

Month Year	Trip Type	Activity	Incident Severity	Incident Category	Incident specifics	Terrain	Incident report	Lessons learned
Jul-24	Trip	Climbing	Safety Concern	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	On the approach at one of the creek crossings, one of the other participants slipped off a bank into the creek onto a rock. It was a relatively slow-moving section of creek, but it was above a very fast-moving section. Additionally, this person could have hit their head on the rock or injured their neck if they hadn't been able to spin around and land on their hands/knees during the fall. Some soreness to their knee reported the following morning, but otherwise no injury.	I think for the slippery bank section, we should have all stuck to the higher trail that was less slippery.
Jul-24	Trip	Climbing	Safety Concern	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	A participant lost their footing on a steep snow crossing on the scramble section above the glacier on the return from summit. They had a strong ice axe plunge and were able to self-belay.	As for that snow crossing, it was definitely sketchy, especially on the return since it was hot, and the snow had become quite soft.
Jul-24	Trip	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	equipment issues	Trail	One of our co leaders in -reach was turned on while stowed in pack. Somehow the sos button was pushed while in pack. Upon discovering this, the sos was canceled and appropriate people, including the program center were contacted. No injury just a faulty sos button.	Keep inreach in off mode.
Jul-24	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	<p>Leader: returning from lakes, I tripped on a small rock and fell forward hitting my nose and getting knees and elbows dirty despite using poles. First Aid designee (co-leader) let me stay down a moment to self-assess. No issues. I got up and FA helped me to a nearby log to sit on. FA cleaned a few drops of blood off nose--no need for band aid--and cleaned dirt off knees and elbows. After a brief break and a drink of water, we continued back to trailhead.</p> <p>Co-leader: hike leader (w/ impaired peripheral vision), with actively deployed poles, moving at a modest pace, tripped on small rock in descent and fell resulting in scratches to face (and dirty right arm and leg). First Aid designate (co-leader) waited a moment for leader to self-assess (no immediate pain or disability), then assisted to more comfortable seated position on adjacent, large diameter, fallen log. FA leader performed further assessment with no apparent injuries beyond facial scratches. FA leader quickly extracted minor injury first response kit from pack top pocket to access single wipe alcohol pad. FA leader cleaned face and minor scratches, then used same pad to clean arm and leg. No blood flow ensured, and no wound dressings were required. Also did not apply anti-biotic ointment. Participant provided mirrored compass to Leader for self-examination of facial wounds. After ~10 minutes rest, including drink of water, leader stood unassisted, and hike continued without incident to trailhead. Party passed three SAR teams heading up trail to assist fallen runner. No complications on 1 hr drive back to home, that evening or following morning.</p> <p>P1: trip leader tripped at a rocky area of the trail that was a short transition on a downward slope and trail improvement near a depression in the trail.</p> <p>P2: A trip and fall, perhaps due to fatigue? The co leader applied first aid and all was well.</p>	<p>Trip Leader: Pick feet up higher. Recognize the need to be more vigilant when you are tired and hot.</p> <p>P1: The area was a slight "hazard" where it was easy to stumble or lose footing, so I can't think of something repeatable that could have been done differently. The designated first aid participant (the co-leader) quickly helped the fallen hiker who had a couple/few very minor scrapes.</p> <p>P2: The individual might consider a less rigorous hike?</p>
Jul-24	Trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	party split	Trail	I was disappointed with three hikers that did not seem interested in staying with the group. The trip leader tried to find a balance in accommodating two that wanted to hike at a faster pace by asking that they wait for the group at 15-minute intervals, thereby limiting the gap between them and the main group. Before the two paired up one did not a stop a trail junction and went in the wrong direction, resulting in the second hiker of the eventual pair retrieving the separated hiker and helping them backtrack to rejoin the waiting main group. A consistently trailing third hiker was typically closer to the group than the pair and within sight or earshot so detracted less from the group, but I found myself fairly consistently looking back, as did the Leader and Co-leader, to ensure the slower person didn't become separated from the group.	

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Jul-24	Trip	Sea Kayaking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Water - large bodies, fresh or salt	<p>Leader: Terrain was beach with an approximate 5 per cent slope covered in cobbles with barnacles. Student slipped and fell on the beach while carrying a sea kayak to the water. S received minor lacerations to wrist causing bleeding. Leaders immediately stopped the bleeding, applied antibiotic cream, and put a bandage over the wound. P was able to complete the paddle without further discomfort.</p> <p>Instructor: It was a simple slip and fall while initiating a two person carry of a kayak. Student fell carrying the Kayak. While S did bleed a but at first, but injuries were superficial. S was bandaged and on the water in 10 min and S did the whole paddle no complaints.</p>	<p>Leader: Unfortunately, slips and trips occur when adults walk on beaches. P had assistance from another student with the kayak carry which may have minimized the severity of the fall and wounds were attended to immediately.</p> <p>Instructor: Always pay attention and do not talk about the things while carrying Kayaks.</p>
Jul-24	Youth activity	Youth	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - technical, rope & protection needed	<p>During a crag climb, one of our MAC teen members fell while leading a 5.9/5.10a sport climb. The climb required climbers to smear their rock shoes on texture to complete the climb. After clipping final bolt and moving toward the anchor, the climber slipped and fell. The climbers belayer successfully caught the fall, but due to the angled nature of the slab, we believe C impacted/struck ankle during the fall resulting in a sprain. The climber initially 'shook it off' and refused help, but ankle started to swell and redden. Over the next 30-45 minutes, it became increasingly painful for C to walk. The First Aid lead (also a MAC student) treated C with RICE protocols for strains, also ensuring C stayed hydrated due to the heat of the day. MAC adult leadership notified parent of the injury, and the climber departed that evening.</p>	<p>There weren't any significant factors that contributed to the incident: we believe this is an unfortunate slip during a sport lead. Both the climber and belayer followed standard processes/protocols and the belayer successfully caught the climber. It's possible the belayer could have provided a 'tighter' belay, but we're unsure if that would have made a difference in preventing the sprain given the angled nature of the slab. In the future, MAC leadership can make sure in the future to emphasize objective hazards of small ledges, angled slabs, and rock horns when taking lead falls.</p>
Jul-24	Youth activity	Youth	Minor	OTHER - Please describe in Incident Narrative.	weather related	Developed spaces, campgrounds, fields	Participant came home with a sunburn that is almost second degree on back.	Given the heat, having instructors make sure kids are properly sunscreen'ed and keep shirts on is very important.
Jul-24	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Slip on trail. I've had 4 eye surgeries, and as a result, my side vision is smaller than an average person. This may have contributed to my fall as well.	Don't hike fast to catch up; or if you do, be more careful!
Jul-24	Trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	<p>The stage was set in the beginning when Participant C held up the group at the start of the hike. We did the introductions, and the trail talk, and everyone started putting on their backpacks and walking to the trailhead. C was rummaging around in pack for another 5 min, then put it on and started walking too. I had the front people hold up until C caught up with the group then we started walking. I was in the middle and had gone around the corner and didn't realize that C had gone back to the car to get poles. The sweep was waiting up for C, as was at least one other person, who lent C extra pair of poles to use on the hike. When the group stopped at the 15 min mark, C expressed concern that the group did not wait. The sweep said was watching C the whole time and was waiting just around the corner. C argued about it in front of the group. When we got to the lunch spot, I was sitting down with a few other people and Participant M was sitting a bit away and in front of me. M offered food to me and one to the two people sitting next to me. As M was going back to sit down, C said, "aren't you going to offer me a cherry, too?" M looked at C but didn't say anything and sat down. C started muttering things like, "I can't believe M is so rude not to offer me a cherry, too." C said it about 4 times, getting louder and louder. M finally turned around and said, "I have no obligation to offer you a cherry." C again stated it was rude, and the C felt discriminated against. M's friend then stood up and</p>	<p>I am not sure what could have been done differently to have avoid this situation. I am working on setting clear goals and expectations for my hikes in the listings.</p> <p>My suggestion would be to send out queries to other leader's whose trips C has been on recently to see what the extent of the behavior issues are. Maybe C needs to be reminded of the Mountaineers Code of Ethics</p>

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							<p>said, “Do you have a problem with M?” C said "yes, M is being rude to me and discriminative." M said that M offered food to the trip leader and carpool driver, but had no obligation to offer C one, too". They (M's friend and C) then started arguing back and forth at each other. I said loudly to them, "Ok, just let it go." They continued to argue, and I told them to "let it go" another time, very forcibly. They finally stopped and M's friend sat down. There were at least 6 other people M did not offer a cherry to and none of them felt M was being rude about it.</p> <p>Later, C apologized to M, but the whole group was negatively affected by this altercation, and it put a damper on the rest of the hike. C also apologized to me, and I offered that perhaps a better approach would have been for C to just share feelings (for instance, "I felt like it was rude for you to not offer me a cherry") and leave it at that. According to M's cultural identity, it was a show of honor to offer a cherry to the leader and carpool driver. M was not purposefully being rude to C, nor anyone else that didn't get offered a cherry.</p> <p>On the way back down, we had discussed the possibility of stopping at the lake for a quick swim. The mosquitoes were pretty bad so I said we would take no more than 7 min to swim and then continue hiking. Only C and I swam, and within 7 min I had finished my swim, dressed, with pack on and ready to go. As I got out of the water, I told C that we needed to hurry as everyone was waiting for us. C continued swimming and then took a long time to dry off and start getting dressed. After 10 more minutes, the group wanted to get going. It was only about a mile back to the car, so I let some start off, and I was in the middle group, with C and the sweep at the rear. C was rushing down the trail trying to catch up when C tripped over a stump and fell on side. C sustained a few bruises. A contributing factor was that the borrowed poles were not the right height.</p> <p>On the drive home, several participants shared other negative interactions they had with C on other trips and mentioned that a sailing leader had banned C from sailing trips due to behavior. This is the third hike C has been on with me, and it is apparent that this is a continuing pattern of inappropriate behavior, showing inconsideration for other group members.</p> <p>Here were some comments in the feedback section of this trip: * I wish C had not been on the trip. C has been unpleasant on every urban walk and day hike I have been on with C. Would it be possible to ban C from Mountaineer's events? * I may cancel registrations in the future if C is registered.</p>	and agree to abide by them if C wishes to participate in future trips.
Jul-24	Trip	Naturalist	Major	illness	injury/ illness - sudden onset	Trail	<p>Leader: Leader (L) traded emails with the Participant (P1) prior to the trip confirming the directions to the meet up location. P1 mentioned that they had been ill but would cancel if they didn't feel well enough. L informed P1 that there would be no problem with a last-minute cancellation. P1 arrived on time and in good spirits. As the trip started, P1 did not appear in distress and was busy searching for birds and taking photos. In a little less than a mile but approximately 1 hr into our trip L found P1 leaning against a split rail fence in the sunshine. L approached P1 and they reported not feeling well and felt like they might faint. L asked P1 to move about 4 ft along the fence into the shade. L helped P1 into the shade and asked P1 if they had water so they could take a drink. As P1 was bringing the bottle to their mouth they fainted. L was standing in front of P1 and placed palms against the front of their shoulders to brace them from falling to the ground. A few moments later, First Aid Leader (FAL) arrived and gathered up other participants to help P1 to the ground. FAL immediately started the assessment of P1 with the help of Participant 2 (P2). Seconds later FAL called out to call 911. Coleader 1 (CL1) immediately called and stayed on the phone with them until EMS arrived.</p> <p>Participants not rendering aid stepped away to allow space and privacy. L stood by in case they would be needed and to provide instruction to the participants if needed. Two participants (P3 & P4) were distressed by the incident and what FAL and P1 were discussing. P1 expressed concern of the cost of EMS and asked that FAL not call</p>	<p>Leader: The leader team knew each other well making a highly competent & trusted team that worked together well. Identifying the First Aid Leader at the start was essential. Everyone knew their roles as we started the trip.</p> <p>Co-Leader: Even though it was a hot day, we had been walking very slowly and had mostly been in the shade. The incident occurred before 10am, and we had only walked about a mile and had taken about an hour to do so. I don't believe heat was the cause; but perhaps some underlying medical issues of TP1. Having identified a FAL at the start of the trip was key! The FAL did a wonderful job of assessing the patient and building a rapport oof emotional support. Also having three co-leaders who are very experienced and who know each other and work well together was helpful. EMS was not able to cut the lock to access the blueberry fields. Hopefully, they will circle back around with the city and work out an access plan for the future. Co-leader 2 (CL2) was able to point out a</p>

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						<p>their emergency contact. P3 overheard this and immediately tried to organize a plan to drive P1 home. L & CL1 explained that P1 was in no condition to make decisions, and that EMS would determine next steps and evacuation plans with FAL. L asked P3 to go to the parking lot to meet EMS as P3 kept interrupting CL1 while on the phone with 911 as P3 was devising their evacuation plan for P1. P4 also was anxiously wanting to help. L also dispatched P4 to the Farm Stand to meet EMS there. L did this to give P3 & P4 a helpful task away from the scene and dissipate nervous energy. CL1 had provided the exact location to the scene and a GPS pin was shared with Co-leader 2 (CL2) who was in the parking lot. CL2 met the EMS team and led EMS directly to the location. Their dispatch was delayed with not being able to get through the locked gates. The Farm Stand provided a small open air farm truck for transportation since the EMS ambulance was too big to get through the overhanging vegetation on the trail.</p> <p>L then called P4 to return as EMS was on site. P3 had seen the EMS arrive and dispatch to the scene so P3 returned on their own. P3 expressed concern for P1's car in the parking lot. L & CL1 tried to calm P3 by stating that the car was fine in the Parking Lot and could be claimed later by P1 or their representative.</p> <p>After P1 was evacuated in the company of EMS, L gave the participants the option to leave the trip. P4 left at this point. P3 and other participants wanted to stay and finish the trip. About ½ hr later P3 and their partner, also a participant, decided to leave. The remaining trip participants continued birding, and the trip ended about 12pm at the Farm Stand. We walked back to the parking lot together. This incident was helped by the competence and experience of the leader team.</p> <p>Co-Lead: About a mile into a birding trip on the wide and flat pathways, Trip Participant 1 (TP1) called out they were feeling unwell. Four to five trip participants and the main trip leader (MTL), helped lower TP1 to the ground, where they lost consciousness, became very pale, and had a thready pulse for a few minutes. The pre-determined First Aid Lead (FAL) took over medical care immediately, with strong support from and trip participant (TP2). Co-Leader 1 (CL1) immediately called 911 where the dispatcher sent an aid car and fire truck. Fortunately Co-Leader 2 (CL2) had been running late due to traffic, and CL1 was sharing their location data with CL2 so that CL2 could find the group. CL2 arrived at Mercer Slough at the same time as EMS, and CL2 was able to guide the group, first in an aid car, and then on foot when the overgrowth prevents the aid car from continuing. TP1 received aid from EMS, while their team figured out how to transport TP1 across the fields and to the aid car. A "Gator" vehicle, capable of driving across the fields, helped. TP1 was driven out in the front seat of the Gator, along with the EMS providers. By this point TP1 was awake and alert and in better spirits. EMS also received a short birding lesson from TP1 and the FAL. A follow up from the MTL and CL1 later on in the day with TP1 determined that TP1 had been cleared from hospital and sent home. The vast majority of the trip participants were very helpful in that they stayed nearby in case they were needed, but stepped away to allow TP1, FAL, and TP2 the space to work and some privacy. FAL was taking vitals and making notes to share with EMS throughout the response.</p>	<p>weaker spot in the gate where EMS was then able to pry the gate open.</p> <p>We had two participants that were hindering the response. TP3 interrupted CL1 when they were on the phone with 911, and had to be asked twice to step aside so that CL1 could continue their conversation. TP3 and TP4 were very concerned with guiding EMS in, despite EMS knowing where we were due to access to CL1's cell phone location. The MTL send TP3 and TP4 off to 2 separate parking lots (our original lot and the blueberry farm lot) to give them something to do. This was a good decision to keep them away for a bit. They both returned, and once EMS had arrived, TP4 decided to go home. At this point we gave everyone the option to leave if they wanted to, with the exception of the leaders and the two trip members providing aid. Everyone besides TP4 stayed. TP3 became a nuisance before this point. They wanted the trip leaders to take TP1 home in their own cars immediately so that TP1 could avoid an ambulance fee and hospital fees. When the trip leaders demurred (feeling that those decisions needed to be made in consultation with EMS and TP1), TP3 became upset and then tried to enlist their spouse in driving TP1 to the hospital or to home. CL1 three times expressly asked TP3 to not interrupt EMS interaction with the patient to offer to drive TP1 to the hospital to avoid the fees. We wanted EMS to have free reign to take care of the patient as they saw fit. Additionally, we were afraid that if EMS was dismissed, we would have to walk with TP1 back to the cars; we were afraid of a second incident occurring on the way back. TP1 would also not allow us to call their emergency contact; an adult child living locally. This was also a hindrance to our ability as leaders to help TP1 transition off the trip if EMS had not taken over their care.</p> <p>I suppose a lesson to learn from this is that sometimes, even though you might have a desperate bias for action and a fear of medical fees, your role as a trip participant in a medical emergency should be to sit tight, wait, and be patient. And, that might be the best way to support your trip leaders, the first aid lead, and the injured person.</p>	
Jul-24	Trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	While descending one of the trip participants slipped and fell. Due to the steepness of the terrain the participant tumbled end over end falling approximately 10 to 15 feet. Luckily the participant's fall stopped just before going over a cliff which would have resulted in a near 30-foot vertical fall. Our designated first aid person was the first to reach the participant and began checking them over for injuries. The injured climber's main complaint was their right arm. Upon pulling up the sleeve on	This appeared to be a random slip/fall that can occur on scrambling trips. Lessons learned by the entire group was that even highly experienced climbers need to take care while

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							<p>their shirt it was already heavily bruised and swelling. The injured climber also had various rips in their shirt. Upon lifting their shirt, we found various scratches and near puncture wounds on the injured climber's chest and torso. After fully checking over our injured climber for further injuries and questioning them on how they felt we continued our descent off the peak. Upon arriving at the trail, we asked how the injured climber was doing. They responded they felt fine to continue the trip and didn't feel we needed to return to the parking area yet. They were able to complete the trip with continued monitoring by our first aid person.</p> <p>P1: P took a serious tumble. P lost footing described it as taking a step that P thought better of beforehand, on some semi-exposed rocks and loose sand/gravel hillside and went down pretty hard. P was heading down the hill in what could have been bad, P managed to spread eagle and arrest the fall (it looked like to me) and took some bumps. P's right forearm was dinged pretty hard, our first aid lead did a quick once-over, and vitals were fine with no sign of fracture, skin was broken there will clearly be a bruise, and we took some time to collect ourselves. P wanted to keep going, P is the most experienced of any of us, and several people okayed this, and so we continued as planned. We continually checked in with P throughout the rest of the trip, P acknowledged being sore and also continuously confirmed that P was okay.</p> <p>P2: Our assistant leader took a tumble on a traverse across loose terrain on a fairly sheer hillside. AL lost footing, went down, and started sliding/falling quickly downhill. AL arrested the descent, our first aid lead checked for injuries. When AL stopped falling AL was spread eagled, face down, and shaken. Our first aid lead checked for broken bones. AL had a cut on forearm and otherwise said was okay. We took some time to let AL further assess, and AL wanted to continue as planned and said it would be a bruise but was okay.</p>	<p>descending steep rock.</p> <p>Participant: P falling was sobering for all of us in a good way - a great reminder of the risk and precarity of scrambling in this area, at this time of year, and in exposed conditions. I personally felt my heart in my chest when I heard the stumble and turned to witness the fall, the sound of a genuine fall trajectory is real and scary. It stopped almost as fast as it started, the relief and gratitude I felt when P stopped descending (even if something was broken) and then when nothing was broken, were intense. This was a really powerful reality check for everyone on the trip, P has more Rainier summits than anyone there and it was just a very healthy, real reminder that these conditions are dangerous, which somehow seemed to elevate the trip that much more and deepened the feeling of gratitude and awe that I had to be able to be out there and enjoying the mountain.</p> <p>P2: there was loose rock which is particularly unstable at this time of year; AL took a step that AL felt unsure about and now recognized that AL should have listened to that instinct.</p>
Jul-24	Field trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	<p>This was a heat related issue. One hiker started feeling poorly after hiking about 4.5 miles with the last .75 miles in sun. It was only in the 60s where we were but H started walking slow and not looking well after we got into the exposed sunny portion of the hike. It became obvious that H was having a significant hard time at one point so as a group we got H in the shade, had H drink fluids and I gave H electrolyte chews. H felt better after about 10 minutes, and we decided to hike to a camp site about 0.25 miles away in which I knew there was shade too. Along the way there was a small stream that we encouraged H to dunk hat in; H did and stated it felt better. At the camp we sat at one of the shaded camp sites and all ate a lunch meal so had a nice long rest in the shade. We had about 0.75 miles to go to Marmot Pass with about 300 elevation. H felt better and wanted to go but was encouraged to keep pack at the campsite and to hike without it; we all shared and carried water/food/10 essentials with us to the pass; enjoyed the views for a few minutes since there is very little shade there and went back down to the campsite where H got backpack, we rested again for a few minutes and all snacked/drank as needed. The rest of the hike H felt better and hiked as H should without issues. H was carpooling with me, and we discussed ways in which H could avoid a heat related issue in the future. When I left H reported feeling fine and expressed appreciation that all within the group helped and looked out for H; I expressed appreciation back to H that H took all suggestions provided by the group since I feel that is what lead H to be able to complete the hike without issues.</p>	<p>FIRST LESSON: All Mountaineers can have their first heat related issue even when doing everything that same as done in the past; everyone is more susceptible to heat as they age and needs to alter what they do as they age. H has never carried electrolytes, and I encouraged consideration of this; also encouraged H to speak up earlier if having heat issues so it can be addressed as early as possible.</p> <p>SECOND LESSON: The Mountaineers is a great group. As the leader, I had several suggestions to help H, but others had great suggestions also. In addition, we worked together to ensure all were able to safely finish the hike and enjoy it.</p>

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Jul-24	Field trip	Climbing	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - non-technical, scramble skills needed	Rockfall rappelling a notch near the top objective. Had noted the notch can be scrambled and usually is and the rock fall hazard. Team decided to use the rap slings and rappel it. Large rock came down while 3rd person was rappelling that had been dislodged by the rope, had noted the small rocks which weren't a concern but hadn't noticed the large one. Rappeler jumped away from the wall and rock missed them. Discussed as a team the implications of rapping something that could be scrambled and that scrambling might have been safer. Also rappeler had skipped an autoblock since it was a short 15-20ft section which could have resulted in a short fall if rock had struck them. Noted as a team why it's important not to skip steps even if it appears to be short and low consequence. 2nd rockfall incident occurred when scrambling the headwall. One participant had a large boulder they were standing next to roll over and pinned their leg. Knee needed a little icing the day post climb but no damage. Participant was to the side of the boulder, not below it, just bad luck it rolled sideways towards them.	As noted, sometimes safer to downclimb vs rappel if rockfall from the rope is more of a hazard. Don't skip the autoblock when it appears to be an easy, short, low consequence rappel.	
Jul-24	Trip	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Trail runner tripped and scraped knee. R was otherwise OK and did not require medical attention. Unfortunately, was somewhat bloody by end of trip but reiterated R was OK and took care of it with First Aid kit. R and I had a texted exchange following the trip as well.	Runner had quickly glanced at phone for navigation before tripping. While always good to check that we are heading the right way, better to stop the group! R mentioned this.	
Jul-24	Field trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	It really was nothing. I was going down the trail and my left foot caught in a tree root. I had my poles and was able to land very softly. Just a small scrape on right elbow. It's just fine, but everyone was so concerned and helpful. I finally let one of the other hikers put a band aid on it, and down the trail we went. It's all good, the trail was full of roots and rocks, so I am sure I am not the only Clutz who has taken a spill	Look, falls and missteps happen. It will happen again. No big deal. It doesn't hurt today, and I don't have a band aid on. It's all good	
Jul-24	Trip	Stewardship	Safety Concern	OTHER - Please describe in Incident Narrative.		Developed spaces, campgrounds, fields	<p>Three of us were tabling to share WTA priorities in collaboration with NFS and Glacier Peak Institute (pay and display a use permit, safety/ten essentials, and leave no trace) on a crowded, sunny Saturday morning when we noticed a someone getting gear from their car, with a handgun and hunting knife on their person. A participant leaned over and said something about the gun - I didn't hear at first and had to ask P to repeat it - and was a bit surprised to see that indeed, a person was carrying weapons. We were at the table at the trailhead, and the trip leader was a few yards away in the parking area, meeting and talking with hikers as they made their way towards us. L noticed us leaning towards each other and talking, we shared with L that the person had a gun, we were all a bit surprised, and L said, I'll go ask about it, so I went stood beside L. None of us knew what the rules or guidance were on firearms in this setting. I believe L said, "Is that a gun?" and the person was very assertive and blunt in saying, Yes, it is, and it is my right to carry it, for my protection, the forest service told me it is okay, as long as I don't shoot it on the trail, and we have the second amendment. Off the person went, and I felt concerned - 1) not knowing, was what the person said true? and what were the rules? and should we be worried or reporting to someone that there was a person with a gun heading onto the trail? and 2) how would hikers and members of the public feel and react, seeing a person carrying a firearm in an open and fairly crowded outdoor space, and as 'trail ambassadors' how should we be prepared to respond if someone came to us upset or questioned or asked for intervention from us on this? What was our responsibility to hikers on the trail, especially given our role on this stewardship trip?</p> <p>I began to ask a few people arriving and coming off the trail if they were active or retired military, figuring that they might know the different classes of land designations and safety protocols and whether firearms were in fact legal on national forest service trails. After 4-5 people said, no, Sorry - L said, do you want to take my car down to the ranger station, and ask them? And I said, yes, I do. The ranger station was busy, and the rangers were great - affirmed that indeed it was legal to carry weapons. The younger ranger was busy with hikers, the older ranger gave me fliers for where to shoot on forest service lands (one-page copies with notes about shooting ranges and best practices). I was glad that I took the time to ask and find out, and grateful that L was willing to lend me a car to drive over partially unpaved windy roadway 20 minutes each way - we had literally just met! - and that we all then had the facts to know that the person was within their rights, and could interact with the person and respond to anyone else with this knowledge. Carrying weapons on a busy trail like that in a visible way merited attention.</p>	The outcome was positive - no one was hurt, the person returned from their hike, and we all learned more about current USFS policy regarding firearms.	

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Jul-24	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	The hiker tripped on a root and fell to the ground, causing bruising and scratches to the legs and a bloody palm (right hand) as some skin came off. It was cleaned and bandaged, and we completed the hike. Contributing factor - the hiker was not using trekking poles out of choice because they did not like using them.	What could have been done differently - the hike leader could have encouraged the use of poles in the Hello Hiker email. The hiker will seriously consider using poles for future hikes.
Jul-24	Field trip	Day Hiking	Safety Concern	illness	injury/ illness - sudden onset	Trail	I was leading a hike. We had eaten our snack, and we were returning to the trailhead. Our group included six participants and two leaders. My co-leader was the sweep and first-aid person. One of the participants told my co-leader that they were feeling well, so CL had the participant sit and rest. Another participant stayed behind with them. I proceeded to lead four of the participants to the trailhead. The participant that stopped had something to eat, felt better, and completed the hike with the co-leader and another participant. Factors that may have contributed: were not eating enough at snack-time, the humidity, or the added exertion of going uphill.	Everything worked out. But I need to remind the participants to "Nibble, nibble" and "sip, sip" on hikes because it takes exertion, particularly going uphill.
Jul-24	Trip	Global Adventures	Significant	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	Rock - talus, boulders, scree	Over a course of few days, each day getting worse, P's right inside below the ankle portion of the foot started hurting. No single incident can be remembered or blamed. On our 6th day of the trek, P could barely walk out, where an exit plan could be implemented since staff from the outfitter was coming into resupply our group. There was two more days of trekking left to the end of the trek. Once back in civilization, P waited until the next day to go to a clinic. The doctor at the clinic thought it might be a stressed ligament or ligaments. No X-ray was taken at this time. After coming back to Seattle, P went to Urgent Care, since the foot did not seem to be getting much better. Xray was taken but no fracture could be detected. P was given an ankle brace for support. P has a follow up doctor's appt where further diagnosis might be attained. P also has a PT appt for further assessment.	Since it is hard to pinpoint any specific incident that caused the injury, it is difficult to say how it could have been prevented. The footwear seemed good. Some of the terrain was hard to walk on, perhaps, P needs a better practiced walking gait...???
Jul-24	Trip	Global Adventures	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	Rock - talus, boulders, scree	When another participant was exiting from a trek, another participant P2 decided to go out with that participant due to possibility of sciatica flaring up. Pw had felt a twinge of sciatica and was concerned that if it did bloom to a full capacity, P2 would be paralyzed and put the group in danger. P2 dealt with discomfort by using a "saronpas" pain patch. P2 said it worked very well.	P2 was being proactive thinking for the whole group in leaving the trek early.
Jul-24	Trip	Global Adventures	Significant	illness	injury/ illness - sudden onset	Trail	Two people in the group spent two days and a night in a hospital at the end a trekking segment. Most people in the group of 12 had 1- to 3-day bouts of nausea and diarrhea at some point during the trip and were able to recover with the opportunity to ride an emergency horse which we had arranged. However, two people experienced these issues severely enough that they decided to check into a hospital to get IV fluids (they were very weak, even feverish). These two folks missed the last trip segment. The doc at the hospital diagnosed gastric upset (they didn't see a need to do any additional tests) and after the IV fluids they were essentially fully well again. The root causes were likely associated with the omnipresence of animal dung on clothes, boots and hands, and food and water hygiene which we controlled as much as we could but ultimately couldn't be controlled well enough given that we were staying in remote yurt camps where the hosts were just not used to the degree of care required by visiting trekkers. (There were hand washing stations and they provided boiled water for drinking, cooking and dishwashing, but there are just so many situations where something ended up contaminated).	The variety of separate host families controlling food and water hygiene during this trip, and the omnipresence of grazing animals with associated dung ground into every surface, made it extremely difficult to fully eliminate the risk of people picking up viruses and bacteria along the way even though our outfitter (who oversees the yurt camps and guest houses) did insist on using boiled water for food prep and dish washing as well as hand washing stations at every camp. The group debriefed on how we might have prevented the successive outbreaks of nausea and diarrhea, and though we agreed that keeping jugs of hand sanitizer on the tables at meals would be valuable for future trips, and emphasizing the prevalence and risk of GI organisms and need for extreme care to future trip groups, we couldn't come up with any reliable ways of completely preventing people getting sick and then spreading it around.
Jul-24	Trip	Backpacking	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	Trail	The 8-day, 7-night, backpacking trip ended prematurely after 3 nights. In the interest of safety, the leader said the group would be hiking out after one participant announced they intended to sign off the trip and hike out alone. This participant had new boots and had gotten a blister. The original leader for this trip had strongly expressed that none of us were to be hiking alone due to being in grizzly bear territory. The entire group (6 people) headed to the ending trailhead. Along the way, 2 participants decided to sign off the trip so they could	Perhaps a reminder from the leader(s), prior to the trip, for people not to be bringing new, un-tested, gear, would be helpful.

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							continue on the original route and schedule. In my opinion, the leader, Scott, made the best decision, under the circumstances. We had favorable weather - not cold, not too hot, not smokey.	
Jul-24	Field trip	Trail Running	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	The group was descending towards the trailhead. The field trip was planned such that the group would end up running at night. One participant rolled their ankle while running down. The injury seemed minor, and the participant was able to walk back to the car. The participant could have run, but out of abundance of caution the group decided to end the trip by walking. The incident happened approx. 1/2 mile away from the TH. The group continued with good spirits and the injured participant confirmed there was very little plain/discomfort by the time we reached the trailhead.	
Jul-24	Trip	Sailing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	OTHER - Please describe in Incident Narrative.	We were returning to dock after a sailboat race activity and as we pulled up to the dock, the person stepped off the boat to the dock to handle a stern dock line. As they stepped down their knee "gave out" and they tumbled to the concrete dock. There were minor abrasions on both of the person's knees. I offered first-aid, but they declined. Though there were scrapes/abrasions, there was no profuse bleeding. I advised them to use a cold pack/ice when they got home. They were able to walk, though with what appeared to be minor pain. I advised they could file an accident report with the Mountaineer's office.	Request anyone participating in docking the boat that they confirm their joints can handle the stress of the 1-2 foot step down. In class we do teach students to step down gently and only when the boat is close to the dock, so there are no "flying leaps".
Jul-24	Trip	Day Hiking	Major	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Subject stepping over a log on a down-hill slope, twisted/fell onto the ground in pain, unable to put pressure on leg. Called for help, first aid given and subject moved to a flat area and placed on ground over sit pads, covered with space blanket. Initiated emergency locator and call to 911 (minimum reception). 911 operator dispatched SAR for assistance to return to trailhead. King County Sheriff's helicopter in area diverted on their own and air lifted subject to Harbor View hospital Seattle.	Subject should have taken slightly different route downhill to avoid stepping over log.
Jul-24	Trip	Climbing	Major	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Approx 750' into the descent into a river valley, the victim slipped in a small section of bad trail and tumbled down the slope approximately 120' suffering double compound leg fractures. Although out of sight, P was able to yell up to communicate legs were broken which triggered the team to immediately activate SOS on one member's satellite device. Three team members descended and were able to locate the victim to perform first aid, prevent further falling, and prepared for medevac extract. Approximately 3.5-4 hours after the fall P was flown out to the ER by the County Sheriff. While a basic student, P was clearly fit, comfortable in the terrain, and reasonably experienced in the mountains. Potential precipitating factors include the steep terrain through which the trail passed, a small dry seasonal watercourse that intersected the trail, vegetation obscuring the trail, vegetation potentially making this part of the trail somewhat slippery, the use of running shoes for footwear, and a small gap through the alder below the trail that allowed the victim to tumble for a considerable distance.	<p>The accident happened in area where the trail was well known to be steep, largely unmaintained, and occasionally hard to follow. Trail runners were chosen by 4 of 6 the group members for approach footwear and a shoe with greater traction might have performed better in this spot.</p> <p>Positive elements were:</p> <ul style="list-style-type: none">* P able to communicate status quickly and clearly which let us initiate the rescue within 60 seconds of the accident and prior to finding location.* Splitting up the group with three going to find/help P and perform first aid, and prepare for heli extract while the 5th person handled satellite communications and the 6th person obtained water to prepare for a long rescue timeline in hot weather.* The three first responders trusted each other, performed effective first aid, worked well together, and kept their wits to get the job done for the victim. <p>A few other takeaways:</p> <ul style="list-style-type: none">* First responders should have put helmets on before descending to P, which only one person thought of* After the rescue was completed, the group was exhausted, in sketchy terrain, w/o water with quite a bit of work to do in order to get back to the cars. Taking care of each other and working together on the hike out was important.
Jul-24	Field trip	Youth	Safety Concern	illness	injury/ illness - sudden onset	Rock - technical, rope & protection needed	While waiting on the summit block for other team members to ascend, C momentarily collapsed or fainted. C was attached to the climbing anchor with a personal anchor, but others nearby grabbed C to hold them in place in response. It was determined that a lack of sleep over the past two nights and	C indicated C had only a few hours of sleep the night before the trip started. C had to wake very early to make it to the clubhouse for the 6 AM meeting, which was pushed back to 6:45 AM to accommodate the ferry schedules. Upon arriving at the Olympic National Park entrance, we encountered a 2-hour wait to get into the park, putting us further behind schedule. We arrived at our base camp around 7 PM with a planned alpine start at midnight. This left little time for rest or sleep. This trip was initially

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							<p>exertion during the climb were the likely causes. After an extended rest on the summit, C returned to camp with the team without further incident. The whole team had a full night's sleep that night and returned to the trailhead the next day.</p>	<p>scheduled as a four-day climb. With rain in the forecast for the third day, our original summit day, we decided to compress the trip into three days. On the original four-day itinerary, the second day would have been a short 3-mile hike to a higher camp followed by a 10-12 hour rest day. Although the trip ultimately resulted in a successful summit for most of the team, I believe that rescheduling to a weather window that would accommodate the original itinerary would have been a better choice.</p>
Jul-24	Trip	Trail Running	Safety Concern	OTHER - Please describe in Incident Narrative.		Trail	<p>The route description does not mention one of the trails is also heavily shared with the mountain biking community. It is one way for mountain bikes on the way up, but 2-way for hikers. Fortunately, our group was small and was comfortable with bikers on the way up...however, had the group been larger, had less-experienced runners, or just folks uncomfortable with bikes, we would have needed to alter our route. For the ~3 miles it took us to descend, we encountered about 35 bikers ascending. Given the narrowness of the trail, our group always stayed to the side. The group descended without incident, although was on high alert the entire time.</p>	<p>Of the three in our group, two were bikepackers with the club and were comfortable running on a shared trail. The other was me, the leader, and I was OK as well. I am submitting an update to the route description so that future leaders will be better prepared for the challenges.</p>
Aug-24	Trip	Climbing	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Off-trail, cross-country	<p>Leader: Basic student was stepping over a fallen log and leg was punctured/cut by a small branch that broke off in lower leg. S was able to remove one large piece but there were several other small pieces still buried in leg. We bandaged leg and decided to return home so S could seek medical treatment. The next morning S got into the doctor where they removed the remaining pieces and stitched up the wound.</p> <p>Participant: we departed from the trailhead around 6 am. Around noon or 1 pm the incident occurred. After an initial 6 miles along a normal trail and then a river crossing and some bushwhacking, we began ascending a somewhat steep ridge (4000 feet over 3 miles) with a faint boot path. The section had a significant number of downed trees and other obstacles, every 50 feet or so. When climbing over a downed tree, which was at about knee to hip height, I stepped onto it with my right leg, and as I was lifting my left leg up a branch from a nearby tree which was protruding downward caught into my calf. A couple of splinters broke off into my calf in two puncture holes. One was approximately two inches long, and thicker, another was closer to a centimeter long but had nonlinear geometry. The trip leader luckily had a pair of pliers, as it would have been difficult/near impossible to remove it with the small tweezers that I was carrying in my first aid kit. I was able to remove the larger splinter with the pliers. Using a pair of tweezers, I attempted to remove the second splinter, but because it was not a straight line, it would continuously get stuck, and I would lose grip. I attempted to remove it for quite some time, with the hopes that if I removed everything/disinfected the area with hand sanitizer and put some Neosporin on, we could continue the trip. After trying to make the second entry hole large enough to get the second piece out, but not being able to, I decided that the second piece was likely small enough that it would not matter, and we could continue on.</p> <p>We continued to ascend and rejoined the rest of the group. Another student in the basic course, had the most extensive first aid kit, and helped cover the puncture up with gauze, bandages, and tape, being sure not to make it too tight. We discussed our options, and being that we had three leaders with us, it would theoretically be possible for only one person to leave with me. With this being the first of a three-day trip, there was not much concern that an infection would develop in that span of time, especially with sanitization/Neosporin. Not wanting to cut the trip short for anyone, I decided I would continue on with the party, and in a worst-case scenario, I could just camp while the rest of the group summited. I have a rather high pain tolerance normally, and did not notice any significant discomfort during the initial incident or short climb to meet with the rest of the group. As we continued to ascend, I started to feel mild/noticeable pain (unbeknownst to us at the time, there was another ~1.5 inch long splinter that was still in my calf, which had entered in a more inward facing angle. This was removed at the urgent care clinic the next day). Leaders discussed that the further we go in, the further we would have to come back out, and that it would likely be more inflamed/painful after a couple of nights camping.</p>	<p>Participant: While I had brought pants for the glacier section (as extra protection while wearing crampons), I was not wearing them during the hike in due to the hot weather. When discussing the route to camp, there was some talk of the potential for light bushwhacking, but nothing that sounded serious enough to wear pants. In retrospect, I definitely should have put on the pants. This was my first summit attempt and my first climb in such a remote area. Most climbs I have done had trails all the way up to above the tree line. Previous climbs that I have done which involved taking climbing trails/boot paths had been in areas that were more crag-like, not dense forest, so I did not consider just how exposed I would be with shorts on while ascending in this type of terrain off trail. This was poor preparation on my part. The option was also there to stop at any point while we were ascending and changing into the pants I brought, which likely could have prevented this entirely, or at the very least lead to a much smaller cut/puncture.</p> <p>Many of the actions taken by those in the group led to a positive outcome. * Thanks and commendations to the participant with the most extensive first aid kit who was able to cover the puncture with gauze and bandages, which is better than I was able to (with band aids and KT tape)</p>

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							<p>During these discussions, I was rather indecisive. I really did not want to cut the trip short for anyone, and we had made it most of the way to camp already, we only had 2000 more feet to ascend. Simultaneously, if something were to go wrong, and it were to get more inflamed/painful in the following days, getting back out could end up being a struggle. Eventually, one of the leaders decided that it would be best to leave with me, and the rest of the group could continue on. The group discussed this option, as this would leave them with only one rope team and no one to assist in case something else were to go wrong. As this was a rather remote and relatively unknown summit, it was very unlikely any other parties would come across the group should something go wrong. It was decided that we would turn around and go back. We descended the ridge and made the 8 or so mile trek back to the trailhead. As we began making our way back, the pain was very manageable and steady. As we continued on, though, the pain continued to worsen (this was due to the 1.5 inch long splinter we did not know about), and we had to take progressively more breaks, both due to the pain in my leg, as well as increased stops for water (it was about 95 degrees out without any breeze). Returning back to the trailhead took 6+ hours.</p> <p>Sorry if this was too detailed, I know the prompt says to keep it brief.</p>	<p>* The leaders encouraged open discussions of the many options we had, presented different scenarios and considerations, but did not pressure anyone into making any particular decisions, including for the remaining group who could have continued the climb with 1 rope team, but decided not to continue.</p> <p>* The trip leader was considerate of the increased frequency of pauses required during our return back to the trailhead.</p>
Aug-24	Trip	Scrambling	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	<p>Leader: A participant was scrambling up a rock section and put boot at an angle into a vertical crack and somehow tweaked ankle and the bottom of foot. After the incident P downclimbed a few feet back to the ground. P was wearing boots that went over the ankle. P was okay for about an hour but then it got more painful, and walking was an issue. We taped up ankle for a little support, but it didn't help much. P just walked REALLY slowly back to the cars. It added about 6+ hours to our trip. P planned to go to urgent care the following morning or maybe sooner.</p> <p>Participant: one of the hikers injured foot during the final push up to the summit. At first it seemed like a near-miss, tweaked injury but as we started to descend, it became apparent the injury was more serious. P indicated it was a combination of a twisted ankle and harm to plantar fascia muscle. The general description was that when pressure applied on the bottom of foot, it caused a ton of pain. The team worked together and helped P down over the next 6-7 hrs. P was in a lot of pain. We made the Snohomish County authorities aware that the situation was unfolding, and we may need a rescue, but it wound up not being needed. The trip leader did a great job of keeping everyone working together, listening to each other, and generating ideas to solve problems along the way.</p>	
Aug-24	Trip	Climbing	Safety Concern	illness	injury/ illness - sudden onset	Rock - technical, rope & protection needed	<p>A climber (follower) fainted briefly for approximately a minute. They were PA'd in the anchor and in no immediate danger. After taking some water, food, and a short rest climber felt ok to continue. Trip leaders (me, mentored leader and assistant lead) evaluated their condition and agreed with the climber that they could continue. They successfully completed climb without further issues. As a precaution we added a backup belayer on the following (last) pitch, and a fireman rappel on the way down.</p>	<p>It is important to have more intentional conversations with your team about calories/liquid intake during the trip and them paying attention to their body. Also just to be aware that something like this can happen.</p>
Aug-24	Trip	Climbing	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	party issues - conflict, misunderstandings, organization	Trail	<p>Participant became uncomfortable when another participant expressed political and social views dissimilar from their own.</p>	
Aug-24	Trip	Backpacking	Minor	illness	injury/ illness - self-inflicted, caused by movement	Trail	<p>We were a group of 5 backpackers planning a 5-day loop trip in the Olympics. One of our participants, a very experienced backpacker, had been on another backpack trip a handful of days previously. On that trip, they had not noted any difficulty, but did find some hamstring tenderness once home. They had rested in between trips and did fine on our hike into camp #1. However, in camp and overnight, they experienced some increased pain and tenderness in their hamstrings. We</p>	<p>Aim to always facilitate group cohesion and decision-making. A solid strong team that came together and supported each other made this trip</p>

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							discussed as a group, and decided that, with the committing nature of the backpack loop, it would be wisest to return to the trailhead on day #2. We packed up and headed back to the cars on Tuesday. Participant did fine on the hike out, with some slight pain, but after checking with participant on Wednesday, they are glad we made this decision and plans to meet with physical therapy later this week.	successful in my book, despite it technically being turned around.
Aug-24	Youth activity	Youth	Safety Concern	OTHER - Please describe in Incident Narrative.	Other	Inside a building or structure	Participant did not hydrate sufficiently	When a child drinks 8oz of water in 80-degree heat over 8 hours, it's a safety concern. On days like this, ALL kids should be told to drink their water bottles and observed doing so, then made to show counsellors/CITs empty(ing) water bottles.
Aug-24	Youth activity	Youth	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	Other	Inside a building or structure	Participants describe differing accounts of interaction.	Kids need increased oversight by instructors, with more structured activities rather than free time to play and run around.
Aug-24	Field trip	Climbing	Minor	OTHER - Please describe in Incident Narrative.	hit/cut - person, animal, insect stings	Trail	Just reporting this as a warning to other users of the area: during our trip our group of 11 people experienced 14 stings from wasps/hornets. On the walk in to camp we stopped at the first camp on heliotrope trail that has a pit toilet. During that stop one participant was stung 6 times in the legs, when stepping off the trail to hoist pack. The next morning at camp an instructor was stung twice on the hand by what appeared to be a bald face hornet. Later in the day on the walk out of the field trip, two participants got stung multiple times (4 stings for one, 2 stings for the other) while walking down the trail. Luckily, no one was allergic, and people were able to take a combination of Zyrtec, Benadryl and ibuprofen to deal with symptoms. Could be a good idea to caution future groups about the potential for aggressive insects.	Have OTC meds on hand.
Aug-24	Field trip	Climbing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Water - stream, creek, river	While crossing a creek, a participant slipped on a wet rock and fell. They did not get submerged. They did show signs of scrapes/bruising on their leg from an impact with rocks, but it was treatable in the field. Participant walked out under their own power	Trekking poles would have prevented a slip by helping keep the person balanced while crossing. Participant wore trail runners, and their feet were already wet. Might have been a better option to just ford the creek instead of rock hopping With heavy packs, keep the belt straps undone probably helped keep the participant out of the water.
Aug-24	Field trip	Day Hiking	Minor	OTHER - Please describe in Incident Narrative.	hit/cut - person, animal, insect stings	Trail	One hiker stepped in a hornet's nest at mile 7 and got stung 4 times, I got stung once. We applied first aid cream and rested; hiker was able to continue with hike.	Being aware of surroundings. We had very positive actions with first aid kit readiness.
Aug-24	Youth activity	Youth	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - talus, boulders, scree	Crossing a boulder/talus field, P foot slipped from an edge of a boulder that made contact with shin causing it to bleed quite a bit. I was able to compress, and bandage wound and decided the amount of bleeding warranted turning around to take care of shin. We made it back to the parking lot without issue and rebandaged shin. As a group, we drove back to the program center where students were picked up by parents. P's dad wanted to flush out the wound at home before determining whether or not it needed stitches.	Deep gashes would have benefitted from a proper trauma bandage (quick clot). More gauze in general would have been nice. A med kit with a small squeeze bottle for clean/efficient irrigation of the wound would have helped give P's dad more insight on whether P should go into urgent care for stitches or not.
Aug-24	Trip	Global Adventures	Minor	illness	injury/ illness - sudden onset	Trail	A participant reported gastro-intestinal discomfort on day 1 of our trek. This discomfort continued on days 2-4 of the trek. The participant stated several times that they often have GI discomfort / issues, and that they weren't concerned. Several other participants commented that GI issues are a symptom of the latest COVID variant. On day 4 of the trek, the participant's hiking speed slowed down, and they struggled to keep up with the	Multiple, pointed discussions about minimizing the risk of COVID infection must be conducted; it cannot be a single discussion during a single in-person meeting. Reminders must be disseminated multiple times about (a)

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							group. (On days 1-3 of the trek, they were consistently one of the fastest group members.) The participant did not wear a mask while flying from the US to Switzerland, was not carrying any masks with them on trail, and had no COVID tests with them on trail. After dinner on day 4 of the trek, with the participant very obviously not feeling well, another participant provided the ill participant with a COVID test. The participant tested positive. Another participant subsequently provided the ill participant with a surgical mask. The ill participant had a fever on nights 4 and 5 of the trek. The fever resolved on during night 5. The trip leader was able to obtain separate, solo accommodations for the ill participant for nights 4, 5, 6, and 7.	conservative behavior in group settings and (b) the need to bring masks and COVID tests on trail. We need to find ways to encourage self-reporting of COVID. Currently, Global Adventures participants are motivated to claim that symptoms are actually allergies, a cold, typical GI discomfort, etc. They don't want to admit or test for COVID, because they know that they'll be inconvenienced with masking, isolating, and potentially missing out on multiple days of a trip.
Aug-24	Trip	Global Adventures	Minor	illness	injury/ illness - sudden onset	Trail	On the morning of day 8 of the trek, a participant had a scratchy throat overnight and took a COVID test before breakfast. They tested positive. The participant did not wear a mask while flying from the US to Switzerland and was the significant other of the participant who tested positive for COVID on day 4 of the trek. The ill participant had a fever on nights 8 and 9 of the trek. The fever resolved during night 10. The trip leader asked the participant to isolate away from the group as soon as the positive COVID test results were received the morning of day 8. The participant skipped days 8, 9, and 10 of the trek, and rejoined the group on the evening of day 10. The trip leader was able to obtain separate accommodations for the ill participant (they shared rooms with their significant other, who had tested positive for COVID on day 4) for nights 10, 11, and 12.	Multiple, pointed discussions about minimizing the risk of COVID infection must be conducted; it cannot be a single discussion during a single in-person meeting. Reminders must be disseminated multiple times about (a) conservative behavior in group settings and (b) the need to bring masks and COVID tests on trail. We need to find ways to encourage self-reporting of COVID. Currently, Global Adventures participants are motivated to claim that symptoms are actually allergies, a cold, typical GI discomfort, etc. They don't want to admit or test for COVID, because they know that they'll be inconvenienced with masking, isolating, and potentially missing out on multiple days of a trip.
Aug-24	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - technical, rope & protection needed	While on the fifth pitch, follower/student knocked down two very large blocks that slid down the climbing path. Both blocks were big enough to seriously injury or kill a person if they were struck. Fortunately these blocks missed the student team below as well as the other private teams climbing that day. The student was attempting to bypass the crux move on the pitch when they disturbed the blocks. The student was unable to perform the 5.9 move (which is harder now that a key unrelated boulder is not at the base of the pitch to assist with shorter climbers) and needed to ascend the rope to get to the anchor.	Knowing that there is still a lot of loose material present on this climb (as it was only developed in the last five years), the student should not have attempted to go off route to bypass the difficult move. I was at the anchor which does not have line of sight with the ledge the crux move is positioned on, and had I been able to see where P was going, I would not have allowed P to explore bypassing the move. Better communication between follower and leader may have prevented the exploration off route and the subsequent near miss. Better evaluation of the blocks would potentially have avoided contact with them, but since I did not see them before they came off, I do not know how solid they appeared to start with.
Aug-24	Field trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	On trail, there was a previous blowout, so the trail had a few logs that the leader (myself) and participants had to navigate through. No one ever went off trail, and I check in with everyone about their own comfort level when doing a little bit more of a technical hike (going over logs). I slipped over a log and one of the branches scratched the back of my leg. The scratch was a little bit deep and there was blood, but nothing that Neosporin can't handle and a good bandage. One of the participants, who selected being first aid helped me bandage up the leg. No reason as of now to seek medical attention, seems that Neosporin is a great add in for a first aid bag.	The hike was 14 miles in total, and we were going downhill and closer to the end. Just need to watch my footing better when I am tired.
Aug-24	Trip	Backpacking	Minor	OTHER - Please describe in Incident Narrative.	hit/cut - person, animal, insect stings	Trail	Bee sting on wrist. Participant's wrist swelled, finally reducing after 3 days. Treated with Benadryl. Participant was able to continue with trip but had reduced wrist mobility.	Participant had history of adverse reactions to bee stings, but only carried 2 capsules of Benadryl; the participant should have carried more. 4 of 5 people on trip also had bee sting allergies and were able to provide extra doses of Benadryl to stung participant.
Aug-24	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	One hiker twisted their ankle. Everyone pulled together. The ankle was wrapped in an ace bandage, another hiker carried their own pack. The hiker walked out on unaided.	

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Aug-24	Field trip	Day Hiking	Minor	Safety Concern	illness	illness - general, nausea, vertigo, flu	A participant was ill on the trail. After WFA person (retired nurse) provided care, it was decided that participant, car-pool driver and sweep would return to the parking lot - we were not very far out. Everyone else then completed the hike. Participant felt something had turned sour in stomach. P was fine after returning home.		
Aug-24	Trip	Day Hiking	Significant	illness	injury/ illness - sudden onset	Trail	H experienced an elevated heart rate (170 beats/minute) twice in the course of the trip. In the first incident heart rate decreased within ~10 minutes. A little while later H again noticed a heart rate of 170/minute. H is a physician and there was another participant on the trip with a medical background. After some discussion, I decided to send H and sibling back to trailhead, while the rest of the party continued on the hike. H texted when they had reached trailhead, reporting no further problem. The next day I received a message that H scheduled a doctor's appointment to investigate the situation.	I considered whether the whole group should turn back, and also whether a third person should have accompanied H to trailhead. I discussed these decisions with the remaining group as a whole when we stopped for lunch. These represent reasonable alternatives, but the group was on board with how the situation had been resolved.	
Aug-24	Trip	Climbing	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	Participant tripped and fell on the approach on downed tree branches while walking next to the railroad tracks. They skinned their knee. Because they were in the back of the group, the other participants did not notice that the participant had fallen. The participant felt well enough to continue, so did not ask the group to stop to evaluate the knee. When the group reached the base of the crag and began to set up for climbing, other participants noticed that there was blood on participant's pants. Participant used their first aid kit to bandage the skinned knee and was able to climb as normal. Participant did not seek medical attention.	Take extra care when walking amongst debris while wearing a heavy pack. Leader should keep a close eye on the group even when dealing with a more skilled, peer group. Consider assigning a sweep even for a small group. Leader should adjust the pace to account for differing pack weights. Both of the trip members in the back were carrying heavier packs because they were carrying the ropes and had trouble keeping up with the front two trip members.	
Aug-24	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - technical, rope & protection needed	An inattentive student dislodged loose rock multiple times narrowly missing parties below. This was AFTER we deliberately paused to discuss rockfall hazard and ways to mitigate the hazard “being mindful of where one steps and parties below, travel techniques like moving in echelon, group communication to coordinate with others exposed."	I think we took the precautions needed - specifically, addressing the hazard for awareness and discussing ways to mitigate that hazard. This particular student was exceptionally NOT situationally aware.	
Aug-24	Field trip	Day Hiking	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Trail	I tripped on a tree root and fell forward onto my hands. The right hand hit the ground and hyperextended, resulting in a fracture. Contributing factors - none.		
Aug-24	Trip	Climbing	Major	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - technical, rope & protection needed	Intermediate climb with 4 participants. We were all really excited about the climb given its reputation of excellent quality. None of us had done it before so we gave ourselves plenty of time. We left the trailhead at 6am and started climbing at 7:30am. No other climbers were in the area at the time. The first two 5.8+ pitches went off without a hitch, although a crack elicited some funny obscenities. It was a beautiful but cold August morning after several days of rain, and there was still some moisture seeping across the lower angle terrain here and there. As the climb leader, I volunteered to go first as I had mentally prepared myself all season. This is a 5.6 slab that has quite a bit of runout but has been described more as a psychological than a technical obstacle. I was comfortable on 5.9 slabs on sport climbs, so really not too worried. We started on the pitch at about 10:30am. I built a really great gear anchor at the bottom of the pitch and placed a lot of gear on the first part of the pitch because I knew all about the reputation of the runout 5.6 slab and the frightening step across to the safe haven of an easy crack. When I arrived at the step across, it looked different than I had imagined. You really were moving sideways and perhaps a little	Things that went wrong/issues/concerns: The lead climber should have been more solid at this must-make move. Potential contributing factors may have been impatience, and potentially some moisture and/or dirt on my shoe, which really diminishes its sticking power. I should have carefully checked my shoes before embarking on this section. This is a good-and-bad thing: the rope caught behind a flake quite violently, which caused it to be firmly wedged in there and have some abrasion on the sheath. I don't think the core was injured but it gives me the shakes to think about that possibility. We isolated that bit of rope but did end up using it at the bottom for a rope stretcher rappel because we figured it was OK enough. I will dissect that piece of rope to confirm whether it had any core injury. We called SOS on 2 different Inreach devices, which led to a bunch of crossed wires, but we think overall it got us the fastest response so not sorry we did it.	

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						<p>downwards across a section of slab that appeared more difficult than 5.6, from a spot that was about 20 feet above the last gear, two solid cams (0.5? 0.4?) behind a flake. I waffled a bit and then thought to myself, "let's just go for it!" I stepped onto a fairly blank spot that looked like it should give me enough friction for my right foot, but as soon as I weighted it, I slipped out and started run tumbling down the slab. The rope caught me what felt like an eternity later, but I was really only 6-8 feet below where the rope had gotten wedged behind the flake that held my uppermost cams.</p> <p>I immediately felt that my right ankle was hurt. I gave it a minute to see how bad it really was. It didn't look deformed. I tried to put some weight on it and felt a sickening crunching sensation. At this point, we decided to activate our Inreach SOS button, and made a plan to evacuate by reversing the route. I worked the rope out from behind the flake and isolated the section that looked frayed from getting wedged. Fortunately, we had plenty of rope to be able to lower me down on my gear to the bottom of the pitch, and even further to the bottom of the 5.0 traverse that was just below the pitch I had fallen from to get me to a huge tree ledge. From there, we rappelled the route, using solid trees as anchors. We had some difficulties with ropes getting stuck and had to lead back up to retrieve one of them. A 2-person team was coming up at this point, and they were kind enough to wait at the top of pitch 1 to let us all get down to there, and to make sure we were able to pull our ropes. They even retrieved the gear we had to leave behind. The last rappel was an overhanging double rope affair from the top of pitch 1, to get me all the way to the bottom of the slabs that you scramble up to get to the start of the climb. The rappels took a total of about 5 hours.</p> <p>From there, I butt-scooted my way down the climber's trail until the SAR met us about a quarter mile down the trail. The technique was to sit on my bottom, put my hurt leg on top of the good one, and use a two-arm one-leg crab walk. We decided that a combination of assisted one-foot hobble (with each arm over a rescuer's shoulder) and butt-scooting the steeper bits would be most efficient until we could get to where the trail would allow for a litter carry. A helicopter evacuation had been considered earlier, but I am glad that we were able to do it the old-fashioned way. Once we met the team with the litter, things went very quickly. The litter had a mountain bike wheel mounted on the bottom to allow 4 people to wrangle it down the still very steep and bumpy trail. It only took another hour to the trailhead.</p> <p>From there, we were able to drive home in our own car and by 3am I got the good news at urgent care: no fracture! That was a happy surprise, as the degree of swelling, bruising, pain and crunching had me convinced something ugly was going on in there. It is probably still ugly but hopefully won't require surgery.</p>	<p>We tried to put a Sam splint on my ankle, but it was really just window dressing. We forgot that you need to bend it along the long axis to give it stiffness. Search and Rescue put it on properly.</p> <p>Things that went right:</p> <p>My belayer pulled in lots and lots of slack as I was falling, probably 10-15 feet, so my fall was much shorter than it could have been.</p> <p>I was confident in my gear. I put 2 cams in the crack right above the 3-cam anchor, slung a bomber flake, and had 2 more good cams in the topmost flake.</p> <p>I had less than half the rope out when I fell. We had the necessary training to get me down from a lead fall with more than half the rope out, but we were very glad not to have to do that.</p> <p>The four of us worked together very efficiently as a team to coordinate the evacuation. This required quite a bit of decision making: which anchors to use (are they solid, can I get there safely with 1 good foot, will we be able to pull the rope), balancing efficiency and security (making sure we were always prepared to get back to a stuck rope).</p> <p>We had plenty of daylight, radios, tree anchors,</p> <p>We were extremely careful to check every team member's safety and setup while rappelling, and backed up each rappel until the last climber went down.</p> <p>I was able to rappel with a single good foot. Having had plenty of experience rappelling in various tricky terrain definitely came in handy. We briefly discussed tandem rappels but that would have been exponentially more difficult and probably more painful too. Having control of the rappel was also better than being lowered.</p> <p>The only other injury besides the busted ankle was bruising on my legs and some skinned knuckles. This meant I was able to meaningfully help with motoring along the climber's trail. If we had had to lower a litter down that, it would have taken all night. A giant thank you to SAR and the ranger for their quick and professional help. Their kindness really helped with this bummer of a situation.</p>	
Sep-24	Trip	Climbing	Near Miss	Hit, struck (or near miss by	hit/cut - natural object	Rock - talus, boulders, scree	Descending a mountain, we were taking a different route than we had on the ascent because some participants were not comfortable on the icier sections of the glacier. This consisted of a lot of scree, talus, lots of loose rocks. There was a section where the descent led to two people directly below two others. The loose rocks were pointed out, but accidentally knocked down. They yelled "rock", and	Even experienced folks knock rocks down. We may have been able to take different route through the scree route finding did lead to the group becoming

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				falling objects)			the lower group reacted to try to avoid a large bouncing rock. The person that dislodged the rocks was an experienced scrambler. Only one person was hit with a rock. We regrouped immediately afterward, checked if the person that had been hit was injured, and took a minute to talk about what happened. The person hit insisted it was minor, and they were fine. We agreed to check again after we got off the loose rocks, at which point was confirmed to be minor	a little spread out. Descending the glacier was likely the safer alternative. we had discussed belaying though some of the sections. Better cramponing technique or more experience with late season glaciers would have helped lessen the discomfort that led to the situation
Sep-24	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - non-technical, scramble skills needed	On a scree field a rock basketball size rock was dislodged by me accidentally. It tumbled down to two people below, we screamed rock. The people below were able to move out of the way however a small rock hit a one of the persons in our group. We checked with the participant, and they said they seemed fine. We moved to safe place and took a break. We then asked the participant if they were okay, and they said yes. We then carefully continued down making sure no one was on the fault line below us and stayed close together. After getting back on solid rock we had a doctor in the group inspect the participant. Looking back, as initially going down the scree field it would have been good for the leader or others with experience (me included) to review how to safely traverse on the scree field and keep others safe too. with the group as a helpful reminder.	Looking back, as initially going down the scree field it would have been good for the leader or others with experience (me included) to review how to safely traverse on the scree field and keep others safe too. with the group as a helpful reminder.
Sep-24	Field trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	party split	Trail	<p>There were 2 participants that put our group at an unsafe advantage. They continually went up ahead of the group, despite being told several times to stay together. Often, they were out of view of the leader at the front of the group, which was a cause for concern. The co-leader and other participants voiced their concerns.</p> <p>Secondly, we had a difficult challenge with group dynamics. I have been leading hikes for many years for Mountaineers and have not experienced such dynamics before. It was made clear in the Hello Hiker AND at the trailhead talk, that we stay together as a group within an average moving speed of 1.5-2.0. As the hike began, it was clear that there were 2 different paced groups, and we split naturally. The faster paced group, led by my co leader, had an average moving speed throughout the day of 1.8. Our slower group had an average moving speed of 1.5 throughout the day. The major difference though, was the front group rarely stopped for pictures, snack breaks, bathroom breaks. They just kept marching ahead, despite telling us they were going to stop at a certain time. (Plus, the front group had to try to catch up/reel in the 2 hikers that kept going ahead--see above.) Because the front group had a CHS 2 cultural feel, the back group that I was sweeping with, felt dejected and frustrated. They really valued the need for community on this final graduation, and they did not feel that way. What ended up happening is I had to sit the group down in the shade while I ran up to the front group to catch up to them. My co-leader and I let that front group decide to go on and split our groups in 2. That's what we ended up doing. I took the three back to the trailhead, and we still ended up with 9 miles. My co-leader took the rest of the group the 15 miles to complete the hike.</p> <p>Bottom line, this graduation hike was unexpected. There were big feelings involved by several participants.</p>	My regular co-leader, hurt an ankle and was out for this hike. On short notice, another co-leader joined us. I pride myself on leading inclusive, supportive hikes. This graduation hike did not have that feel. As much as I appreciated the new co-leader stepping in at the last minute, my opinion is they are culturally more a CHS 2 leader. Upon reflection, I should have been the leader leading from the front to set pace, and the co-leader should have been sweep. As for the couple that kept leaving the group, we did an excellent job of trying to reel them in. I especially appreciate my co-leader efforts as I was in back. Next time, I would have given them a final warning that if they left again, they'd be officially off the hike. It seemed like they needed a firm boundary.
Sep-24	Trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	party issues - conflict, misunderstandings, organization	Trail	<p>A participant on the trip posed multiple safety concerns:</p> <p>1) Group safety - P walked ahead of and away from the group. It took a long while to catch up. During our pre-hike huddle, the leader had specified for our group to stick together. After we caught up, the leader spoke to P and reminded P to stay with the group. At the end of the hike P left, did not say goodbye, and did not join our debrief.</p> <p>2) Psychological / individual safety. At the beginning of the hike, things started off fairly benign. P said, "Seattle is a hellhole" and expressed political beliefs and thoughts about COVID. While I did not agree, I did not respond. However, later in the hike this quickly escalated. While we did not discuss political topics, P found a way to share unsolicited views on a variety of topics. These views were violent, aggressive, threatening, and demeaning. These included: "everyone in CHAZ should have been shot" (referring to Capitol Hill Occupied Protest from June 2020),</p>	

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						<p>"defund the police", "the illegals" (and the diseases they reportedly brought to America), "Seattle is a hellhole". A Mountaineers activity is not the place for political discourse or extremist views.</p> <p>I am an active Mountaineers member and have never encountered another participant that had such brazen disregard for others. While P did not directly threaten us individually, rhetoric made me feel unsafe. I hesitated to fill out this comment box, but after much reflection decided it was necessary on behalf of the Mountaineers community. I would not be able to sleep if P was on an overnight trip. I would be afraid to see P behavior if P became angry and potentially violent. I would immediately cancel an activity if I saw that P was participating.</p>	
Sep-24	Trip	Climbing	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	<p>Snow - technical, glacier, rope needed</p> <p>Our party of seven enjoyed pleasant early fall like conditions during a single day ascent. We kept a steady pace, communicated well as a team, and supported one another on the summit scramble and down climb. Descending the glacier however didn't go as smoothly as the ascent. There were two rope teams. One team of three with a rope lead and one team of four with myself the climb leader. Given we were backtracking relatively moderate glacier conditions, I invited the rope lead to lead our descent. I followed with the second team. Navigation was rather straight forward, and my team kept close to the leading team in the event route finding assistance was required. At this point in the afternoon the glacier was fully shaded by way of the summit block. At the toe of the glacier there was intermittent glacier ice mixed with snow and protruding boulders. This variable surface combined with descending resulted in more tedious travel. We were moving at half the pace of our ascent.</p> <p>At approximately 4:30 PM and 200 yards before reaching the conclusion of the glacier we had three notable incidents in tight succession.</p> <p>1. Rock fall was heard over head and apparently terminated on a large ledge above us. This certainly caught my attention and it's my impression that this overhead hazard spooked just about everyone. A bit surprising considering there was no obvious solar exposure or water melt above us. A potential near miss.</p> <p>2. Climber 2 of the leading rope team slipped and fell to their knees. I yelled "arrest" as I witnessed the trip real time. Both the rope lead (climber 1) and climber 3 successfully arrested. The was no notable movement amongst the climbing team compromising the team of three's safety. Climber two stood up and indicated they were ok. But they did confirm that their crampons may have puncture their buttock slightly. We agreed to continue on and re-evaluate after we were off the glacier and removing our protective equipment.</p> <p>A mere two minutes after continuing to descend, climber 3 stepped off of glacier ice and on to a snow block surrounding a large, exposed boulder. Unfortunately, this was a moat / tree well like terrain feature. The snow block collapsed approximately 6-8" and settled against the boulder. While the collapse wasn't catastrophic this sudden dynamic movement functioned as a catapult causing climber 3 to cartwheel forward into the well around the boulder. Similarly to the previous fall of climber 2, I witnessed this fall real time as well. I yelled "arrest" again. The rope lead and climber 2 both successfully arrested. Climber 3 was partially visible to me and nearly fully visible to their rope team. Climber 3 communicated that they were ok but stuck between the boulder and the snow. Communication at this point degraded a bit as I couldn't hear fully climber 3. I heard laughter from the fallen climber and climber 2 began to get up from their arrest. I shouted down slope to stay down and that I would attend to the fallen climber. There was no visible tension in the rope. I arrived to climber 3 in a slightly inverted but mostly horizontal position. Their back was to the boulder and body towards the snow. There was no readily visible trauma from the fall. After repositioning their ankles and crampons I leveraged their backpack as a means to extricate them out of the hole. Spirits were high despite this accident. As I stood up from providing assistance, the rope lead was standing and climber 2 no longer in a fully arrested position. We all descended the remaining 100 yards to our transition off of the glacier and out of our technical protection. Climber 3 was our first aid lead for day. They evaluated the buttocks of climber 2 in private setting behind some boulders. They reported that there were two small topical punctures from each of their crampons heels but did not warrant immediate medical attention. We did not perform a full assessment for any potential injuries of climber 3. We carried on with our exit. Took a long break to pump water and take in some calories. Conversation was jovial but everyone was certainly tired. Once back on the climber trail, we spread out a bit with me functioning a sweep. At the boulder field halfway down to the hiking trail, the team ahead took a brief break and I continued on with swapping sweep responsibilities to another party member.</p>	<p>Longer days can result in fatigue which can result in cumulative incidents compounding. Arresting a fall is paramount. Sustaining this protection until safety of the fallen climber is confirmed is equally as important. Always conduct a full assessment for any accident. I deeply regret not doing so. But thankful we made it out to front country resources without further compromising either fallen climber and in turn the rest of the party.</p>

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							At the junction of the climber’s trail and the hiking trail I waited to consolidate the group. At this point I was informed that climber 3 may have sustain a concussion. I checked their pupil tracking and dilation response. There was no notable deviations or lag. When asking how they believed to have been concussed the response was that they have been concussed before, adding "it feels a bit like being drunk". I was immediately very concerned for their wellbeing, knowing in general terms the risks of cumulative head traumas. We offered to take gear weight, and it was declined. Day light was waning, climber 3, and the rest of the party were all anxious to return to the cars. I lead out with climber 3 right behind me offering assistance and pointing out hazards on the trail. We returned to the trail head at approximately 7:30 PM. We all rallied up at the park and ride. Climber 3 arrange for their partner to take an Uber to the P&R and then drive them both home. Climber 3 visited their doctor the following day and a concussion was confirmed. I've been in contact with them since the accident. Their health has been a bit touch and go but are expected to recover.	
Sep-24	Trip	Climbing	Major	Slip, Fall, Capsize	fall (travel a distance)	Rock - technical, rope & protection needed	Leader: student fell while leading a route for a multi-pitch field trip. S impacted ledge and was initially unresponsive to calls from belayer; belayer observed S visible head injuries. S eventually became responsive and was lowered. Emergency rescue contacted with difficulty due to poor connections. EMS arrived with litter and other gear. EMS strapped S to board and brought S to local hospital. S transferred via helicopter to Harbor View Critical Care.	1. Additional review and discussion with students prior to completing final climbs should be conducted to ensure full preparedness, and review of skill and techniques. 2. Student climbs with small groups (less than four) for field trips cancelled, to ensure more options for response with more instructors on hand. 3. Additional review and analysis of circumstances will be undertaken.
Sep-24	Trip	Climbing	Significant	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	I was descending from the summit on steep snow on a roped glacier team when the climber behind me called falling. I swung around from plunge stepping to ice axe arrest position, caught my right calf with my left crampon causing a six-inch laceration. I returned to the summit where most of the members were waiting to descend, and the team administered first aid to stop the bleeding and bandage the wound. We continued the descent, returning to the cars 6.5 hours later. I drove home and went to the ER that night to receive wound care.	Two things contributed to the incident: First I was plunge stepping when I should have been face in down climbing to set an example for the group as to how to safely descend that particular slope. The student behind me chose to plunge step as well which led to the slip and consequently, my shifting quickly to arrest position. Second, I was not wearing gators which, had I, might have provided some protection to the calf from the crampon point. The actions taken that contributed to positive outcomes was the first aid training the members had and the necessary first aid materials that were available to quickly stop the bleeding.
Sep-24	Trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self inflicted, caused by movement	Off-trail, cross-country	While descending, C slipped and fell while crossing a large dead tree. As C fell, C badly twisted right ankle resulting in a sprain. Although it was painful, C was able to self-medicate and limp out to the trailhead unassisted. C noted that this has happened in the past several times.	be careful crossing large dead trees.
Sep-24	Trip	Scrambling	Minor	OTHER - Please describe in Incident Narrative.	hit/cut - person, animal, insect stings	Off-trail, cross-country	While navigating off-trail, a participant was stung twice by disturbed bees or wasps. P yelled out and stopped anyone else from following. They found an alternate way around to avoid being stung. P was not allergic to bees. P used some hydrocortisone cream on the stings to mitigate the irritation and we checked in with P regularly to ensure P wasn't having any concerning symptoms. We marked the location of the bees with a waypoint and an improvised stick	I think we did about the best we could. There was no way to know there would be bees there. Afterwards we did discuss leaving space to ensure that if one person stumbled across a nest that multiple people wouldn't get stung. Marking the location so we could deliberately avoid it on the return was a good step, as we almost missed our

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							structure to make sure we avoided it on the way back. This worked and we encountered no more stinging insects on the trip.	improvised physical marker, but the waypoint made it clear where to avoid.	
Sep-24	Trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	Participant was downclimbing on boulders. When they touched the ground, their foot slipped on loose dirt/rocks, and they twisted their knee. They said they were able to continue and took some pain reliever medication. However, we gave it some time and they were still feeling knee pain, particularly on downhill terrain. We were early in the day and although we were off trail, we were fairly close to a trail junction if we kept moving forward. We planned to reevaluate once we reached the trail junction. Once we reached the junction, the participant was still feeling knee pain, so we made the decision as a group to return to the parking lot on the trail. The injured participant was able to hike out unassisted although they did use poles and go more slowly than usual.	The injured participant was an experienced scrambler so I don't think anything could have been done to prevent the slip. But I appreciated the way the group handled the incident. Our first aid lead was very proactive in monitoring the injured participant, and both they and another participant offered the injured participant items from their first aid kit. Everyone checked in with the injured participant on a frequent basis, and we probed deeper when they said they were ok to continue but it seemed like their words did not match how they were feeling. As the leader, I appreciated the willingness of the group to turn around -- in fact, the first aid lead was the first person to suggest it. The injured participant offered to sign out from the trip and walk themselves out once we reached the trail. It was less than 2 miles on fairly easy trail so might have been ok. However, the group did not feel good about that option given that the participant was injured, would have been by themselves, and there was no cell phone reception. If we had had a larger group, we potentially could have split the group and sent some folks back to the cars while other folks continued. However, we only had 4 people so did not have enough people to do that, especially given carpool arrangements. The injured person had driven themselves and the other three of us were all in one car. I think we made the right choice to turn around when we did; it was easy to get out from there, and we could have had more serious problems if we had continued on, and the participant continued to feel worse further into the backcountry.	
Sep-24	Trip	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	Other	Trail	We came across a black bear eating berries 10 feet off the trail. We waited for the bear to move, then continued our hike.		
Sep-24	Seminar	Naturalist	Minor	OTHER - Please describe in Incident Narrative.		OTHER - Please describe in Incident Narrative.	An instructor, who potentially caused psychological harm to students during a Zoom call, made several inappropriate comments to alienate the audience and insult a gender specifically.		Vet instructors for attitude and humility.
Sep-24	Trip	Scrambling	Near Miss	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - non-technical, scramble skills needed	Our group of 6 scramblers were coming down from a peak. We all had our helmets on. We were about halfway down the peak when we heard a person above us yelling "Rock!" Trip Leader was sweeping and saw the rock first. TL yelled "rock rock BIG Rock!" I looked up and saw the rock coming down and saw that I was not directly in its path. Next to me, P1 turned away from the rock and braced. Below me, P2 and P3 moved away from the path of the rock. Thankfully, no one was hit. The rock hit another rock near me and broke into pieces. A small piece landed in my mouth but didn't cause injury. We smelled a unique odor of gun smoke, which TL informed us is a common occurrence with rock fall. We then descended the rest of the peak and continued on the trail. Later, we saw the person who had accidentally kicked down the rock, who apologized and said that after kicking down the rock, they decided to give our group some space to avoid kicking down another rock on us.		In the future, I will make an effort to turn my back to the rock and brace to minimize potential damage. I was glad that so many people yelled "rock" and that we were able to dodge the rockfall.
Sep-24	Field trip	Day Hiking	Near Miss	Hit, Struck, Cut	hit/cut - natural object	Trail	On our return from a scramble, we all had headlamps on since night. One of the hikers saw a branch partially on the trail. H pushed it out of the trail, without realizing the branch was really long and the back end was sticking up. By virtue of pushing the front, the back end swung out and hit one of the participants in the head. P was not injured - but had the branch struck a few inches differently, it could have easily taken out the P's eye.	Hiking at night presents new challenges. At the trailhead, knowing that we would be returning in the dark, I did not discuss ensuring that hikers slow down and view obstacles before attempting to move them. Had the front hiker scanned the branch, H would have seen how long it was and that the back end was sticking up and out. I will be sure to do this in the future on hikes ending in the dark.	
Oct-24	Trip	Backpacking	Significant	Slip, trip, fall	injury/ illness - self-inflicted,	Trail	Participant slipped on wet sloping rock while hiking down on a steep section of trail. Participant dislocated shoulder. Leader moved a significant amount of the gear from participant to leader pack. The participant was able to walk out with a	The trip leader pointed out the slippery rocks as something to watch out for and gave examples of and demonstrated where to step and not step when descending. The	

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					caused by movement		lightened pack. The leader drove the participant to Issaquah. Participant was meet at the carpool spot in Issaquah by spouse and taken to an "urgent care" appointment. Participant stated in a later email that they were doing fine.	participant was lackadaisical to this caution, and stated after the accident, that they learned a lesson.
Oct-24	Trip	Urban Walking	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Developed spaces, campgrounds, fields	incident 1: Urban Walk co-leader tripped and fell walking over irregular sidewalk. Party of six responded with aid. The trip leader assessed minor knee scrape and applied readily available alcohol wipe plus band-aid. Injured party also reported sore cheek bone just below R Orbit -- no bruise or abrasion. The walk continued without apparent effect. Upon the next day examination, bruise/abrasion was open to air needing no further treatment. Incident 2: Urban Walk primary leader brushed against trimmed hedge with arm and felt a sharp prick just above wrist. At the next street crossing noted blood spot. Examination revealed about 1 cm scrape. The fellow walker provided alcohol wipe and small band-aid. The walk continued without incident. Next day examination showed healing under way.	Incident 1. Walker has well-known visual field cut E/W and N/S impacting view of obstacles in path. History of trips/falls but much reduced over past 20 years with increased visual sweeps. Uses poles in hike/scramble terrain but not in urban walks. Walkers ahead routinely call out trip hazards. This slight pavement sinew (perhaps 11mm rise) did not appear to merit a call-out. Incident 2. Walker usually wears more protective arm clothing. Jersey material reduced barrier to insults.
Oct-24	Trip	Urban Walking	Significant	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Trail	A hiker fell towards the end of the trip and broke nose. Hiker blamed trifocals.	I wear trifocals. I am considering switching
Oct-24	Field trip	Urban Walking	Assistance Given	OTHER - Please describe in Incident Narrative.	OTHER - Please describe in Incident Narrative.	Street	The group had walked 2 blocks on the sidewalk and arrived at an intersection that was a 4 Way Stop. Across the street from our group, a pedestrian crossed in the designated crosswalk. The car did not stop and hit the pedestrian. The pedestrian was able to continue across the street. The car did not stop. Two of the participants witnessed this accident from beginning to end and provided a description to the police. Paramedics were called and arrived quickly. The pedestrian was evaluated and released. The walk was delayed by 40 minutes. I asked the participants if they wanted to continue. Everyone chose to continue. The walk was shortened by a mile to complete in the anticipated time.	N/A
Nov-24	Trip	Packrafting	Minor	Boat/kayak mishap	injury/ illness - self-inflicted, caused by movement	Water - stream, creek, river	On a paddle, one of the paddlers capsized and incurred a minor injury during the swim. The injury was caused by the swimmer's paddle. When we got to a rapid, Participant A was ahead of me by 200ft and B and C behind me by about 70ft. I yelled the name of the rapids. When A was about 150ft into the rapids, A capsized and exited boat. A reported getting when dropping into a hole and it rolled the kayak. A held onto boat and paddle and swam through the rapid. A reported that this was difficult. The paddle was pulled this way and that by currents and was almost lost from grip multiple times. The boat interfered with the ability to see downstream. At one point, the current pushed the paddle into the upper lip, causing a cut. B and C passed me and caught up to A as we	We should be willing to let go of our boat and paddle when swimming an active rapid. Holding on to both increases the chance of injury. In my own experience, when I held onto my boat and tried to re-enter in moving water I bumped into rocks, once banging my knee, and increased my risk of foot entrapment. Other pack rafters who have done the same reported similar experiences: they hit rocks. The impulse to hang onto our boat and paddle is strong. They represent safety and, in this case, a means for buoyancy. Maybe we can get back in quickly. We don't want to lose them. But this is problematic. The current is moving both around. Holding them occupies hands that could be used for swimming. Both are caught by current and push us around and out of our feet first position. Holding onto a boat tends to lift our head and drop our feet, increasing the risk of entrapment. Boats may obscure our view downstream. Both distract us and reduce our awareness of upcoming hazards. A boat makes it very difficult to swim in an eddy. A paddle may help or may obstruct swimming into an eddy. Or, if there are many rocks, as was the case with this rapid, the rocks may obstruct swimming with the paddle, making the paddle more of an encumbrance. I believe that in most cases, swimmers would be better off letting go of their boat and adopting a safety position. Holding a paddle at the shaft end (near a blade) may reduce its effect of pushing the swimmer around - or not. Swimmers should be ready to let go of their paddle as well. Trusting that our paddling partners can recover and transport paddles as well as transport boats will increase our willingness to let go of equipment and focus on swimming defensively. While we have all found that transporting a pack raft across our bow is the easiest method, this is not always feasible. If there are upcoming drops, you don't want to be encumbered by another boat. If the boat is loaded with overnight equipment, it will not be possible to get it across your bow. Therefore, we should all be proficient at bumping boats in current.

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							<p>neared the bottom of the rapid. I held back, knowing the last drop is the most powerful. I wanted to be clear of other paddlers and swimmers. Below the last drop B got to A's boat and helped A get partially back in. However, we were still being carried downstream and there were a number of smaller drops. We soon hit one of those and A capsized again. B again got A back into boat and A again capsized as we went down the next drop. A attained a more stable position in boat and was able to paddle to shore. In addition to the cut on upper lip A reported that hitting left knee on some rock. All teeth were stable. The bleeding stopped on its own. We reset and continued down the river.</p>	<p>One cause of A's difficulty obtaining a stable position in boat is that A's seat had come out of position. The Expedition seat is attached only by a d-ring at the front. Water lifted the back of the seat, and it was flopping around, creating an obstruction to sitting in the boat. On my Expedition, I find that if I push the seat as far aft as possible then inflate it as much as I can the pressure creates a snug fit. I hope this is less likely to come out during a swim. But enough water pressure could dislodge even a tight fit. Experiment with your equipment. Will your seat stay in place during a swim? There were two failed attempts to get A back into boat. A got into boat but not into a stable position. The next feature they hit capsized them again. B reported feeling very stable while holding onto A's boat. However, a rafted position limits our downstream awareness and eliminates our ability to position our boats to safely run the next feature. I had a similar experience with a swimmer in a different rapid. Two re-entries followed immediately by capsize in the next feature. Further, re-entry usually puts the swimmer in a leg-down position, increasing the chance of injury or foot entrapment. Involvement in the rescue increases the chance that the rescuer will capsize and become another person in need of assistance. When and where to perform rescues is a judgment call. Getting a swimmer back in their boat sooner is good, but not at the risk of injury or capsize. My recommendations are that we all are ready to let go of our boat and paddle so that we can adopt a good safety position and maintain downstream awareness. Swim into an eddy when you can. Trust that your partners will recover your boat and paddle. We should all train in transporting a paddle and bumping boats effectively. Don't attempt to get paddlers back in their boats while you are still being carried downstream into more features. Instead, focus on getting them out of the rapid.</p>
Dec-24	Trip	Sea Kayaking	Near Miss	Boat/kayak mishap	equipment issues	Water - large bodies, fresh or salt	<p>Several of us were paddling and sailing. The wind was basically offshore. It was gusty. Sometimes strong, sometimes weak. Sometimes behind us, sometimes ahead. At one location the wind was whipping across low laying land. We were a bit further offshore than intended. Then the supports A's sail failed, allowing the sail to fall into the water. To recover, we rafted up and strapped the sail to A's deck. While doing this, the wind was pushing us quickly further from shore. I estimate about 1/4 mile. Wind speed was 25kt, gusting to 30kt</p> <p>We realized that we needed to get back to shore quickly. We broke from the raft, turned our boats into the wind, and paddled. We made about 2nm/hr. We did a good job of staying together. In about 8 minutes, we reached the shore. If we had not all been able to make progress against this wind, this would have become a significant incident. Any time not paddling toward shore means getting blown further from shore. The further we went, the larger the waves. We would have been blown into and across a much larger body of water with frequently much more severe weather conditions. Next landfall would have been many hours and after dark.</p>	<p>How did we end up 1/4 mile offshore in a strong wind? Incidents are seldom one thing. We chose this day for the forecast wind. We knew the wind would be offshore and that was a risk. It was a sequence of events that led to us being 1/4 mile off.</p> <p>Lower wind speeds lead us to paddle further offshore, hunting for steady wind. Wind pushes kayaks (esp with sails) sideways. So, unless you are pointed toward the shore you are slowly moving away from shore.</p> <p>Then a strong wind came up. This was not a surprise. I expected stronger wind and 25kt was within range.</p> <p>Then something went wrong. Of course, the equipment failed when the wind got stronger. That is also when people capsize, or lose their paddle, or have trouble pointing toward shore. Recovering from that problem, we drifted further from shore.</p> <p>So, getting back to shore was not a problem until it was. Then some other problem caused us to be blown further out, making getting to shore a bigger problem.</p> <p>I've been thinking about party composition. For this trip, I recognized that we had three very strong paddlers, and this gave me confidence to go out in rough conditions. We got into a tough spot and just paddled out of it.</p> <p>What if someone I didn't know as well wanted to join? Would I have screened them successfully? Would I have asked: can you paddle into a 25 kt wind? I never intended to paddle into 25kt winds so I may not have thought to ask. Would they have been able to answer that question? Would I have thought it would be OK to bring one less experienced paddler because we had 3 strong paddles. We three could have towed 1 paddler back to shore, but not 2. If one of us three had needed assistance, we could have managed. But not if there was a 4th needing assistance. So, we were within the limit of our ability, but close to it.</p> <p>What do I do to not go beyond party ability? Continue to take party composition seriously. When winds are near the limit of my ability to paddle, ensure a party of paddlers that can also paddle in those conditions. Screen with the question: what is the strongest wind you have successfully paddled into?</p>

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Nov-24	Field trip	Urban Walking	Safety Concern	OTHER - Please describe in Incident Narrative.	OTHER – Please describe in Incident Narrative.	Trail	I'm reporting this in that it was very unusual. I was leading this urban hike with participants of varying experience. I arrived at the trail head 15 minutes before our group was to meet. I noticed two police officers on foot looking down a trail. Two more officers on foot appeared to be looking for someone. As a leader, my initial concern was to make sure the TH was safe for my group. I attempted to reach an officer. When I couldn't, I talked to a person coming back from a trail. They were told the police were searching for a missing person. As my group assembled, I let them know what was going on. I said we would proceed as planned, but if we met officers on the trail, we may be asked to turn back. We also agreed we would offer help if requested. We headed toward our first trail, two officers approached us, and we confirmed it was okay to proceed and that they didn't need our help. They indicated the person was found and was being medically evaluated and we could continue as planned.	I believe we did the right thing in first gathering info to make sure it was okay to proceed and second in being ready to help if needed.
Dec-24	Trip	Urban Walking	Significant	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Developed spaces, campgrounds, fields	<p>Walkers gathered for a ~4mile night walk. In the group of 10 were three other experienced Urban Walk leaders. On walker "A" had not eaten since mid-day and clothing was thick and heavy. A also had difficulty shifting attention to leader in group briefing. A's visual presentation did not suggest strong fitness level. A moved slower than others and needed rest and had greater difficulty walking. A's difficulty appeared to increase substantially on slightest uphill grade. A requested a rest. Leaders advised A to sit as skin color pasty. After ~10 minutes A's face color had not improved. The leader suggested it was best to give a car ride back to start. A wanted to continue with rest stops. The leader said such a slow pace would not work for the group. The leader believed, but did not express, that A could not continue and feared a medical event might ensue. The retired ICU nurse in group assessed A's condition and said to stay and wait for the ride. A accepted. Nurse reported: A became diaphoretic, pale, breathing heavily, difficulty walking requiring the use of a pole, and finally had difficulty with orientation, becoming mildly confused. A stated had not eaten or drunk anything since about 2:30pm. Sat, rested, drank water, ate snacks, and recovered within about 45 minutes stated felt fine and looked much better-able to walk; converse.</p> <p>Leader dispatched co-leader and another walker to get car. The nurse and spouse volunteered to stay with A. Trip leader, co-leader and three others left to further abbreviate the trip and meet up with the remaining walkers. A was delivered to a personal vehicle to drive home.</p>	<p>Lessons learned:</p> <p>Closer appraisal of clothing, gear appearance at TH. Go/No Go.</p> <p>Performance check before committing to big down followed by big up. Go/No Go</p> <p>At stops as needed, lead and sweep exchange observations.</p> <p>Rehearse on street navigation points for aid car transit at night in new territory before dispatching.</p> <p>Leader have all other leader contacts in phone as searching on wet night is difficult.</p> <p>Debrief all involved to develop fuller understanding of circumstances.</p>

