timelier way so that the leaders knew to provide more coaching or provide some other assistance to mitigate the risky rappel.</p>	
Jul-23	Scrambling	Significant	Slip, Fall, Capsize	Rock - talus, boulders, scree	<p>Leader: It was a bit after noon. We had just descended the rock scramble to ~30' from the boot track leading back to the main trail (no longer scrambling, just walking on rough terrain). As I stepped onto a rock it rotated and pitched me a bit to the side, so I reached out to steady myself on another rock with my right hand. Unfortunately, this rock had an extremely sharp edge, and I could feel it slicing into the side of my hand (halfway between the little finger and wrist) as my weight came to bear on it. Blood immediately started oozing from the laceration (retroactively discovered to be ~3cm long and ~2mm in depth, at the urgent care facility) so I promptly started squeezing the edges together with my left hand. We walked to a convenient flat spot in bit of shade near the beginning of the boot track for first aid. Rather than take my pack off (which would have required a temporary lessening of pressure on the wound) I asked party members to assemble first aid materials for a brisk bandaging</p>	<p>Leader: Don't grab onto sharp rocks! If I'd had my ice axe out (which is what I use instead of poles) I'd likely have avoided all injury. I was planning on taking my axe out but had postponed doing so until after being a bit further away from the rock scrambling section above us (at the shady spot where we did the first aid).</p>	Sharp Rock

					<p>of the wound. The materials they came up with included (approximate sizes, from well provisioned first aid kits): 4x4 sterile gauze pad, several alcohol swabs, 2 inch wide adhesive tape, water for cleaning the wound (from the top of my pack)</p> <p>After they had staged the materials for use (water ready to pour, swabs opened, gauze pad ready for application, tape ready for binding), I released the wound, with them immediately pouring water onto it as I cleaned the wound with my left hand. After several pour/cleaning cycles I plucked alcohol swabs from the opened packets, cleansed the area adjacent to the wound, had the gauze pad lowered onto the wound with pressure immediately resumed by my left hand. With several nicely sized strips of adhesive tape applying pressure to the gauze and wrapping around my hand I was soon ready to travel (holding the ends, they would lay the tape over the gauze with my finishing up the wrapping with my left hand for optimal pressure). This was a bit tricky as I needed enough wrapping/pressure to stop bleeding/protect the wound/stabilize the edges while still allowing me to scramble the remaining cross-country sections back to the main trail. I would guess our total time for first aid at well under 30 minutes. I'm not sure we could have achieved as good an outcome on the bandaging (with respect to bleeding/protection/stability/prep for scramble) had another person done the bandaging versus myself doing it. Consistent with this the Urgent Care Clinic had me do my own unwrapping of the bandaging to avoid undo damage to the wound.</p> <p>For the most challenging parts of the remaining scramble another person was positioned just below me in case I couldn't negotiate the section without applying undo pressure on the injured hand. As it turned out I did not need assistance although I did unwind a bit of the tape at one point to reduce pressure on the wound. We arrived back at the cars at ~3:30pm. Most Urgent Care facilities were closing at 6pm so avoiding an emergency room visit was a bit challenging. This was further complicated by a highway closure and traffic in spite of this I arrived at Urgent Care Clinic at ~5:20pm and was home by 6:20pm. After applying an epoxy closure (stitches were offered as an option) the treating Doctor expected the wound to be fully healed in 2 weeks.</p> <p>Participant: Leader cut hand during the rock scramble, which the group helped get cleaned and bandaged. It appeared significant enough to potentially require stitches. Everyone was able to safety descend and complete the trip.</p>		
Jul-23	Sea Kayaking	Safety Concern	Illness or Personal issues (conditioning, lack of skill)	Water - large bodies, fresh or salt	Based on the actual conditions we decided to change the trip location. During the crossing we encountered appx 1 -2 ft wind waves with various boats wakes. One of the participants, fell out of their boat and was promptly rescued by another paddler. The paddler needed to be supported by the rescuer and was towed by 2 other paddlers until conditions calmed. On the return crossing the same paddler fell out again and was again rescued and accompanied by another paddler and towed. The backrest of the kayak was creating an issue as it kept folding forward impeding reentry.	I discussed the day with paddler and lessons learned, I suggested that the boat maybe too small and the back rest should be adjusted/modified.	Weather
Jul-23	Youth	Near Miss	OTHER - Please describe in Incident Narrative.	Developed spaces, campgrounds, fields	We were preparing for our summer day camp field trip to raft, after all the kids had gotten on to the bus, one child had forgotten their water bottle, so they came off the bus to grab it from Goodman. The bus was parked in the road, on the west side next to the parked cars, so you had to cross the road to get back to the SPC. The child started walking to cross the road in front of the bus, and almost stepped out without looking. I said, "watch out for cars," and they stopped, but there was a car coming up on the other side of the bus that we couldn't see. The car wasn't moving very fast as it was coming around the bus and also stopped when they saw the child. I then stepped out into the road to put myself in between the child and the car so they could cross. If either the car or the child hadn't stopped, C would have been hit by the car, though it was moving slowly.	We will have the bus drivers park on the east side of the road so the kids can just step straight from the curb onto the bus without having to cross the road. This is typically what the bus drivers do, but this driver had pulled up on the other side. We'll also employ our normal road safety procedure of a staff member checking for cars and stepping out into the road first before any kids do and stay in the road until all the kids have crossed safely. It was a bit of a weird situation and me and the other staff should have	

						communicated better with each other and the child to ensure safety.	
Jul-23	Climbing	Near Miss	Logistics, equipment issues, party issues	Snow - technical, glacier, rope needed	A team member lost a crampon at a difficult section of the decent. Assistance was provided and the crampon was recovered. There was potential for injury had the climber slipped and fallen 15-20 feet onto the rock below.	Equipment checks prior to attempting the section may have prevented the loss of the crampon. Assistance from nearby team members contributed to a positive outcome and prevented a potential fall onto rock that may have resulted in serious injury.	Correct Footwear Equipment Technique
Jul-23	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Off-trail, cross-country	<p>After rappelling down from our climb, we started our descent down the trail, which for this stage of the descent was mostly a traversing trail. We had one leader in the front of the group and two in the back, sweeping. About half a mile along the trail, the three people in the front stopped to let the rest of the group catch up. About 30-60 seconds later, our two sweeping leaders arrived, and we realized we were missing one climber. At this point, we started yelling for our missing climber and thought we heard C's respond with "help" from a distance back along the trail and further downslope. We sent one person (searcher 1) back along the trail with a rope and a walkie talkie to see if S1 could get closer to determine where C was. The rest of us stayed behind and continued yelling for the missing climber, who we heard yell a few more times in response. After ~5 more minutes of this, we stopped hearing responses from the missing climber.</p> <p>At this point I went back along the trail to try to reconnect with S1. Once I made visual contact with S1 and confirmed they still did not know where the missing climber was, I started looking for a safe way to go downhill. My reasoning was based on the fact we thought we heard our missing climber yell "Help" and the most likely incident seemed to be that they had slipped on the trail and tumbled downhill, injuring themselves. I found a rocky gully that was easy to move down and proceeded downhill, shouting for the missing climber, occasionally hearing a response, but not being able to understand what, if any, words were being shouted. Once I had gone down 100-200 ft, I started traversing towards what I thought was the direction of the missing climber. While traversing, I eventually heard S1 yell from above that they had found the missing climber. I then made my way back to the gully I had descended and ran back up to the trail. At the trail, our missing climber was with S1 and was safe and unharmed. Overall, the incident lasted about 30-40 minutes.</p>	<p>I believe several things led to this situation:</p> <ol style="list-style-type: none"> <li>1. The climbing group became spread out while hiking. The first three people bunched together, then a gap before the fourth climber, then a gap before the fifth and sixth climbers. This gap, plus the short sightline of this part of the trail, led to the fourth climber being out of visual range of the other climbers.</li> <li>2. The missing climber went down what they thought was the trail but was not. It was a gully that went downhill instead of continuing the traverse as the real trail did.</li> <li>3. The missing climber, once they realized they were separated, did not backtrack along the path they took to get back to the trail.</li> <li>4. Instead, once they heard us shouting, the missing climber seemed to decide to follow the direction of our voices.</li> <li>5. This eventually led the to one of the searchers, but this took much longer than if they had just backtracked to the trail.</li> </ol> <p>Additionally, the missing climber was yelling "Hello" in response to us shouting their name. We misheard that as "Help", leading us to think our missing climber was injured and possibly in serious danger. After reflecting on the sequence of events and discussing with the other climb leaders, I believe that we did not make a mistake by having our group spread out as much as it was. It was a reasonably straightforward trail to follow and the distance between climbers was not too great. Unfortunately, I think the main cause of the incident was the missing climber making a sequence of mistakes. First, if they were not sure of the path, they should have waited for the two sweeping climb leaders to catch up. They were likely less than 30 seconds behind the missing climber. Second, once they realized they had gone down the wrong way, they should have stopped and shouted one of our names.</p>	Party Separation

						<p>Third, they should have backtracked along the path they took, not bushwhack towards our voices. I do not think these are things I could have mitigated as climb leader. But I will probably take two actions in future climbs based on this event:</p> <ol style="list-style-type: none"> <li>1. While I think our group spacing was reasonable, I will plan on keeping the group closer together on climber trails.</li> <li>2. I will strongly encourage all climbers to have a walkie talkie on them and turned on, even for the hike down. If our missing climber had a walkie talkie on them, this entire situation could have been avoided.</li> </ol>	
Jul-23	Global Adventures	Minor	Slip, Fall, Capsize	Trail	<p>Leader: we had done all the scramble parts and came down to the flat trail. There were three other people behind me. The right before I came down to the flat regular trail, I stepped on the loose rock and slipped and fell. I hit my right buttock and left knee. The knee was swollen and had small cuts. One of participants helped me tape up both knees since my right knee was bothering me so we taped both knees. I took ibuprofens. I evaluated myself and I knew I could not do next day's scramble parts since I could not bend knees well. There were two scramble leaders and one climb leader on this trip.</p> <p>P1 Our leader took a fall right before getting to the hut. I did not witness the fall itself, but people were close by to help and treat the (thankfully small) injuries. Leader was wearing a helmet, and this was at the end of a long, stressful day where we had already been hit by hail and thunderstorms on a very technical ridge traverse.</p> <p>P2 Leader took a fall about 10 feet above the end point of the day. After a long day of very intense ridge run scrambling and getting caught in hail, rain, and thunder in the final hour, the leader misstepped and took a small tumble just 10 feet above the hut for the night. Leader got minor scrapes to knee and hand, but also a massive bruise covering entire thigh. One participant witnessed it and immediately rushed to help along with some hut staff, but no immediate medical attention was needed. Leader was wearing a helmet and experience no head trauma.</p> <p>P3 While descending trail 25 ft from hut, leader took a tumble. Backpack broke most of the fall. Scraped hand and took impact to one knee and back/side of leg.</p>	<p>Leader: Right after the scramble parts were done and finally to the regular trail, I was relieved and not looking at the ground. This was a great reminder of focus on the trail and what surrounding you until you reach the final destination.</p> <p>P1 Choose more appropriate objectives; have a plan B in case the weather forecast is unfavorable; pay special attention at the end of the day, when we are tired.</p> <p>P2 As is often the case, being within sight of your destination and beyond what you think is the "dangerous section" is an extremely common zone for injuries. I know of at least half a dozen incidences from friends and acquaintances who have fallen or rolled their ankle badly with sight of the cars. After an exhausting and stressful day, the feeling of being done before you actually can create complacency that gets you hurt.</p> <p>P3 Focus not distracted by goal/objective being so close. Using extra vigilance due to wet/slippery conditions.</p>	Mindful Walking
Jul-23	Climbing	Safety Concern	Slip, Fall, Capsize	Ice - technical	<p>The knife edge on Eldorado currently has a steep icy ramp that does not take pickets. Students needed to use their axes in dagger position to ascend/ descend. This is beyond the scope of the basic curriculum. On the descent, students tied into the rope roughly 4 feet apart. Students slipped a couple of times but were anchored by the leaders. The students were safe and positive about their summit; however, I do not feel good about allowing students to take risks above their training. I also do not recommend that basic trips attempt the knife edge under these conditions.</p>	<p>I wish I had scouted out the route before allowing students up. It may have been possible to place two dead man anchors above the icy section and belay students up from above while tending the snow anchors. If anchors were impossible, I should have bailed. I take full responsibility for leading basic students up a route that is currently intermediate under these conditions. My mentee did not discuss plan for the knife edge before going far ahead of my rope team. In the future, I need to be clear about the need to slow down, and I should reiterate the</p>	Terrain Leadership

						importance of stopping to discuss every transition on a climb with the entire team.	
Jul-23	Scrambling	Minor	Hit, Struck, Cut	Rock - non-technical, scramble skills needed	While descending from a peak a participant was using a rock as a handrail. They inadvertently cut their hand on a sharp part of the rock. The cut was relatively small and resulted in minor bleeding. Once in a safe place another participant supplied wet wipes to clean up the blood and assisted the participant in applying a band aid and tape to keep the band aid in place. The participant said it was a minor injury and they were fine to continue the trip, so we did so. There were no further incidents or issues with the injury for the rest of the trip.	There was no particular action outside of acceptable scrambling norms. Participants should be cognizant that sometimes rocks are sharp.	Sharp Rock
Jul-23	Climbing	Near Miss	Hit, Struck, Cut	Rock - non-technical, scramble skills needed	We were descending after a successful summit. We were on slabs below a glacier. The highest party member dislodged a toaster-sized rock, which tumbled towards the rest of the party. One party member dodged the rock, another hurdled the rock. It did not come so near the rest of the party. I believe that the slabs below the glacier were the trickiest terrain on this route. Easy to underestimate and potentially consequential for slips or rock fall.	We could have been more careful about spreading out on the slabs.	Rock Fall
Jul-23	Scrambling	Significant	Slip, Fall, Capsize	Rock - talus, boulders, scree	Our group was descending through scree and talus after a successful summit. At 1:18 PM, participant stepped on a loose rock and twisted ankle, then started yelling with pain. Fortunately, we had an Army combat medic and WFA Instructor on the trip. Medic M immediately provided care, assessing the participant's condition by comparing both ankles. There was a potential fracture. M wrapped the ankle with tape to control swelling and provide support. I discussed the situation with WFA Lead and Co-Leader. Our immediate concern was whether or not the participant was ambulatory. The day started sunny, but was becoming very cloudy, limiting our option of SAR. Our preference was self-evacuation. I directed everyone to redistribute participant's pack and contents to lighten load. We assisted getting P off the talus and scree onto snow where we reassessed. I chose to discontinue our planned ascent of a nearby objective so that the entire group would remain together. We were 5.5 miles from the trailhead, with 3,105' descent and 437' ascent remaining. For the next 8 hours, we assisted participant in walking back to the trailhead. We routinely assessed pain level (6 out of 10), and made sure P was eating and drinking water. For the last 2 miles, we performed a buddy carry to assist P, because P was obviously becoming exhausted. We arrived at the trailhead about 9:15 PM. WFA Lead provided follow up care recommendations and participant rode back home with Co-Leader.	We all learned the importance of WFA skills in the backcountry. The trip can change in an instant, and we were near the furthest point from the trailhead on our planned route. I was extremely proud of my team for working together to provide assistance and maintaining a positive attitude. If the injury had been slightly worse, we faced the potential of spending the night on the mountain due to the increasing cloudy conditions which would have impacted a helicopter SAR to reach us. The buddy carry system worked extremely well. I wish there was more emphasis placed on this during WFA training. As our WFA Lead describes it, all medical emergencies are either self-evacuation or summoning SAR.	Talus
Jul-23	Scrambling	Significant	Hit, Struck, Cut	Rock - non-technical, scramble skills needed	This was an overnight trip of five people where two peaks would be attempted on day one and then we would have an easy hike out on day two. A participant received a puncture wound to the side of shin on the descent of the second peak of the day around 7:30pm. The source of the puncture could have been a rock or a tree. P irrigated and bandaged wound immediately. Then, back at camp, our medical lead (WFR) irrigated and dressed the wound again. Excessive bleeding was not an issue, but the cut was deep. Though this was an overnight trip, P wanted to hike out to seek more immediate medical attention. As a group we chose to split up with two staying behind to spend the night and the remaining three (including P) hiking out together. We started the hike out at 9m by headlamp arriving at the trailhead at 11:40pm. P then drove home to seek medical care. Stitches were required.		
Aug-23	Naturalist	Minor	Illness or Personal issues (conditioning, lack of skill)	Developed spaces, campgrounds, fields	One participant experienced symptoms associated with heat stress on our return to the parking area after climbing a sun-exposed flight of stairs from the beach around noon. The participant rested at the top of the stairs in the shade and expressed feeling some dizziness and fatigue with the heat and exertion. I helped retrieve a water bottle and snacks from their backpack and we walked together to a bench to sit. After eating and drinking the participant said that they were feeling better. My co-lead stayed behind with the participant, and they had lunch together in the shade after the remaining participants left.	Check in with participants about the importance of hydration and having snacks during outings with full sun exposure.	Health Check

Aug-23	Day Hiking	Minor	Slip, Fall, Capsize	Rock - talus, boulders, scree	<p>Leader (myself) fell while walking in one of the rock field areas. I am a lifelong "faller" with poor balance and coordination issues all my life. Also with my numb left foot for the past 2.5 years, I always hike with one pole in my right hand to counter balance myself due to the left foot numbness and to help with fall prevention; this usually does. Despite that I typically fall at least 2 to 3 times a year while hiking and this time it was on a Mountaineer hike as a leader. I also was afraid that I significantly injured myself falling face first; I typically turn to the side but was unable to do so in this fall.</p> <p>Why did I fall? Actually unsure this time but most times it is because of my left foot numbness prevents me from always judging that I am picking it up as much as needed and I often catch it on something; it is likely this occurred. When I fell, my nose took the brunt of the force, and I thought I broke my nose initially. Injuries: Nosebleed, had a cut on my nose just under the bridge and a small scrape on my knee. This group of hikers were wonderful. They all helped with stopping the bleeding and cleaning/bandaging my scrapes. I actually felt OK and knew I was in condition for this hike (have done at least 2 similar in length and elevation in the past month) and felt generally OK once the nose bleeding generally stopped to a point where it was controlled the rest of the hike. I knew that even if I fractured my nose there is no real treatment, but I actually did not fracture it (no nose swelling, or significant pain developed after the initial injury was treated). I was more concerned that someone in the group was afraid of blood and would have a negative reaction due to seeing the blood, but no one did. The group was still a little over a mile away from the Katwalk, and since I am quite used to my falling, I generally felt OK. We continued at a little slower pace. I did not lead anymore and, since the trail is easy to follow, the individuals in the front did well as leaders. I generally stayed to the middle of the group so all could monitor me including the assistant lead. The rest of the hike was generally uneventful as long as we continued at a slower pace, and I monitored my foot placement. I still had an ongoing minor nose bleeding that I self-managed and the cut from my nose required some additional management with Wound Seal which fully treated it.</p> <p>OUTCOME: after getting home and showering, the cut on the nose is there but small, the knee scrape was not even an issue, nose bleeding resolved fully, and there continued to be no significant nose swelling or bruising. Writing this the next morning and I feel fine; no soreness anywhere in my body; just the typical minor soreness I have the day after a hike.</p>	<p>Upon reflection, I have always had difficulty using 2 poles for hiking since I tend to start carrying one which can be safety risk even in and of itself. But I think I need to start practicing using 2 poles correctly until I feel comfortable using them and then start using 2 poles especially on these longer hikes that have challenging sections like rock fields. This may help to prevent some of my future potential falls when hiking.</p>	Mindful Walking
Aug-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	<p>Coming down a trail, a hiker tripped on a rock and fell on face. There was some blood. WFA leader assisted in cleaning the wound and applying bandages. Hiker self-administered some Advil. Post hike H reported "it doesn't look nearly as bad after I had a shower and got it cleaned out good. Thanks for your help! Three little scratches and a knot on my forehead."</p>	<p>Not sure how we could have prevented this. We weren't going particularly fast, and we still had good light. Perhaps travelling single file and not talking would have worked.</p>	Mindful Walking
Aug-23	Climbing	Near Miss	Hit, Struck, Cut	Rock - technical, rope & protection needed	<p>The climbing route is mostly class 3 except for a few moves near the summit, for which we brought a rope. On the descent from the summit, one of our party members accidentally dislodged a large "microwave" sized rock while rappelling. There was a separate party of 2 below us, which was very concerning. We couldn't tell where the rock went or where they were. Were glad to find out later that they were ok. They had decided to descend given the rocks coming down from above.</p>	<p>Some things we could have done:          * Waited for the other party to make it to the summit          * Tried to descend via a different path (not sure this would have worked).          * If we'd had a longer rope, we could have rappelled somewhere else</p> <p>This mountain is notoriously loose on all aspects, suggest some more strongly worded warnings in the route description. However, we were already aware of the hazards based on other trip reports.</p>	Rock Fall



Aug-23	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Trail	<p>Summary: team had lost one of its participants upon return to the trailhead after the activity. The party initiated a search, and the lost hiker was found about two and a half hours later. Two other hikers offered to assist in the search. Information from PCT though-hikers assisted in the search. Cell phone service in the area was spotty. Garmin devices with InReach technology were available for use.</p>	<p>Retrospectives: "Lost Hiker" - I should not have gone off trail as far as I did. Could have shortened the whole ordeal if I had turned toward the car upon regaining the trail. Just didn't want to turn up at the car without the car keys. "Participant" - I would mention dark green backpack placed on the side of the trail in a deeply shaded, heavily populated area with tall evergreen trees (not bare area). Backpack was not easily visible to all 3 other participants who passed it, despite constant checking and grouping of the team throughout the hike. Coincidentally, two through hikers noticed it. Hopefully this would help bringing ideas about easy identification of a backpack like adding bright strips or covers to backpacks and placing them in a more open location on the trail. "Leader" - Rather than 'dropping our packs', searchers should have carried more tools back with them upon instigating the search. Especially (1) Garmin GPS with InReach technology and (2) Extra Water. Garmin GPS could have been used to mark waypoints of significant events and decisions in the search - to document the incident report A pair of small radios would have made the search more efficient and allowed some multi-tasking amongst the searchers Perhaps participants should take their cell phones with them when they leave the trail, especially when they use their cell phone for navigation (i.e. the Gaia app)</p>	Party Separation
Aug-23	Day Hiking	Significant	Slip, Fall, Capsize	Trail	<p>On our return to the trailhead, a hiker tripped and fell forward, and landed face down. Our First Aid person attended to H appropriately. Following the fall, the hiker felt dizzy, had a chin abrasion, a headache, some dirt in mouth, and sore left chest area. After 10-15 minutes we decided it was safe to walk out. The hiker walked out successfully, was a passenger in the carpool back to a park and ride and drove home. The leader encouraged the hiker to follow up with a medical provider, which the hiker did. Because the hiker "could not remember falling" the provider recommended some heart-related tests, which the hiker followed through with. The leader communicated with the hiker on days one and two post hike, and the hiker is doing well.</p>	<p>Would have done nothing differently. The hiker was in good spirits, hiking strongly, chatting away when just happened to trip on a small root. The first aid person did a good and thorough job.</p>	Mindful Walking
Aug-23	Backpacking	Minor	Slip, Fall, Capsize	Trail	<p>Descending on a backpack trip on a trail with dry dirt and some loose gravel, a participant slipped on the rocks, lost balance and fell to knees, rolling on to hip. In the process, P sustained a 1-inch-long gash at the top of kneecap and some minor scrapes lower on knee from the rocks. It was not too deep, but bleeding. The knee was rinsed with clean water to remove as much dirt as possible, then dried. The gash was closed with two butterfly bandages, a telfa gauze pad and wrapped in curlex. A knee brace was also applied. P was carefully checked for any other signs of injury, which were negative, and did not appear to have sprained or strained any muscles.</p> <p>Participant was assisted to feet and was able to continue down the trail for about another 30 min until we reached a campsite, where we were able to remove our packs. The injured person was advised to take 2 ibuprofen and we applied two zip lock bags of ice-cold water from the river to knee and elevated it for 30 min. We again carefully examined the knee. The gash was still held together well by the butterfly bandages and there was no fresh blood coming from the wound. There was a</p>	<p>Reflection: As a hike leader, I often ponder where in the group I should be? The first, the middle, the sweep? It tends to change depending on the other members of the group. There are often participants that like to hike at a faster pace than I do, and I also like to stop and take pictures, look at flowers, or pick berries and hate to hold up the group, or at least those that just want to hike. I do have a rule that the group needs to stay within eye contact of the person in front and back (and at the time of the injury that was the case). However, out of the group of 7, I was in position 5, directly behind the person who got injured. It is</p>	Mindful Walking

					<p>slight amount of puffiness just above the injury and likely bruising beginning.</p> <p>We had a group discussion at the campsite regarding whether to rest there for the day, and camp for the night (original plan) or to push on the remaining 5+ miles to the trailhead. We discussed the pros and cons of each option but left the final decision up to the injured individual, who decided they would prefer to hike out that day. We did, and there were no further incidents. The injured person did not have any difficulty walking to the TH that day and reported only minimal discomfort during walking and none when resting the leg. There was no further bleeding from the wound.</p>	<p>difficult to see much of the trail ahead when you are further back and focused on watching your own feet. On reflection, if I was in front of the group, I would have been able to better see the terrain directly in front of us and instructed the group to be more careful in the areas of loose dirt and gravel. Other than that, the group was descending slowly and carefully, and the participant had sturdy shoes and using hiking poles. P was wearing gloves that likely protected palms from becoming scraped, too.</p>	
Aug-23	Youth	Safety Concern	OTHER - Please describe in Incident Narrative.	Inside a building or structure	<p>A group of roughly 20 summer campers were in Goodman Auditorium rotating through belay training with staff support just before noon. While waiting for their turn to belay, a group of roughly 12 campers (ages 9-11) began a game of Truth or Dare. Three campers were dared by others in the group to sneak across the lobby and enter the all-gender restroom stall where they would have to stay, with the door closed, for one minute. Campers were able to sneak out of the auditorium and into the bathroom without being noticed. They were also able to figure out the code on the door (any number followed by the # key) in order to get the door opened and enter the space. Two campers who were in the bathroom maintain that they were the only ones in the stall and that nothing happened other than entering and then exiting the bathroom. The third camper mentioned they were asked to kiss another camper while in the all-gender restroom. It is likely, though unclear, that this kiss occurred. Upon exiting the restroom, campers claimed to 'hide from someone in the lobby' on their way back to Goodman, where they joined the group, and it was brought to counselor's attention what had happened.</p>	<p>Seeing as the All Gender Restroom is a camper free zone, as it is a place we cannot provide safe oversight to campers/it is a space that may allow one on one interactions behind closed doors, the code should remain secret from youth and difficult to 'crack' [this has since been updated] There should always be a camp staff member who is on group management and oversight, especially when climbing systems are live and other staff are in those systems. While it is not possible to intently watch all campers closely at all moments of the day, it is extremely important that camp staff are diligent in their oversight of campers--especially during transition times or when there is downtime.</p> <p>Staff should be constantly checking in and scanning during activities:                  Games should be facilitated with adult oversight                  Games like 'truth or dare' that lead to social pressure are not camp appropriate and should be redirected immediately</p>	
Aug-23	Backpacking	Major	Slip, Fall, Capsize	Trail	<p>Leader: Our group was traveling on trail in the rain, when the trail became faint, and we spread out to suss out where to again pick up the trail. During this process, the trip member (IP-Injured Person), stepped on an unstable rock that caused IP to fall forward and bang IP's right leg into another rock. Upon inspection, IP had a badly cut right shin and blood was gushing out. We immediately took action, with one participant taking lead and myself assisting with direct medical aid and the others doing other important tasks to stabilize the person and plan for an evacuation. The wound was about 4-5" long and 1/4 to 1/2" deep with rapid blood loses. The injury site was on a steep rocky hillside. We moved IP under a horizontally over-hanging tree for weather protection and elevated the leg. We grabbed a towel and compressed the wound to stop the bleeding. Group members all pulled out their First Aid Kits to assess what we had available. Amazingly the bleeding did subside after 10+ minutes of compression. We cleaned the wound and sterilized; and then tried closing the wound with Steri-Strips. These would not stick/hold on IP's skin. One person had the Tincture of Benzoin. Applying that, letting it dry about two minutes allowed the Steri-Strips to stick. We were able to close up the wound. We then covered it with gauze, then a gauze wrap around the leg and finally a self-adhesive tape on top. While we dealt with the injury, two others called in a SOS on their Garmin-InReach devices. They relayed our need for a medical evacuation. Other group members</p>	<p>Leader:                  1) Steri-Strip only work with the Tincture of Benzoin. Must pack both.                  2) Secondary emergency issues can arise from the threat of hypothermia not only to the injured person, but to the whole group.                  3) Expect the emergency response folks to be disorganized and disjointed at first and practice patience and flexibility. Expect Garmin messages and responses to take 30 minutes or more to be received.                  4) It is important to have a larger area map along to be able to suss out available emergency trailheads for evacuation.                  5) The essential importance of having a complete extra set of dry clothes along--stored in a water-proof bag to change into at the campsite, once in your tent.</p>	Mindful Walking

				<p>searched out the trail conditions for transporting the IP. Another held an umbrella over the worksite. IP began shaking. A couple group members got out an emergency blanket to wrap around IP and got out their stoves and made hot tea. IP did not appear to be in shock, but just getting cold and increasingly wet. Being stubborn, IP wanted to walk down the slope to the nearby lake, where we were planning to meet the evacuation crew and maybe a helicopter. We were all getting increasing wet and cold and risked getting hypothermia if we sat around on the hillside much longer. After testing the ability to walk, we relocated to the shore of the lake. Three group members took turns shuttling the IP pack (about 35 Lbs.) down the slope and over to the lake. Two folks walked with the IP down the steep slope to the lake. IP was able to walk fairly well. We kept monitoring the wound for bleeding. At the lake we set up the IP's tent. IP didn't want to use the tent to rest. Everyone was cold, wet and tired. It was about 2PM by now and decided we would eat our hot dinners now to warm us up and refuel. We contacted the Emergency folks several times and told them that we would try to walk out to the nearest TH, another 9 miles away (we had excellent maps along). The IP wanted to walk out. While IP could walk, an additional benefit to the walking was that it kept the whole party warm, as we were hopelessly wet. It was also too wet to likely get a fire going. We walked as a group to the junction with the trail heading down to the emergency TH. At this point, two members escorted the IP to meet the SAR team and three of us went on the planned camp for that night. Each of the groups of three stayed in touch with each other via Garmin-InReach messaging. The three descending the trail met the SAR team near the TH. The IP was taken to a medical clinic and received 19 stitches. The EMT gave us a Gold Star for our care and treatment of the wound. The SAR team advised that the storm was going to continue for several more days and stated that the entire group should evacuate. The three that camped out in the continuing storm were fastidious about not getting their remaining dry-clothes or sleep-systems wet. Those three hiked out to a different TH in the morning to meet a ride arranged via Garmin messaging. We concluded the trip early.</p> <p>Participant: Co-leader (IP) stepped on unstable rock, tried to recover balance but failed and fell. Injured person (IP) quickly assessed injury as serious. IP moved to nearby tree. IP removed towel from pack and applied pressure to bleeding wound. Wound was on lower right leg and consisted of 3 gashes. The most serious being 3 to 4 inches long and 1/2" deep at the deepest point. IP produced first aid kit. Other participants produced their first aid kits. An absorbent material was placed on the wound and under the towel. After the bleeding had subsided, the surrounding area, but not the wound itself, was cleaned with an alcohol swab. Steristrips were applied with the help of tincture of benzoin, to close the wound. Gauze bandages were placed over the wound. Stretchy self-adhering tape was placed over gauze. IP was conscious and cognizant the entire time. IP's face got pale at one point but soon regained normal color. IP was given a jacket, emergency blanket and hot tea. IP was ambulatory and was able to walk down the rest of the steep, rocky slope and ultimately to the trailhead. Two participants activated their InReach SOS to get help with evacuation. SAR was deployed and met up with IP and two accompanying participants. Prior to that, Leader divided the 6-person group into two groups. One group, leader plus 2 participants proceeded to the campsite while the IP and two participants walked to Trailhead. The plan was for the two participants who escorted the IP to the trailhead to rejoin the 3 at the campsite the following day. The two groups were able to communicate with each other via InReaches. Participants were aware, prior to the start of the trip, that rain was expected. Participants were prepared for the weather. Up to that time, there was significant rain, but the air temperature was warm. The SAR folks warned of increasing bad weather. The participants decided not to continue with the trip given the downgraded forecast. The 3 people that camped, exited the trail the next day and were picked up by one of the participants who exited with the IP the day before.</p>	<p>6) It was crucial to the success of the emergency response and evacuation, that we not only had the use one Garmin-InReach, but that we had sync-ed up the two Garmin units and practiced sending messages back and forth before the trip began. This allowed the separated parties to assess, stay informed, plan, reunite and arrange rides. Also bring along a charge cord for the Garmin as ours went dead after extensive use and we needed to charge it back up.</p> <p>In conclusion, I see the injury as unavoidable and could have happened to anyone on most any sort of uneven travel. The terrain, while wet, was no more difficult than encountered elsewhere on the trip and much less difficult than other sections we traversed with skill and ease. The six preparatory actions we took, list above, contributed to a positive outcome to a bad situation.</p> <p>Participant: The IP is a very fit and experienced hiker and used to walking over rocky surfaces. If this accident could happen to IP, it could have happened to anyone in the group. The leaders vet the participants for compatibility with the intended trail conditions. Actions taken to stop bleeding asap helped outcome: apply constant pressure, raise limb, apply wound closure and bandaging. We also tried to verbally comfort IP throughout the process to ease anxiety. Having the InReaches was helpful as the nearest trailhead was not where our cars were. It would have been nice if the helicopter had not been deployed. Even though it was not able to land, deployment seemed excessive. It would have been nice to know what emergency response would be deployed.</p>	
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Aug-23	Backpacking	Minor	OTHER - Please describe in Incident Narrative.	Trail	<p>P1 We were walking along a very easy trail, and I believe I disturbed a wasp's nest. The wasps became agitated and stung me 4 times. The wasps stung others as well. Leader directed us to move away from the wasps which resolved the issue. No one was allergic and everyone was okay. It was a little spooky but other than that, everything was fine.</p> <p>P2 Two hikers made it past the location. Another hiker thinks perhaps they unknowingly disturbed the nest which caused the wasps to swarm and sting.</p> <p>P3 Two or three members of the party got bee/wasp stings while following a trail we were exploring to a waterfall. Minor irritation, no allergic reaction, Benadryl taken. The nest was unseen by the first two people passing by.</p>	<p>P1 Make sure to look out for wasps' nests, especially during this time of year (wasp mating season). Look before you step. If you disturb a nest, move away from the agitated wasps.</p> <p>P2 Having already had two other incidents of encountering wasps this past month and having been stung, it is hard to always know where they are, only where they are likely to be and avoiding that area. The person with seven stings was walked back away from the nest, sat down and given water and a snack, as P had not eaten lunch by choice. P was offered hydrocortisone cream to apply to the stings, which P accepted. P's nauseousness and dizziness subsided, and P hiked back to camp. That evening P was offered Benadryl before going to sleep to help with the inflammation and itching, which P accepted. P slept fine and had no problem hiking out the next day.</p> <p>P3 N/A - couldn't see or hear the wasps before people got stung. Reaction after the incident was handled very well by everyone on the trip.</p>	Wasps/Bees
Aug-23	Sailing	Minor	Illness or Personal issues (conditioning, lack of skill)	Water - large bodies, fresh or salt	<p>Members were participating in a sailing Racing Workshop to experience sailboat racing on the Puget Sound. Though the weather was technically "sunny and pleasant", there was also a lot of forest fire smoke, which became denser as the day progressed. The winds also dropped to near still, making the air irritating to breathe and the seas "lumpy" with no steady wind to maintain boat movement thorough the water. Consequently, the boat was bobbing and rocking more than usual. We had been underway since 11AM and racing since noon. Around 2 PM or so, one of the participants went below to use the head (toilet), but soon emerged somewhat nauseous and in discomfort. They were sat down at the stern area, usually the calmest, and provided a cooling block from a lunch box. They were also provided some additional drinking water. The person notified us that they had been on a day hike the day before, so we suspect they might have been dehydrated to some degree already. We continued to race, though progress was slow, and the boat movement was still unsteady. The person rested and was advised to watch the horizon to help ease their discomfort. Though their condition did not deteriorate further, it also did not improve. As the general conditions of air quality, heat, and lack of wind continued, it was decided at 3:45 PM to abandon the race and head back to the dock. The sails were lowered, and the engine started, and we returned to the dock about 4:15 or 4:30. The participant took a few minutes once ashore to stand on the steady dock in the shade. Soon they seemed to return to feeling comfortable and did help with securing the boat and cleaning up. They didn't require any additional hydration or aid after that and went home in their personal vehicle. I called their cell number at about 7:45 PM this evening to follow up but haven't heard back. I will try to follow up Monday if I don't hear tonight (Sunday).</p>	<p>Monitor the participants in general, and watch for signs of fatigue, dehydration, nausea, or other symptoms of discomfort/distress. Make direct, but polite, verbal inquiries as to people's status and if they are feeling poorly. Provide assistance as appropriate and trained. We offered cooling packs, water, shade, and did not ask them to make any exertion. Also considered that, though the person was not asking us to end the activity, we decided it was better to do so, as we not only had an ill person, but were concerned we might have other crew becoming incapacitated.</p>	Health Check
Aug-23	Global Adventures	Significant	Illness or Personal issues (conditioning, lack of skill)	Trail	<p>A participant complained of AMS symptoms on day 2 of our 13-day thru hike. This participant had been taking Diamox and was continuing to take Diamox during the first days of the thru hike. The symptoms were originally reported at the top of a pass (in a region known for thunderstorms) so we descended to a nearby meadow and set up camp. We stopped well short of our original goal for the day, in an effort to avoid further elevation gain and provide the participant with an opportunity to rest. The participant took dexamethasone as a treatment. The next day (day 3 of our thru hike), the</p>	<p>Ensure all participants to take COVID tests prior to embarking on thru-hike. The key contributors to our positive outcome (i.e., the ill participant finishing the thru-hike) were: Other participants carried some of the ill participant's heavy items (tent, water, extra food, and, on one high</p>	Health Check

					<p>participant stated that their AMS symptoms had subsided, but that they were now experiencing cold symptoms. They said that they would do their best to continue the thru hike. Over the remainder of the thru hike (days 3 through 13), this participant's cold symptoms (cough, runny nose, but no fever) persisted. I suggested to them on several occasions that they could have COVID, but they said that they just had a cold. For the remainder of the thru hike, particularly on uphill sections, other participants carried some of the ill participant's heavy items (tent, water, extra food, and, on one high pass, the participant's entire backpack) in order to help the ill participant. We also adjusted the trip's itinerary so that 2-night stays were evenly distributed throughout the thru-hike, thereby giving the ill participant multiple opportunities to rest in camp without needing to hike at all. The ill participant persevered and completed the thru hike! Upon arrival at the ending trailhead, when we had access to all of our belongings (including COVID tests), the participant took a COVID test and tested positive. This ill participant had originally planned to get a ride back home with me. However, since this participant was testing positive for COVID and my partner and child have auto-immune disorders, I told the participant that I could only drive them - windows down and masks on - from the ending trailhead to a town nearby (approx. a 3-hour drive). The ill participant would need to get from there back home on their own. Please note that the Mountaineers trip did not include transportation back home . . . the carpool plans were a personal arrangement outside of the official Mountaineers trip.</p>	<p>pass, the participant's entire backpack) in order to help the ill participant. We adjusted the trip's itinerary so that 2-night stays were evenly distributed throughout the thru-hike, thereby giving the ill participant multiple opportunities to rest in camp without needing to hike at all.</p>	
Aug-23	Climbing	Significant	Slip, Fall, Capsize	<p>Rock - technical, rope &amp; protection needed</p> <p>Leader: Student climber took a leader fall approximately 2-3 feet above the last bolt. Fall was on crux move of a 5.8 climb at the Headlight Point area of Exit 38 Far side crag. Climber swung into the wall and cushioned fall with both feet. Climber decided to lower and not complete the route. Climber was in good spirits but advised of ankle pain. Climber felt they could hike down under their own power and did so successfully. Climber later sought medical attention out of abundance of caution. Climber advised later in the week that medical evaluation showed minor sprains in both ankles.</p> <p>Participant: Sport climbing, fell above my last quickdraw but before I could reach the anchor. Decked out on a small ledge below, feet first. I was able to walk unassisted back out to the trailhead. Followed up with Urgent Care to cover my bases that nothing was broken. Nothing broken but both ankles were found to be sprained with significant soft tissue swelling.</p>	<p>Leader: Belaying was being supervised by instructors at all routes being climbed by students. Student's choice of route was within their comfort level. Followed up with students on "soft catch" belay technique. Prioritized attention to climber and continually checked in for the remaining hour of the field trip. Allowed early start down the trail with an instructor companion to make sure student reached the trailhead safely. Had multiple WFA trained instructors present on the trip. Student was WFA trained. This stimulated good conversation and evaluation of potential injury and plan for safe descent down the trail.</p> <p>Participant: Climb better</p>		
Aug-23	Sea Kayaking	Minor	Illness or Personal issues (conditioning, lack of skill)	<p>Water - large bodies, fresh or salt</p> <p>Leader: During a sea kayak training clinic, one participant suffered a severe migraine headache, which caused vomiting and the inability to paddle. Initially, the ill participant excused themselves from the group and paddled to a nearby beach with one of the assistant instructors, informed the assistant instructor what was going on, and said they would improve with a break and maybe a nap. As the group was training nearby (about 100 yards) we continued our training and rotated assistant instructors to be with the ill participant. The ill paddler, other than closing their eyes and resting, remained coherent and responsive. They did not have their migraine medication with them, it was left in their car. The ill participant had initially said the smokey haze in the region was causing their asthma to flare up, but they were using an inhaler which helped. When we started our return to the launch site their vomiting worsened, so we adjusted our path and portaged around a headland to shorten our trip. Once back at the cars, another participant drove the ill participant to a local hotel and assisted with checking in. The ill participant texted me later saying they had improved. The ill participant came to the next days' clinic and expressed their thanks to everyone who had assisted the day before.</p>	<p>Leader: I felt all involved did a very good job. It did not seem necessary to call EMS, as the ill participant had migraines in the past, knew what was happening, and how to treat them. I did ask them the following day to report their condition to future trip leaders so they would know.</p> <p>Participant: Maybe have a paramedic there to monitor the person at the end of the course. Also, maybe cut the course 30 min earlier due to the ill person's changing physical conditions. S could have also had sun stroke!</p>	Health Check	

					Participant: A student was ill early on during the Currents course. S did tell the group S took 3 asthma hits very early that morning due to bad smoke in air. At 8:30-9:00 am S was coughing and not looking great. After the morning lecture and practice rescue exercises, around 10:30, and after we started to out training location, we heard S was ill and stopped participation in the class due to throwing up and a bad Migraine, (and I believed possible asthma complications). Leaders handled the situation well and stayed with S. However, on the last 1 hour of day, after we joined S, we heard S was bodily shaking and cold. I thought maybe S should have had a paramedic come to check S out upon return to base. Note- S stopped kayaking early on 11:00 am, not sure the time, and was escorted to shore where S rested and slept. We were on way back from course around 4:00 ish and we saw S sleeping under fabric covers in the sun. It was very hot out all day. S was covered and S had head covering for sun protection and S was not in the shade. The group joined S on shore around 4:00, on our way back. and then crew members helped take S back to the car lot via kayak tow.		
Aug-23	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues	Water - large bodies, fresh or salt	Sunny day, moderate smoke haze, no wind, 3 kt current. During a sea kayaking clinic: 1) One participant was performing a routine wet exit and lost a foot brace. The brace essentially fell out of their boat while the boat was capsized. The brace would have been in 8-10 feet of water and could not be seen. The participant utilized an inflated paddle float as a temporary foot brace for the remainder of the day. This participant also had a deck line failure during a rescue attempt in current. 2) A second participant had a deck line break during a rescue attempt in current. Neither deck line failure led to any injuries or other problems.	We should all strongly recommend to our basic class students the need to maintain their equipment. The foot brace likely had a spring on it that corroded and broke. One of the deck line incidents was due to an improper "stopper" knot on the line. The other was a failure in the line itself.	Test Equipment
Aug-23	Sea Kayaking	Minor	Slip, Fall, Capsize	Road	Leader: Participant in a sea kayak incident management clinic slipped on a concrete boat ramp, fell backwards, reached back, and injured their wrist in the process of loading their boat at the start of the class. The injury was immediately iced, and the participant took some ibuprofen. They were able to paddle the rest of the day without further treatment.	Leader: Participants in this clinic are informed that most kayaking injuries occur on the beach while loading, unloading, launching, or landing their boats. The injured participant discussed the event with me prior to the class starting.	Mindful Walking
Aug-23	Climbing	Minor	Hit, Struck, Cut	Rock - technical, rope & protection needed	As the first rope party was climbing the first pitch, the leader dropped a carabiner and yelled "rock". The second party was at the base of the pitch, did not move away in time, and the rope lead was struck on the hand by the falling carabiner. RL has medical training and concluded that RL was good to continue the climb. We did, and there were no further issues with RL's hand.	All parties were wearing helmets, which mitigated the risk of serious head injury.	Equipment Technique
Aug-23	Day Hiking	Significant	Slip, Fall, Capsize	Trail	<p>Leader: We had just visited the first of several lakes on this hike. One of the hikers fell and dislocated wrist. H is an experienced hiker, with appropriate footwear and trekking poles. I did not see the fall myself and cannot comment further. We were only about a half mile from the cars. We gave H an ibuprofen and H opted to wait until we got back to the cars before applying a SAM splint, ace bandage and ice. All hikers returned with H to the parking lot. I had assigned a medical person before we started and our group was well supplied with SAM splints, first aid kits and multiple ice sources.</p> <p>P1 A hike participant fell when they encountered a blown-down tree across the trail, resulting in a left wrist/arm injury. They were able to walk (less than a mile) to the trailhead. First aid was given (SAM splint, ace wrap, ice). The group reconfigured so 7 of 9 went on to complete the hike, the injured hiker and a driver left to get the participant medical attention.</p> <p>P2 A hiker tripped over a windfall and landed on arm, and it looked like H's wrist was broken</p> <p>P3 I was hiking a couple of people ahead when I heard the commotion behind me. One of our hikers had taken a spill across a fallen tree log on the trail. This log was on the smaller side but did have a bunch of small knobs and pokey bits sticking out of it. After untangling and standing up noticed wrist</p>	<p>Leader: I think this was an unfortunate accident and our group acted appropriately.</p> <p>P1: Not sure about avoidance / mitigation. The experienced hiker simply had an unexpected fall. They initially declared themselves as uninjured: "I'm Okay! I'm Okay!" but a second assessment revealed a deformed, obvious left wrist/arm injury. I attribute the initial (wrong) assessment to the acute stress response that occurs after a fall like that. The injured person was the one who had a SAM splint! There were others who had them, too. The injured person was repeatedly apologizing to the group. I am generally highly impressed with the level of preparation, collaboration, safety awareness, and compassion in the Mountaineers. Lessons learned (for me, personally): Quit bemoaning carrying the weight of a few extra safety /first aid items. Keep current enough</p>	Mindful Walking

					<p>and we all knew it was injured. The wrist was very swollen, H had minimal movement and it was bent at a funny angle. After assessing H to make sure H could walk a little bit, we moved up the trail to a wider location to further assess and decide what to do next. H was given 800mg of ibuprofen from one of the others in the group. H was alert and able to stand and walk. Since we were 1-1.5 miles from the car the hike leader ultimately decided it was best to hike the group back to the car to wrap the wrist and make arrangements for the hiker to be taken for further medical care. H was given some ice, another two hikers (one with pt background and one with a nurse background) helped to wrap wrist in a splint. One of the group hikers agreed to drive H to town for medical care.</p> <p>P4 A member of our hiking group tripped when stepping over a log on the trail and fell on wrist. The group returned to the parking lot, applied a splint to the injured arm, wrapped and applied ice. One of our group drove H home.</p>	<p>on first aid to know how to apply appropriate first aid. Let the injured person know they don't need to apologize and we're all collectively sorry for the accident.</p> <p>P2: Nothing</p> <p>P3: We were all pretty into our hiking conversations. It's probably best to call attention to the obstacle on the trail and pause conversations to concentrate on clearing that obstacle before continuing conversing. It's possible the better action on the trail would have been to splint up the wrist before moving back to the car however the hiker also had some good adrenaline that would have dissipated and made hiking out worse if we had not just decided to move before splinting.</p>	
Sep-23	Climbing	Minor	Slip, Fall, Capsize	Ice - technical	<p>Leader: Student climber had crampon come off on flat glacier ice and fell, sliding about 5 feet. Student injured wrist that limited participation in field trip events. Scrapes and bruises on legs and body limited sleep so student elected to hike out the morning of day 2 of the trip and accompanied by a second student and the trip assistant leader. Student did not have ice tool(s) ready to self-arrest - still on the pack - though this did not materially affect the incident. This was the first use of the crampons that were recently purchased. The crampons had been fitted on the boots but not worn. It is believed the longer center bar of these crampons would be required to achieve a proper fit on the student's boots (size 13).</p> <p>Participant: Terrain was ice, but relatively flat. A member of our group had a crampon that kept slipping off. At one point, the crampon slipped and caused S to fall. S hit the ice fairly hard and slid a short distance, bruising wrist and getting a little scratched and bruised elsewhere. In retrospect, a review of crampon fit/technique and arrest technique (we were carrying ice tools, and most of us were more familiar with traditional ice axes), might have prevented or mitigated the incident. Fortunately, the incident occurred before we began ascending a steeper area. Two members of the group later decided to leave early due to the incident (one was the person who fell, and the other was S's partner). An instructor hiked out with them to make sure they got back to their car safely.</p>	<p>Leader: Student did not ensure proper crampon fit. Perhaps S was in a rush to locate crampons prior to the ice activity but did not spend the time to ensure a secure fit. The importance of secure fitted crampons at the basic level is taught in the Basic Course. Assigned reading material from Will Gadd 's book stresses the importance of securely fitted crampons starting on page 26.</p> <p>Participant: these students - though with intermediate student-level rock climbing experience - had little experience on hard glacial ice. Trip leader did not treat this as the first time on hard ice and check crampon fit for each student; did not ensure ice tools were ready for use; did not brief students more extensively about moving on what was at that point flat glacial ice.</p> <ul style="list-style-type: none"> <li>- Untested equipment should be identified and subjected to additional scrutiny to assist student climbers to ensure it is fit properly.</li> <li>- Checking crampon fit on climber's boots has typically been done at the classroom session for this course. This was not done this year. But the checks would have been irrelevant to this fall in that the crampons were purchased after the classroom session.</li> </ul> <p>Participant: Ensure everyone has a proper crampon fit and knows how to walk effectively on ice when getting onto a glacier. Stop and check out the problem if someone is having an issue. Also do a quick self-arrest review (e.g., a quick verbal reminder or demo),</p>	Equipment Technique

						especially if people are using equipment that they are less familiar with.	
Sep-23	Climbing	Minor	Slip, Fall, Capsize	Trail	A typical example of incidents most often happening on approach to or from the main objective, not during . . . after a successful climb, the party of four rappelled, retrieved packs, and negotiated a boulder field safely (all with helmets on). Feeling safe, leader and others put away their helmets. On the final leg of the climbers trail and just before rejoining the main trail, the leader slipped on wet grass, fell, and hit head on a rock . . . initial reaction was "leader is going to need quite a few stitches!" that eventually went down to "just get it washed and put some stuff to close the wound." The wound was washed, closed with Steri-Strips, gauze applied, and wrapped with Ace bandage to hold it in place. Leader was observed during the hike out and drive home as a carpool passenger to ensure L did not have concussion or other serious symptoms. L returned home safely.	If fall could occur, keep your helmets. And take care on the hike out when everyone is tired and eager to get home.	Mindful Walking
Sep-23	Climbing	Minor	OTHER - Please describe in Incident Narrative.	Ice - technical	During the approach we encountered a hornet's nest near the trail and several members of the party were stung. I don't know how we could have avoided the hornets, and no one was seriously injured by the stings during the trip itself, but it could have been a bad situation if someone had a serious allergy. A good reminder to be prepared for anything, including stings! Overall, these incidents did not detract from the fun most of us had. I think our trip leaders were great and did an exceptional job. They were a great group of instructors and organizers, and I appreciate all that they did to ensure we learned and had a fun, safe experience. You can't control everything, and sometimes things happen. I would chalk all of it up as a learning experience.	For the stings, make sure someone in the group has medication that can prevent an allergic reaction (we had Benadryl). Ask if people have known allergies (we talked about that too).	Wasps/Bees
Sep-23	Climbing	Significant	OTHER - Please describe in Incident Narrative.	Trail	Significant wasp/yellowjacket stings of multiple climb team members - 7 of 8 members were stung on the trail either inbound or outbound about .25 miles from the trailhead. The worst case was stings to the trip leader on the way out to the trailhead with a remaining 4.5-mile bike ride down the hill past the road washout to the cars. All members except the leader had no reaction to the stings. The leader had multiple stings on the right forearm (6-12) and hand and one thru pants just above the left knee. There was local swelling of the forearm and hand immediately following these stings. No treatment was immediately required. After riding to the cars, one member had Allegra (antihistamine) in their first aid kit and provided to the leader in case needed. All members drove home, and the leader elected to not take any medications due to the drowsiness warning on the label. Leader was not able to sleep well that night due to swelling and itchiness of the stings and elected to see Urgent Care where the condition was diagnosed as a "Large local reaction." No breathing difficulty or anaphylactic shock occurred. Treatment prescribed was Prednisone (steroid), Cetirizine (2nd generation antihistamine), Benadryl for the itching and to help sleep due to the steroid, and a Hydrocortisone cream and ice packs for local pain and swelling relief. No further treatment or medical visits are expected related to this injury.	1) The party (of 6 at this point in the trip) let down after completing the furthest stream crossing (which is the most difficult on the trip) and did not think about/recall the wasp encounter on the way up the trail the day prior. Had we done that we would have put on more clothing to protect against stings and paid more attention in the area. 2) The encounter location was not flagged either on the trail or by electronic waypoint as a reminder to avoid this area as should have been done. 3) The party of 3 who departed early (based on first incident report for this trip) were stung by wasps and attempted to provide warning via InReach message. This message was not received by this party, possibly due to incorrect InReach to InReach address provided to the party of 3. (Researching this further.) That message recommended rain gear to prevent the stinger from reaching body tissue.	Wasps/Bees
Sep-23	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Trail	Leader: On the way back, the group split in two, seven hikers were with me, the hike leader, and two with my co-leader in the back. I stopped every 30 minutes to connect with the group in the back and to ensure that they were okay and hydrating as we made the long trek up the switchbacks. I had previously decided with my coleader that we would take the group up to a viewpoint, so when I got to the intersection, I didn't wait there, I took the seven participants up the viewpoint. I hesitated, I thought about waiting, but I decided to go ahead, confident that my coleader would bring the other three participants to the viewpoint. Unbeknownst to me, one member of the group in the back had split from the group and was actually trying to catch up with the larger group. P reported that P could see and hear us, but when P got to the intersection, we had disappeared. P tried to find us but didn't	Leader: I broke the cardinal rule: Had I done that, the lone participant would have found us there, and I should have continued waiting for my co-leader and the other participant to join the whole group. As a whole, we would have made the trek up the viewing point. While there were lots of other mitigating factors, the only thing that would have prevented all of this was	Party Separation



					<p>see us anywhere. My co-leader and the other participant eventually caught up with the lone participant on the trail, who was extremely distressed and crying with relief, and they went to different spot to rest. In the meantime, I was concerned that my coleader and two participants had not shown up and went back to the intersection and down the trail to see if they were just moving more slowly. Not seeing or hearing them, I went back to the larger group and asked for one person to accompany me to find them. After calling for them several time and not seeing them at the last point we saw them on the trail we turned around. Fortunately, on our way back up the trail, they called for us and the group reconvened. My coleader explained what happened in the back, but ultimately, my failure to wait at the intersection was the cause of this incident.</p> <p>Participant: While we were on the second leg for the hike, and we took a rest at a side area. At some point, we realized that one of the trip leaders (the one who was sweeping) and two of the other hikers (the ones in the back) were missing. I went back for about 8 minutes looking for them, and then returned to the main group (about 15 min total time). The missing hikers and sweep leader had rejoined the group in the meantime, and all was well.</p>	<p>Participant: It sounds like the missing hikers had gotten far enough behind that they missed a turn off we took to take a rest. My understanding is that checking on the entire group at junctions/turns is the way to prevent this in the future.</p>	
Sep-23	Climbing	Near Miss	Hit, Struck, Cut	<p>Rock - technical, rope &amp; protection needed</p>	<p>Leader: When climbing just past a notch while climbing a fifth-class gully, the rope lead dislodged a microwave sized rock that passed directly over the belay station. Fortunately, the rope leader was able to hold the rock temporarily while the belayer moved (still anchored in) about 5 feet to the side of the belay station. If the leader was not able to hold the rock and communicate with the belayer, this near miss would likely have resulted in a fatality.</p> <p>Participant: There were several large rockfalls in/near the areas we were climbing/scrambling.</p> <ol style="list-style-type: none"> <li>(near miss) We had a party of 4 and climbed as two separate rope teams on the technical portion of the route. Rope team 1 set off first. I was on Rope team 2. Rope team 1 was climbing up a gully. I was traversing toward Rope team 1's belayer when a large rock followed by many smaller rocks fell down the gully. I was not able to see what happened to cause the rockfall, but Rope team 1 reported that their climber dislodged a large block with many smaller rocks behind it. The climber was able to balance the block on legs long enough to warn the belayer to move to the side. This enabled the belayer to avoid being hit by the rockfall which left scars on the rock right where B had been belaying.</li> <li>(safety concern) Rope team 1 was hauling packs up a pitch and I was belaying on a large, sandy ledge below. I saw two medium size rocks fall from the same area where Rope team 1 was hauling packs. Luckily, my belay station was on the side of the ledge and not directly underneath Rope team 1, so I was out of harm's way.</li> <li>(safety concern) As we descended, we were looking for a way over a rocky ridge and into a steep, sandy, and loose area. Our group got slightly separated as we looked for a good way to begin our descent into the steep, sandy area. I ended up below and to the side of the rest of the party and head people yelling "rock". A large rock and several smaller rocks flew down the middle of the sandy gully. Luckily, I was in a more sheltered area near the side of the gully, waiting for the rest of my group. As I waited for my group, I heard "rock" again and a smaller rock whizzed by much closer to me. At that point, I heard my group ask a soloist to go ahead of us. Up to that point, I was unaware that there was another climber above us. Once the soloist passed us, we were able to descend without further incident.</li> </ol>	<p>Leader: There was an alternate possibility for a belay to be set up out of the fall line of the gully being climbed. If this spot was chosen, the dislodged rock would have fallen out of danger of belayer.</p> <p>Participant: My biggest takeaway is that it is important to be aware of who and what is above you. Position yourself so that you are not in line with rockfall hazards from above whenever possible. As part of the group debrief, we discussed what we had been taught regarding setting up belay stations. In my experience, anchor building, and gear placement were emphasized. I think it would be good in courses to also emphasize building belay stations in places that are not in line with rockfall hazards. For scrambling descents, it is important to work together and make sure that no one is moving directly above/below each other when there is a high likelihood of rockfall.</p>	Rock Fall
Sep-23	Day Hiking	Safety Concern	Slip, Fall, Capsize	Trail	<p>Hiker slipped on trail possibly on roots or pinecone. We were on the last 2 miles of long day hike. At the last break prior to the stop, I had mentioned the importance of staying focused and continuing to watch our footing as we got tired and close to the finish line. The hiker indicated that they had never fallen on the trail before and thought that my attempt to remind folks to stay focused had put the thought of falling into their head.</p>		Mindful Walking

Sep-23	Global Adventure	Safety Concern	Slip, Fall, Capsize	Trail	Trail was steep, with rolling rocks. Easy for anyone to slip. Participant fell and rolled downhill - 8 to 10 feet below trail. Participant's phone and eyeglasses which were in a case, fell off the participant. After a few minutes, other participants told the subject participant to remove backpack, presumably to make it easier for the subject to climb back up to the trail. Since the backpack was below the trail level and could not be reached, the subject participant tried to throw backpack further up the hill so it might be reached. P was not able to throw the backpack up far enough. The slope was very steep, and the backpack rolled down the hill approx. 100ft. P was able to climb back up to the trail. P was shaken up but other than some splinters in palm, did not seem to be injured. One participant (me) was given leader's permission to retrieve the phone and eyeglasses. Two other participants were given permission to climb down the hill to retrieve the backpack. After P fell, the leader gave instructions for everyone to stop moving so the situation could be assessed. The leader ascertained that the subject was not injured and everyone else was not in danger.	Given the steepness of the slope and the very slippery nature of the rocks, it might have been helpful to ask if anyone had a line or rope that could be used to tie to the backpack, or perhaps even the subject, to prevent further movement down the hill. Or maybe the backpack should have remained on the participant - not sure. The leader, and all participants, remained calm. The leader gave the subject sufficient time to recover from the incident before moving on.	Mindful Walking
Sep-23	Trail Running	Minor	OTHER - Please describe in Incident Narrative.	Trail	On a trail run, 2 participants were stung by bees: P1 had a minor sting on a knuckle, and P2 was stung multiple times. P2 developed a welt on calf and self-administered Benadryl. After a discussion on whether it made sense to turn around, both participants decided to complete the run and did so without further incident.	None, other than valuable to have Benadryl in First Aid kit.	Wasps/Bees
Sep-23	Climbing	Minor	Slip, Fall, Capsize	Rock - talus, boulders, scree	On trail while hiking in one student/participant stepped on a small baseball size sloping rock, half buried in ground, and rolled ankle. Ankle had been previously injured earlier in the season. P had been out on a trip since injury and successful with no issue. P was upset initially but after resting and then lightly loading in w/out pack, then assessed P would be fine to carry on. No issues post fall and successful attained summit and trip back to car.	Student did not disclose any health issues when asked in trip planning period, otherwise I might have suggested trekking poles. 1S did not have trekking poles so we gave ours.	Mindful Walking
Sep-23	Climbing	Minor	Slip, Fall, Capsize	Rock - talus, boulders, scree	While ascending first gully everybody was hugging a wall, closely together, to avoid rocky terrain and kicking rock onto fellow climbers below. Student took a line slightly away from wall, likely to avoid kitty-litter/dirt that had no traction. this put S on edge of a loose melon size rock in center of gully. Rock shifted and S fell to hip and slid a few feet. S came to a stop naturally although another student grabbed one strand of rope attached to pack. A co-leader helped S to feet and stabilized footing. Fallen student was bleeding on outside thigh that too brunt of fall. All climbers got out of gully on their own and to safe less steep terrain. S suffered cuts on thigh similar to road rash and we cleaned wound and applied bandage. S maintained bandage the rest of climb with successful summit and trip back to car.	I debated a handline being placed prior to get up Gully but after discussion with mentor on climb we both felt both hands were pretty useful will scaling wall. A discussion about terrain and hazards prior to ascent or more emphasis of that specific kitty litter terrain and how loose rocks can be in it prior to entering gully.	Mindful Walking
Sep-23	Urban Walking	Minor	Hit, Struck, Cut	OTHER - Please describe in Incident Narrative.	Leader found a small cut on left thumb. L does not know how the cut formed but was able to put a small Band-Aid on it. L was able to finish the trip with no issue. We were on an urban walk and on the sidewalk when L noticed the cut.	We don't know how the cut formed, so this is difficult to answer. Leader immediately used first aid kit to put a bandied on the cut.	
Sep-23	Global Adventures	Significant	Hit, Struck, Cut	Developed spaces, campgrounds, fields	A participant was enjoying the hotel pool during free time, and tried out the waterslide which was not large or dangerous. However P had barely stood up at the bottom when someone else came down and their heels struck P in the back. This led to pain in the lower right of back-hip, so P wanted to go get it checked out.	The victim had spoken to the next person in line, asking to give time before starting down. However P took longer than expected to come down. I don't know anything else that P could have done.	

Oct-23	Scrambling	Minor	Slip, Fall, Capsize	Trail	<p>The participant tripped on a tree root or rock and fell off the trail during our hike. We did a quick check with the participant, and thankfully the participant only got a few bruises. No broken bone or sprained ankle. The participant did have a bit of shock and slowed down quite a bit for rest of the hike out. This incident could have been much worse if the fall angle was awkward or something sharp was on the path of the fall. That's why I decided to submit this incident report as the trip leader, and I have identified the following factors leading to this trip and fall: Fatigue. The participant was rather uncomfortable with rugged trail. I was behind the participant during our scramble, and I noticed the participant frequently slipping on unmaintained climber's trail.</p>	<p>I should have suggested the participant got the trekking poles out. I only did so after the fall. Even the participant admitted trekking poles would have been helpful, but P didn't want to stop to get the poles off of pack.</p>	Mindful Walking
Oct-23	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Trail	<p>This was a day hike with an optional extension 0.7 miles one way up a flank, then down to a creek, and returning to the cars via a pass. Anyone who opted out of the extension would wait at a junction. That wait would likely have been over an hour, and those who took the extension would have been on unknown probably sketchy terrain. Fortunately, no one took the option. Leader stated they had not been on extension, and boot path where hands would probably be needed at times. During our lunch break, I studied the slope above the route that leader planned to take. Although a dotted line along the route appears on gaia gps, there is no "trail." The route passes under a slope angle from 45+ degrees to vertical on the higher slopes and consists of various sized rocks that can break loose at any time.</p> <p>I became extremely concerned about our group of hikers being exposed to that risk for about 0.4 mile. I expressed my concerns privately with the leader and stated that: this is a hike, not a scramble; there can be serious consequences if someone is hit by a rock; we do not have helmets; 7 of the 10 participants do not have scramble training; in addition to rockfall, there was a risk of a trip/fall on the rocky traverse which could result in a head or other type of injury. I felt the leader pushed back and minimized my concerns. L stated the following (paraphrased): L hasn't seen or heard any rocks falling; the risk is minimal; a helmet doesn't help if a rock hits your body. I tried explain that rocks can fall at any time, and that trip/falls can happen while navigating the rocks along that traverse and that there is no real trail. I also pointed out that no others were taking that route. I felt L appeared impatient and L did not want to hear what I had to say.</p> <p>I told leader that I was not willing to take the risk and wanted to stop there and turn back. Leader pulled the group together to tell them about my concerns. I described my observations and that my concerns were serious. Leader asked if anyone wanted to return with me, and no one volunteered. Leader asked me if I was okay going alone, and I said yes. L then said that if I said no, that L would have left with me and put someone else in charge of the group. I left alone with the leader's approval. The group went on and completed the trip as planned.</p> <p>I did return to the cars safely but had to wait two hours for the group's return because I had carpoled. Following are my safety concerns in a nutshell:</p> <ul style="list-style-type: none"> <li>- Participants should not be allowed to leave the group alone - regardless of whether they say they are okay with it. The leader approached me at the cars after the group returned and asked if I was okay, and I replied yes, I took my time and got back safely. However, I continue to feel that I was not taken seriously and not respected. Completing the trip as planned appeared to be more important to the leader than concerns for my own and the entire group's safety.</li> <li>- Trips listed as hikes should not include fairly lengthy stretches with objective hazards that are typically encountered by Scramblers and Climbers. If a helmet in such situations would provide a measure of safety, then the trip is not a "hike" and participants should have appropriate protective gear.</li> </ul>	<p>Do not let trip participant leave the group to go back alone - regardless of their experience or training, or whether they say it's okay. It would be acceptable only in the case of an extreme emergency. Take others' concerns seriously and respond objectively and with respect. Do not minimize others' concerns.</p> <p>Have an Assistant Leader, especially with large groups (more than 8 total). Bring a set of radios.</p>	

					<p>- Leader did not have an Assistant Leader or a designated sweep at the back end. This would have helped prevent the group of 11 from spreading so far apart.</p> <p>- Radios (one for leader, one for Assistant Leader or sweep) would have been very useful on the rocks going up to the lake where people lost sight of each other and had to figure out for themselves where the trail was.</p>		
Oct-23	Scrambling	Minor	OTHER - Please describe in Incident Narrative.	Trail	<p>Three of our party of four were stung by yellow jackets. We passed two ground hives. We passed the first hive on our ascent, and it appeared to have been recently dug up by an animal leaving behind an angry hive. The second was passed within 2 miles of the TH on our decent and was presumably disturbed by the party we were trailing. We donned rain gear when we had to pass back by the first hive and placed paper signs above and below the first hive. The second hive was passed late in the day, and we did not place signs around it as no one will likely hike the trail until after the forecasted heavy rains. Medical care was not sought by any of the participants.</p>	<p>Primary lesson learned is that wearing long pants and long sleeve shirts minimizes where flying stinging insect can sting. Also, given the apparent increase in hiker - yellowjacket interactions it is important to check in with participants on if they have anaphylaxis and how it is managed.</p>	Wasps/Bees
Oct-23	Bikepacking	Major	Slip, Fall, Capsize	Trail	<p>We were travelling by bike on a converted railroad trail with a good mostly gravel surface with a few paved sections. We were about 8 miles from the trailhead. We left the trailhead at 11 AM and made a few short stops to look at the salmon in the river and at trestles to look at the river and take pictures. Weather was mild and partly sunny although rain was in the forecast for the evening. We were travelling at a relaxed, social pace at times two abreast (where the trail was wider) and at times single-filed where vegetation was a bit overgrown.</p> <p>At the spot where the accident happened, the trail had a good gravel surface, but some wood debris was present. A participant was riding side by side with another and did not see a branch about 1 foot long and 1.5 inch thick that was lying on the ground. Their wheel caught the branch, threw them off the bike on the right side of the trail. It happened very fast and no one in the group was able to observe the exact dynamics of the accident but the participant landed on the left side body and head (possibly with their body turning sideways) in the blackberry bushes. The rest of the group immediately stopped and went to the subject to assess and help. The subject was lying on the ground supine. They lost consciousness for about 15-20 second. The subject was still breathing with a snore-like breath. Airways and circulation were fine. The subject was never clammy or changed color in their face. After about 15-20 second, they regained consciousness and started talking but at the beginning they were alert but not oriented. Could not remember where they were and what they were doing there. The subject also complained of pain on their head. Given these symptoms, we determined we should call 911 as we suspected the subject had hit their head and probably suffered a concussion and might have head trauma. We decided not to move them and wait for the paramedics to arrive. The designated first aid leader called 911 and a paramedic team was dispatched right away. They were at the scene within 10 min of the accident. Fortunately, we were on a section of the trail that was very close and parallel to a highway with an access road that was about 300 feet away. While other members of our group stayed with the subject and kept monitoring their symptoms, the first aid leader continued to communicate with 911 and the trip leader (myself) called the Mountaineers Emergency line, and an assistant leader called the emergency contact of their patient. The leader and each of the assistant leaders had printed rosters with all emergency contacts. The emergency contact of the injured participant was actually out of the country and did not answer. When the subject seemed to be recovering and regaining full consciousness, they told us about another close friend and gave us their number, so we called that person instead. The paramedics first assessed the subject and were soon after joined by a Fire and Rescue</p>	<p>At the debrief back at the trailhead it was suggested that someone could have called the branch if noticed it and perhaps been in time to warn the rider who fell. The participant was close to the front but not in the very front when the accident's happened. We had called other obstacles such as posts at the trail entrances and exits and slippery wood on the trestles, but this particular branch was not observed by anyone until the participant's wheel caught it. It's fall and there are lots of leaves and wooden debris on the ground even on this mostly smooth gravel trail, so it is hard to notice every obstacle on the way. We felt that we had adequate distance between riders so no one else was caught in the fall.</p> <p>We felt the whole team worked really well responding to the accident and made the right call deciding not to move the subject and call 911 since it was clear there had been a head injury. Everyone remained calm and each person in the group was able to help and take a role in the emergency response, monitoring the subject's vitals, making phone calls and having one person go the hospital with the injured participant. It was great to have 3 assistant leaders in the group and that we had designated a first aid leader (different from the trip leader) who could coordinate the first aid response and communicate with 911. The team also worked well the logistics of returning the trailhead to pick up cars and bikes. This was the first major accident we had in the bikepacking activity, and we are so grateful that the outcome was not worst. We could have not been luckier in terms of where the accident happened, so close to the road and in an</p>	

					<p>team. They did some further assessing and talked to the subject and then loaded them on a backboard and transported them to the ambulance a short distance away.</p> <p>I decided to go with the participant in the ambulance, while the rest of the group with three assistant leaders, stayed behind. While I was at the hospital with the subject, they coordinated the return to the trailhead with two participants staying behind with my bike and the injured participant's bike, while the others cycled back to the trailhead to get the cars.</p> <p>When we arrived at the hospital the injured participant was examined. They had regained all their mental capacities and while sore on the neck and bruised on the buttocks, they had no other injuries and were diagnosed to have suffered only a mild concussion. The helmet they were wearing has some dents and clearly had absorbed some of the impact. The injured participant was discharged soon after, less than 1 hour after arriving at the hospital. The doctor prescribed some Advil for pain and said to return to the hospital only in case of symptoms worsening.</p> <p>While we were waiting to be picked up we had lunch at the hospital's cafeteria then one of the participants came to pick the trip leader and the injured participant up and we went to retrieve the bikes and join the rest of the team. The injured participant seemed to be doing a lot better with great relief of the whole group. We then all drove back to the trailhead with all bikes and then had a debrief about the accident. Then the participant who had carpooled with the injured participant took them home and all others also decided not to continue the trip and return home.</p>	<p>almost ideal front country setting where we had cell reception, paramedic at the site so quickly and a hospital only 15 min-drive away.</p>	
Oct-23	Navigation	Minor	Slip, Fall, Capsize	Off-trail, cross-country	<p>During field trip for Wilderness Nav Course: While navigating, a student fell and bruised right knee. To avoid further knee stress, the other Instructor and I changed the last navigation exercises. Instead of navigating through the woods, we walked along the gravel road to the next waypoint. To assure S safety, the instructor accompanied S through the woods to the end of the navigation course and where the vehicles were parked. Upon returning to the vehicle, S applied an ice pack to knee. When I checked with S today, S said "...knee is better..." and that S had led a hike the next day without problems.</p>	<p>Contributed to positive outcomes: student was already using their hiking poles, student was closely accompanied by an instructor, navigation tasks following the incident were modified to mitigate further injury, ice pack was available in the vehicle, which was nearby, Instructor followed up 36 hours later to inquire about student's status. Done differently to have avoided or mitigated: much earlier and prior to the incident, the instructors could have noticed that the student was tired. For this student, who would have required focused probing because they really wanted to complete all the exercises. Student could have been switched to a different group that took a less challenging route. Or, alternatively, been given the opportunity to skip all parts of the course, if they agreed they were too tired.</p>	
Oct-23	Climbing	Minor	Illness or Personal issues (conditioning, lack of skill)	Trail	<p>About halfway up the trail, about 25 min into the hike, a participant said, "I was feeling good about the pace, but suddenly I'm not." Then 5 minutes later they said, "I'm not feeling well at all." They stopped hiking and sort of fumbled with their backpack straps like they were thinking about taking it off and changed their mind. Our first aid lead asked the participant to move away from the edge of the trail and to consider sitting down for a break. The participant did both. The first aid lead asked questions like</p> <p>what are you feeling? are you dizzy? have you had water? have you eaten?</p>	<p>I'm not quite sure how to have mitigated this incident aside from asking participants before the hike if they have had a snack/eaten before we start hiking. Maybe this is something to indicate in the welcome emails for these after-work type outings in which it may be easy to forget to eat/difficult to have enough food between the end of the workday and the beginning of the activity. I think our first aid lead did a great job handling the situation. It was great that they asked the participant to move away from the edge of the trail to prevent any chance of fall. And they asked good</p>	Health Check

					The participant said they realized they had not eaten since lunch. The first aid lead encouraged them to eat a snack, but the participant said they thought they might just throw it back up. I encouraged the participant to try taking one bite of food and then follow it with a sip of water. They did this and took an electrolyte tab. After a minute or two, the participant reported feeling much better. They finished the snack, had more water, and began hiking again. I and the first aid lead checked in with the participant a couple more times during the ascent and they said they were doing well. The participant had additional snacks and water at the top during our rest break. We also checked in with the participant back in the parking lot to ensure they were ok to drive themselves home and they said they felt absolutely fine and were ok to get themselves home.	questions to get at the root of the issue. It was also helpful that I encouraged them to start with one bite of food when they said they couldn't eat a full snack. The other participants were also very kind and understanding and offered to adjust the pace from that point. All of these actions contributed to a positive outcome.	
Oct-23	Trail Running	Minor	OTHER - Please describe in Incident Narrative.	Trail	On a trail run one participant was stung by what they thought was a hornet. R said they were fine, did not have a major welt, and had no allergies or issues with hornets. R did not need any first aid and felt good to continue the run. We completed the run without further incident.	None except to be aware that bee/hornet activity is still occurring.	Wasps/Bees
Nov-23	Urban Walking	Safety Concern	Slip, Fall, Capsize	OTHER - Please describe in Incident Narrative.	The group was walking on a sidewalk. As we were walking, Leader alerted everyone to watch out for the "trippers." I looked down and noted the raised sidewalk with yellow paint to indicate the obstacle. The walker behind me tripped on the raised sidewalk. Leader checked the walker who was "Okay." We proceeded to complete the walk.		Mindful Walking
Nov-23	Bikepacking	Significant	Slip, Fall, Capsize	Road	<p>We were heading to a destination for an overnight bikepacking trip. We had just climbed the first mile of the very bumpy and rocky part of the unpaved section. We had just started a mild descent on the rugged forest road, when after a dip in the road, one of the dry bags fastened to the suspension fork of the participant's mountain bike became entangled in the front wheel, halting its rotation abruptly. This sudden obstruction led to a forceful ejection of the rider over the handlebars of the bicycle, resulting in R landing on left side.</p> <p>At that moment in time, the rest of the group was ahead with me (the trip leader) trying to catch up with two participants who had gone in front and the co-leader towards the back. The co-leader had gone slightly ahead around a curve but when we both noticed not everyone was there and stopped. I started riding back and saw the participant's walking down the road. R said R had a mechanical issue but then explained to me and another rider what had happened. R's bike front wheel had two broken spokes and the tubeless front tire has flattened. Another participant joined me and assisted me with the initial first aid. The injured participant sat down on a rock on some insulated pad, and we began assessing R injuries. The main complaint was pain around clavicle which made us suspect R had broken it. R also had some scrapes on one finger and R's helmet had a small dent and some scrapes. We used a triangular bandage I had in my first aid kit and a seat pad to fashion a sling for R's arm, gave R some sugar and covered R with a down blanket.</p> <p>Using radio, I called on the rest of the group to come back at the site of the accident. Based on the pain in R's injury area, likelihood of a fracture and the fact that R had hit R's head, we determined R needed medical attention as soon as possible. However, since R was mobile and did not show any symptoms of concussion or had any complaints related to neck or head pain, we determined that R could move and that an emergency rescue was not necessary. In addition, we were only one mile from the trailhead and had no cell reception, so we knew the fastest way out was to drive back to a local town. We decided then to send one person back down to the trailhead by bike to get R's</p>	<p>This section written in collaboration with co-leader. Technical assessment of cause of accident is co-leaders.</p> <p>1. The accident was due to a dry bag that was improperly fastened to the suspension fork of the participant's mountain bike. Suspension fork lower legs are cylinder-shaped, and best practice for mounting bikepacking bags to them, so that they will remain securely in place, involves the addition of a clamp system that enables riders to mount cargo cages to the lowers of their fork. A cargo cage is bolted to the clamp system, and the dry bags are secured to the cargo cage using straps. This setup gaps the bikepacking bags from the suspension fork lower legs and prohibits it from rotating around the cylinder-shaped lower leg.</p> <p>The participant's bags were strapped directly to the lower legs of suspension fork without a mounting system or cargo cages. In this configuration, there was not enough friction to stop their rotation around the lower legs of the fork. The dry bag strapped to the drive side of the bike rotated toward the rear of the bike and became entangled in the front wheel, halting its rotation abruptly. This sudden obstruction led to a forceful ejection of the rider over the handlebars of</p>	

				<p>car. The rest of us stayed with the patient and monitored vitals. R was talking the entire time and in good spirits despite pain.</p> <p>Once the car arrived back, we got R's and ad my bike on R's car rack and one other participant rode back to the trailhead to retrieve my car. At the trailhead I moved my bike to the other car (it was my car that I had driven) and then drove the injured participant to for medical attention. The rest of the group stayed with the co-leader but also decided to abort the trip and later called me to communicate their final decision to not continue the trip. Once we got back to cell reception, during the drive home, we contacted R's emergency person and R's doctor's office and after asking R a number of questions, they recommended going to the emergency room for evaluation. We were at the hospital for several hours; R had both X-rays and Cat Scans of head and neck. Unfortunately R did break and displaced a collarbone and will require surgery. Fortunately, R suffered no head or other injuries.</p> <p>R's friend joined us at the hospital. After R was dismissed from the hospital, I drove R home.</p>	<p>the bicycle, resulting in injuries. The co-leader and I feel responsible for not taking a closer look at bike setup. The participant is an experienced bikepacker coming to us through the equivalency process and has done multiple private and official bikepacking trips with the leader. However, this was the first time R used a mountain bike for a bikepacking trip. Given the nature of the terrain and reports on rocky conditions of the road, I had asked all participants to ride mountain bikes. R had a much more secure and well-tested set-up on R's gravel bike, but a mountain bike was more appropriate for this route. R is an experienced mountain biker and had a mountain bike but had never bikepacked with it.</p> <p>While we rode around the parking lot to test that everything was securely attached (this is one of our pre-trip standard practice), the terrain there was not sufficiently bumpy to create an issue with bike set-up. What we did not do is take a close look at everyone's set-up. We are going to instruct all leaders to make this a required part of the trailhead pre-trip process. Not just asking participants to check their own but go around and check everyone's set up.</p> <p>2. Group dynamics and brief group separation: while we always go on trips with at least two leaders and generally have the group stay together with one leader in front and one sweeping, at this moment in time the plan did not work out. I was in the lead group and the co-leader towards the back but not very last. As the descent begun the co-leader rolled past R, coasted, soft pedaled up into and out of the rougher terrain, to allow R to catch up. Co-leader stopped just around the corner when realizing R hadn't caught up. R was out of sight for a short while. I also had stopped and turned around to see leader waiting but R missing. This is when I turned around back uphill to see what was going on and I saw R walking towards me. R should not have been alone when the accident happened. With a different mechanism of injury R could have been unconscious. We got back to R pretty quickly, but we are going to be more rigorous about never letting the last participant in the back of the group behind a leader and also asking the front participant not to get in front of the first leader. That is what happened to me in front, I was trying to stay with the faster two who had gone quite a way ahead. Even</p>
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						<p>in a small group of 6 it is very hard to keep everyone in sight at all times on bikes. I had asked this of the group at the start and we each leader has a radio on to communicated in case we ended up separating but, in this case, we still got split by a few hundred yards and on a curvy road that was enough to be out of sight. A mirror mounted on the bike or helmet would have also been useful. I personally have one on my gravel bike but not one on my mountain bike (that is very uncommon). I will recommend that leaders have at least a mirror on the helmet.</p> <p>3. Emergency plan and evacuation: We were lucky we were so close to the trailhead and going back to get a car and driving it to the accident site was possible. External emergency response would have not been timelier than our self-evacuating, but this is not common in bikepacking trips. The issue of dealing with extra bikes(s) was also resolved by having the possibility of getting a car to the accident site. Again, not a common occurrence in true backcountry settings.</p> <p>4. Emergency communication and response: We did have multiple in-reach devices and had everyone's contacts programmed since we knew this area had no reception. We ended up not needing them but still sent a message to the call out person to let them know. In- reaches should be required on every trip. We are not sure if all leaders have one but will double check and require them to have one in-reach at least per group. Radios were helpful to get the group together. Everyone was excellent at managing the emergency, stayed calm and contributed to the emergency response and self-rescue.</p> <p>5. First aid response: While we had designated a first aid leader at the start who was the person with most recent and highest first aid experience, this person was one of the riders who was all the way in front and did not arrive back at the accident until after we had already initiated the first aid. In this case, first aid response was fairly quick and appropriate as I was able to get to the injured person quickly. We were very well supplied with first aid and emergency supplied (warm layers and insulation) due to being on a bikepacking trip. Since a broken clavicle and shoulder and arm injuries are some of the most common type</p>
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						<p>of biking injuries, it should be standard to have a triangular bandage in any first aid kits. Seat pads work great for arm splints.</p> <p>6. ER Protocols for Head injuries: While at the hospital with the patient, I learned that for this health provider, any time a patient suffered an injury with head impact, they automatically do cat scans even if there have not been signs of concussion. This is contrary to the practice of the previous accident I responded to just a few weeks prior where the person hit their head and lost consciousness but the doctor at the ER did not order a cat scan. I strongly recommend any leaders involved in a bike accident with a head injury to:</p> <ul style="list-style-type: none"> <li>- go to the hospital with the injured participant</li> <li>- request they have a cat-scan</li> </ul> <p>I feel this accident could have been avoided if we had checked everyone's bike set-up. I also want to stress the importance in bikepacking to avoid at all costs having a rider in the back alone (or others in front of the leader). While we already have a standard practice of having a leader in front and one sweeping, this should be adhered at all times and specified as an expectation for each trip at the start of the trip. We are going to discuss this accident with the bikepacking committee safety officer and with the entire committee and make recommendations to modifications to our pre-trip practices to minimize the risk of future accidents like this in the future.</p>	
Nov-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	I slipped on some wet leaves or a wet rock while going down one of the steeper parts. I lost my balance and hit my head on a tree that was next to the trail and then rolled down the trail a little. I also cut my palm somehow and twisted my knuckle, which is swollen this morning. I have a silver dollar sized abrasion on my left cheek that bled a surprising amount. The bleeding stopped with a little pressure on the wound. Aside from using poles, there's not much that could have been done to avert the fall. We were walking at a normal pace. The trail was covered in wet leaves, but this spot wasn't any different than any other part of the trail. It's one of those random things that can happen.		Mindful Walking
Nov-23	Urban Walking	Minor	Slip, Fall, Capsize	Road	Person tripped and fell over sidewalk curb on a dark, clear evening. Wearing Headlamp. Scrapes, cuts to right hand requiring dressings to stop bleeding. Scraped knee. No other obvious injury.	After fall, first aid assignee did a nice job directing care. Good team work effectively dressing wounds.	Mindful Walking
Dec-23	Trail Running	Minor	Slip, Fall, Capsize	Trail	One runner had a slight, minor fall about half-way through trip. Skinned knee that did not require any first aid, and runner was easily able to complete trip from both a physical and psychological perspective. After the run, during the post-trip safety debrief, the runner who fell volunteered that R will look to acquire better trail running shoes with traction to minimize the chance of that happening again. During the post-trip safety debrief, 3/9 runners volunteered that the least-safe part of the trip was a downhill portion during which there was a greater likelihood of tripping/falling had the group		

					not stopped running. While no one believed this was unsafe overall, the consensus was that it was appropriate to slow the pace for the entire group on this portion.		
Dec-23	Trail Running	Safety Concern	Logistics, equipment issues, party issues	Trail	Primary Leader's headlamp shut off with 1/3 of mile to go on trip...most likely due to highest illumination setting for whole run. Primary Leader asked runner nearby to run in front, while L used mobile phone light, for last 1/3 mile.	Leader left spare headlamp in car since everyone else was confident of their own. Leader (me!) will either stuff spare headlamp into running vest, or bring an additional rechargeable battery, or *not* have headlamp on highest setting for entire duration of trip. Course Admin (me!) will send Course Leaders an update suggesting that leaders mention traction of running shoes in pre-trip message. Since temp can only get colder in next few months with greater chance of ice, important for others in course who are new to trail running to understand importance of proper gear. Continued collaboration with Trail Running Safety Officer on all of these issues.	
Dec-23	Day Hiking	Minor	Slip, Fall, Capsize	Trail	In the early part of the hike, we were hiking down a hill. I and another hiker were in front of other hikers. A participant in front was hiking down quite fast and I asked if we could slow down since the ground was wet and slippery. P didn't take my advice. Several minutes later, one of the hikers fell down and injured hand. The participant in front didn't include any hikers in decision process in regard to what we would do next since we had an injury. The participant in front decided to let the injured hiker go back to the trailhead with 2 other hikers and kept moving with the rest of the hikers. These two actions didn't seem to be appropriate for many different reasons.	Engage in discussion with trip participants regarding decisions involving increased risk; be a good listener and be polite and thoughtful when engaging in discussion; keep focus on best outcome for the group as a whole and prioritize getting home safe, getting home friends, and getting to the objective.	Mindful Walking
Dec-23	Sea Kayaking	Minor	Illness or Personal issues (conditioning, lack of skill)	Water - large bodies, fresh or salt	Trip leader let the group know as we ended our late lunch that L was feeling a little off. L had previously told us L was subject to migraines and said that L didn't think that was the issue, just thought it was a stomach issue. About a mile before our takeout L got a migraine on the water and suddenly couldn't see. As soon as it happened L took a participant up on a previous offer to tow L. L also immediately got on the radio to another paddler in our group that was acting as an unofficial assistant and had UA come over stay next to L as 2 group members towed about a mile back to our take out point. At our morning beach meeting L had told us that they typically lasted 45 minutes and L repeated the same thing as it happened and also clarified that L typically has great balance when going through it so didn't need someone nearby. We arrived back about 30 minutes later, and L continued to sit in boat for about 5 minutes then got out and appeared to be fine.	On the good side L had shared the potential for the issue with us in advance. When L wasn't feeling great after lunch L also let us all know so we had a heightened awareness when something was off. L also was very much in control of managing the incident as it started and directed others on what to do even as L couldn't really see. On the bad side there wasn't an official assistant leader to take over nor therefore really any guarantee that there was someone there with towing/IM training.	Health Check
Dec-23	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues	Developed spaces, campgrounds, fields	After unstrapping a kayak from the car rack, a gust of wind blew the boat off the rack. The kayak struck and damaged the passenger side mirror of the car and sustained minor damage to the bow of the boat. No personal injury was sustained. Both the car and the boat were able to be temporarily repaired using tape. While all participants were aware of the necessity of maintaining control of boats on car racks while strapping/unstrapping, the participants in this case momentarily lost contact with the boat at just the time when a wind gust happened.	Participants must maintain control of kayaks while unstrapped on car racks. Leaders and participants need to remind each other of the need to control boats while loading and unloading from cars using teamwork and communication - ensuring that at least one participant has physical control of the boat at all times. Continue to ensure that this is taught in the basic course as well as during any equivalency checkout.	
Dec-23	Backcountry Skiing	Minor	Slip, Fall, Capsize	Snow - non-technical	A member of our group fell on a ski slope about 100 yards uphill from where the rest of the group was waiting. There was one other member of our group behind M. I saw M fall, and noticed M was not getting back up very quickly even though M's skis were still attached. A skier nearby (also in our group) skied down and helped M stand. I found out afterwards that M fell on shoulder and was unable to use injured, uphill arm to push back up.	I should have interrupted the leader to point out what I was seeing. It was the end of the day, and I was frustrated. I also trusted the skiers affected would be signaling if it was more serious--but they were the least strong skiers of the group, and I regret at least	

					Other than this potentially being a more serious injury, I was concerned that Leader did not notice this even happened--at the time, or afterwards. L was telling us some story while we waited, and while the two skiers were having a hard time above us, and clearly L didn't realize it was taking longer than expected for the two skiers to come down. I tried to get L's attention, unsuccessfully, and regret not trying harder. We were in visual contact (and probably voice contact) range, and I thought if the injured skier needed help one of them would be yelling or signaling, which is why I just kept watching them to be sure. When they rejoined the group and the injured skier said what happened, I don't think L heard, seeming oblivious in general to what had happened.	not letting them know we were aware at the time and could hike up to help if needed.	
Dec-23	Scrambling	Near Miss	Hit, Struck, Cut	Trail	Not sure how much we can gain from this, but during the walk out down a trail, four hikers not part of our party, decided to cut the trail, and slide down the fall line above us. They toppled a medium sized snag which crashed down on the trail just behind some of us, and in front of others. We don't believe this was intentional, and they did warn us of falling lumber. still, it was scary.	Beware of others on the trail behaving with inadequate caution?? Otherwise, one of those freak things that can happen. Some of us yelled at them, and hopefully they will think twice before doing that again.	
Dec-23	Scrambling	Significant	Hit, Struck, Cut	Snow - non-technical	A participant post-hold knee deep with one foot, and the other foot slipped into the same hole and crampon cut into left calf. The participant's calf was cut. After the trip, P went to see a doctor. Doctor gave two stiches and antibiotics and tetanus shot.	P used crampons because P was not comfortable going down the snow with snowshoes. P had brand-new crampons and seemed that P was not used to these crampons.	