

Date	Activity Category	Activity Type	Incident Severity	Incident Category	Incident specifics	Terrain	incident report	lessons-learned	Learnings
Jan-24	Trip	Youth	Near Miss	Slip, trip, fall	fall (travel a distance)	Gym, artificial climbing walls, sports area	A youth climber fell and "decked" onto the mat from approximately 10 feet at a family climbing session which was indoors at the Tacoma Program Center. They quickly stood up and said that they were unharmed and did not appear to have any injuries. Before climbing, their parent, who had previous climbing and belaying experience, tied them into the harness with a figure-eight follow-through and the knot was checked by the leader. After the incident, the rope was found with only a figure eight (without the follow-through) in it. It is possible the parent and leader failed in tying and inspecting the knot. It is more likely that the youth climber untied themselves while standing on a ledge. Another youth climber said in private that they thought the climber untied themselves but didn't want (was too shy) to say that in front of the climber or their parent.	Cinch the knot tight so that the young climber would not be able to/are not strong enough to untie themselves. This would also help confirm that the knot is tied. Keep a closer eye on climbers at times to make sure that they don't untie themselves. Require that parents or leaders untie the youths' knots after they finish their pitch and/or tell climbers not to untie themselves until they get back to the ground.	Equipment Technique
Jan-24	Field trip	Navigation	Minor	OTHER - Please describe in Incident Narrative.	weather related	Trail	Got frost nip on hands after field trip in under-20° temps. Not evident until return home. Treating with lidocaine, Tylenol. Also noted that one student had very cold toes and was shivering. Another student had brought extra handwarmers and shared them with chilled student. All students were somewhat cold that day, cognitive performance did not suffer, and field trip ended earlier than usual.	More hand and foot warmers for group; consider super-cold temps and wind as possible postponement reasons. Leaders could inquire whether students have experience with similarly severe temperatures. Also perhaps recommend balaclavas to students.	Cold
Jan-24	Field trip	Climbing	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Ice - technical	During the last day of the intro to leading ice course, a student in the course was hit in the face by falling ice of a party on a neighboring route. S ended up with a 1cm gash on nose, which being a facial wound bled a lot until S was cleaned up. No medical attention outside of what we needed at our packs was needed and S was able to walk safely and clean up.	I think the biggest cause was our stoke/excitement. We heavily talked up how good pic of the vic was and described it as some of our favorite ice routes (for good reason) in the time of the course leading up to it .The icefall happened during S second lap, during the first laps for members of our party we experienced and were aware of lots of ice fall from the previous party on the neighboring route which was an experienced ice climber. Another student experienced ice fall from the experienced party before the climbers in new gear showed up and took the route. I believe our excitement of the route had us ignore the warning signs we saw from everyone's first laps on the route leading up to the accident. We had warning signs that maybe we shouldn't have taken second laps, or at least not lowered that far down. In hindsight and going	Ice Fall

								<p>forward with ice fall on routes that share an ice fall zone the answer should be to move, or to not lower to the very bottom as S called out in trip report (linked below).</p> <p>Where this gets hard is that ice fall is the normal in ice climbing. This risk is part of the sport, and it is hard to know when we're experiencing enough ice fall, we should bail, or the ice fall is in the realm of normal risk. In a private party I'd probably still run into the same situation as every trip of ice climbing, I've been on experiences ice fall and I'm probably numb to it compared to some (my accident happened in a remote spot with no one else on the route, not in a busy ice park). In a course setting it is probably worth avoiding routes that share icefall with neighboring parties going forward. We may want to hold off from climbing long routes where ice fall can gain momentum, if there are parties on neighboring routes in the future, and only do it when we have the space to avoid ice fall.</p>	
Jan-24	Field trip	Urban Walking	Safety Concern	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Trail	Slip on hidden ice. Walking on trail, mostly dry or muddy, some leaf cover some lingering ice. Temperature in low 40s. Hiker slipped on ice hidden by leaves. Went on to 1 knee, then immediately recovered. There were slips by others in other spots but no one else went down.	There can still be ice hanging around 3 days after the temperature goes above freezing. Poles help. Hiker was using them, and they let her recover without a full fall.	Correct Foot Gear
Jan-24	Field trip	Cross-country Skiing	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Trail	While practicing some gentle hills P fell and pulled groin muscle.	Falls are not unusual when learning to ski. The choice to have S stop and not do any more skiing was a good one.	Mindful Walking
Jan-24	Trip	Cross-country Skiing	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	Snow - non-technical	Cross-country skier developed a blister on first day. P used a blister patch and was able to complete the route, and wrapped heel that evening. P was able to complete the entire trail the subsequent day without incident.	That the skier had a blister pad in first aid kit was essential; wrapping foot that evening helped ensure P was OK to ski the next day.	
Feb-24	Trip	Sea Kayaking	Safety Concern	Boat/kayak mishap	injury/ illness - self-inflicted, caused by movement	Water - large bodies, fresh or salt	When our group paddled, there was some moderately active water, one of the paddlers was flipped over and needed an assisted rescue. The rescue happened quickly and without difficulty.	The person that flipped over just needs more experience with active water and this was a great opportunity for P to experience it without risk.	
Feb-24	Clinic	Climbing	Near Miss	Equipment issues		Rock - technical, rope & protection needed	A student clipped the rope into a Grigri in the wrong direction. The instructor immediately spotted it, and it was corrected.	Always check your partner for tie in and the belay before climbing.	Equipment Technique

Feb-24	Field trip	Avalanche Safety	Major	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Snow - non-technical	<p>Summary: On day three of an AIARE 1 avalanche education course being run out of Baker Lodge, the six students in my group prepared a ski/snowshoe tour plan. The day three student-led tour plan is an important part of the course objectives and provides the opportunity for the instructor to mentor students in planning and leading a winter backcountry trip. Two students were on snowshoes, four were on backcountry skis. I was on backcountry skis and my assistant leader was on snowshoes. One of my students on skis (Student #1) took a fall while descending an inbounds cat track at Baker Ski Area that leads back to the Heather Meadows trailhead. S1 fractured tibia and fibula as a result of the fall and was subsequently taken off the mountain in a rescue sled by Baker ski patrol.</p> <p>Details: Prior to the course, Student #1 noted the following medical concern in her pre-course survey: "I had ACL reconstruction surgery this past year. I'm good going uphill on ungroomed snow (have already done so several times this season). I will need to ski back down on the groomed runs. I haven't been cleared yet by my PT to ski down ungroomed blacks." An instructor managing rosters and logistics for the course responded to Student #1, letting S1 know that we were going to assign S1r to a mixed snowshoe/ski group to allow for terrain choices that could better accommodate knee concern, especially given the recent, challenging conditions. We also encouraged S1 to consider bringing and using snowshoes for the course. S1 replied that S1 would bring both snowshoes and skis for the field trip. Student #1 was assigned to my group, and I followed up to reiterate that we were likely to encounter challenging, variable ski conditions. I suggested that S1 at least consider starting out in snowshoes on the first day to get a better sense of conditions and S1's confidence being on BC skis. S1 experience on day one could help inform S1 mode of travel for the following two days. Prior to going out in the field on day one, I reiterated this recommendation but S1 chose to use BC skis instead of snowshoes. Student #1 moved well on skis that day and was confident skinning uphill and down small slopes.</p>	<p>Paying close attention to any medical concerns noted by students before the course is important in order to help them make the best possible choices on decisions such as mode of travel in the backcountry. We did discuss conditions and mode of travel with Student #1 but, as noted, her as a reminder for future, similar situations. Although I discussed mode of travel decision with Student #1 before the course and on day one, we did not have a follow up conversation on day two or three. I suspect S1 still would have chosen to ski on day three, but I could have had a conversation to make sure S1 understood that poor visibility and heavy snowfall would potentially make skiing more difficult. I had a SAM splint in my first aid kit and in retrospect, it could have helped support Student #1's lower leg and reduce pain when we moved S1 from the snow to the ski patrol sled. It would have been essential if we'd needed to move S1 in a rescue sled. AIARE instructors should consider carrying a SAM splint and multiple ski straps for similar situations with a boot top fracture. If an incident like this had occurred in the backcountry, transporting a patient to definitive care would likely have been much more complicated and time consuming. Our group was carrying a rescue sled, an inflatable pad for packaging, and haul gear. If we'd been near Artist Point when the incident occurred (our original goal) it might have been necessary to use a rescue sled to evacuate Student #1. Our group was not carrying a sleeping bag and/or stove. That seemed an appropriate decision for this tour but if a group was planning a longer tour, they should consider bringing a sleeping bag and stove in the event of an incident where the patient/group were to be in the field for a longer time. Our group had multiple InReach devices but did not use them to get help since we reached ski patrol by phone. We should consider how we might be able to use InReach between instructor groups for situations like this when radio communications aren't working effectively.</p>	
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Feb-24	Trip	Urban Walking	Safety Concern	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Road	<p>Leader: I tripped on the curb and fell after crossing a street</p> <p>P1: Urban walk leader tripped on curbing moving from city street to sidewalk. Coleader advised P to get up slowly and stand in place for two minutes. P reported no evident injury and chose to continue walking. Trip leader inquired regularly and at conclusion of walk about fall and P reported feeling fine.</p> <p>P2: The group was crossing the road and one member as they were approaching the curb, missed the curb, it appeared, by not stepping up high</p>	<p>Leader: I should look down and lift my feet more.</p> <p>P1: Should have appointed first aid leader at start of walk. Trip leader will follow up with a call the next day.</p> <p>P2: I don't think anything could have been done differently by the leader because expectations were clearly set at the beginning and throughout the walk we would be crossing many streets, along with a reminder it was very wet and to be careful. It seemed as though the member appeared to inadvertently miss fully stepping up onto the curb tried to catch themselves but couldn't. The positive outcomes were that two members assisted the fallen member who helped them stand upright more slowly and steady which</p>	Mindful Walking

							<p>enough, to step onto the curb. They fell down, facing forward and were wearing gloves and long pants so didn't appear or report to have been scraped on the hands or knees. They were helped up by two other members in the group and the group rested for a couple minutes, everyone standing. The member was asked by others in the group, including leader and co-leader if they felt they were alright and if they could continue on. They replied yes. At the end of the walk, the member was asked again if they were alright and reported yes. Suggestion - as urban walks are new, suggest adding sidewalks to the choices of Terrain.</p> <p>P3: On an urban walk in Seattle, the group was crossing the street. One of the participants behind me fell after P lost balance stepping on the curb. The participant was checked and said P wasn't injured.</p>	<p>appeared to allow them to regain control on their own. The group paused for just a couple minutes and let the member who fell, confirm they were alright and ready to move ahead again. My belief is that this was a one-off and not caused by anyone or anything in particular. No photos were taken or needed, in my opinion.</p> <p>P3: All precautions were taken during the urban walk. The participant was checked after the incident and at the end of the walk. The participant said P was fine.</p>	
Feb-24	Trip	Global Adventure	Major	Slip, trip, fall	fall while skiing	Snow - non-technical	<p>P1: Leader took a forward fall in XC ski tracks going down a hill. The fall appeared to have happened due to ski skins sticking to a soft wet area of snow that had been warmed by the sun. Two skiers in our party were near L when the accident happened, one behind and one ahead. No other skiers were around at the time. I was the skier behind L, so I shouted to the 2nd skier to call the small ski group back to the accident scene. I reached L first. L was on knees. I released the right binding. The left binding was not releasing. When the second skier returned to the scene, P helped L reposition left leg so the 2nd ski binding could be released. L said left leg hurt. By this time, our small ski party returned with our designated First Aid person. A skier was sent to the top of the hill to secure the accident scene (warn approaching skiers). Safe sit station was set up on the opposite side of the trail away from the tracks on a snow berm (skis laid horizontal with two sit pads on top for warmth). L moved to sit on the ski seat. To keep the patient warm, two of us assisted L with adding more upper layers.</p> <p>By this time, L surmised a torn left hamstring, and L could neither ski nor walk. A decision was made to report a skier down with an injury and to request emergency assistance (transportation) help. The resort was quick to respond to our request, and after we provided our coordinates, they dispatched a snow vehicle and driver to us within 20 minutes.</p>	<p>P1:</p> <ol style="list-style-type: none"> 1. There was nothing that could have been done to prevent the accident in the tracks. The over-night new snowfall left a soft wet track base that grabbed the skins on the downhill track. 2. We were fortunate that the accident occurred in town at a lodge where there was cell phone reception for quick emergency help. 3. The participants worked very well together as a team to manage the incident and support L. <p>P2: As the first skier going down the slope, I wish that I had stopped and warned that skiing in the tracks could be dangerous, was not recommended and as one of the stronger skiers in the party, I had no intention of going downhill in the ski tracks. My fear was the excessive speed in the track could lead to an injury, which I should have expressed.</p>	Terrain

							<p>While waiting for the requested help to arrive, L took a dosage of the OTC Aleve to help relieve pain. When the snow track vehicle arrived, we assisted L into it, and another skier was sent along to assist. Both skiers gear was placed in the back of the snow vehicle for easy transport back to the lodge. L and assistant arrived at the lodge a few minutes before the rest of the group. A lodge staff member had greeted them out front under the covered portico with a large stuffed chair for L to sit in. The staff member took down L's information, and shared with us the nearby ER choices, an Urgent Care or St. Luke's Hospital ER Room. It was decided that our designated First Aid person, would drive L to seek medical attention at St. Luke's ER. From the covered portico, L was assisted into the backseat of a Wagoner Suburban where L could lay across the backseat. At ER the doctor recommended follow-up care in Seattle upon L's return home.</p> <p>P2: Incident report already filed by trip leader(s). I was just commenting on how well the group functioned in responding to the injured skier. No one had to take charge, we all filled in roles where needed.</p> <p>The only thing that was overlooked by others is sending a skier up slope to alert other skiers of an injured skier on the slope. Since no one person assumed the Incident Leader role, I assumed that and directed another skier to do this task to free me up to assess L's injuries.</p> <p>In our post incident reviews and conversations, we covered the Seven Steps again, including assessing the overall situation and how to prevent potential harm to others in the area.</p>		
Feb-24	Trip	Global Adventure	Minor	Slip, trip, fall	fall while skiing	Snow - non-technical	<p>P was XC skiing on a green (easiest) groomed trail. It was about 3:00 and P was a little tired. P was headed down a hill, skiing in the tracks, when P decided to put one ski out of the track in order to do a "half-wedge" and control speed. When picking up and starting to put ski down, it caught an edge and P fell. P's right shoulder was injured in the fall. The discomfort continued and increased as the evening went on; P assumes it was a strained muscle. P</p>	It is good to ski conservatively towards the end of the day (P thinks P should have stepped out of the track sooner).	Terrain

							treated it with ice and heat, and it has been slowly improving. P does not plan to get medical care.		
Feb-24	Trip	Urban Walking	Near Miss	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Trail	A branch came loose from a tree.		
Feb-24	Trip	Global Adventure	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	injury/ illness - self-inflicted, caused by movement	Rock - non-technical, scramble skills needed	<p>Leader: It is not a particular incident but multiple occurrences. S was not prepared for the rugged terrain and some low technical scrambles. S was fearful of exposure and slowed down significantly. At times S needed one to one assistance of the guides. Having only 2 leaders for the group of 11, I felt S could not continue as the terrain was going to get tougher later. S left the group on day 3 to return to city after discussing the future terrain and difficulty with the professional guides.</p> <p>P: While on trail the first few days the team member in question would dramatically slow down when the terrain would become a bit exposed and or with a high slope. whereas this did not present an issue in itself it did require the full attention of at least one of the guides if not both depending on the situation. The guides stressed that these first days were the easiest and that the trek would become much more difficult, slippery and exposed in the coming days. On the morning of the third day, we were informed that this team member would be heading back into town and would join us at the farewell dinner. The trail did indeed become much more difficult than the previous days and felt that the decision to leave by the team member in question was the correct one. Even with an able-bodied team, it did require the attention of the guides to keep us all safe and assist where needed in a questionable area. If the guides were devoted to one team member there would be less oversight and assistance for the remaining team. This was especially true on the down climb. The trail was very steep, heavily eroded and required agility and assistance to get down safely. As the daily treks were rather long, the days would have been longer to get to camp and with questionable weather this</p>	<p>Leader: Vetting applicants for a difficult global trip is hard but as a leader, one must ask more questions and be clear about expectation and ability of the participants. This might mean more specific questioning of their ability and comfort level.</p> <p>P: I felt the trek was difficult but nothing out of the ordinary or what was to be expected. It appears the team member in question, did not divulge nor volunteer they had issues with exposure until observed on the trail. On a shorter trip or one nearer support infrastructure this may not have been an issue but in a long, remote trek this can quickly compound. The trip details were rather clear so adding more actual trail condition photos (which were provided) or videos, I am not sure how one can vet this out beforehand.</p>	Conditioning

							could have impacted the experience if not the outcome.		
Mar-24	Field trip	Snowshoeing	Near Miss	Slip, trip, fall		Snow - non-technical	One basic snowshoe student got snowshoes crossed up and tripped on a short section of an angled traverse and fell over and took a headfirst slide about 10 feet to the bottom of a small gully. S had some minimal contact with a tree, but fall was low speed in partially consolidated powder and the contact did no damage. (First aid assessment was done). S was able to reposition and was able to ascend from the side of the gully with only verbal assistance. One of the trip leaders was right there when it happened.	The co-leader, before the group reached this short section, gave verbal instructions about how best to position snowshoe and poles to cross this 20-30 foot long moderately-angled side-hill section on a backcountry skier trail, but unfortunately one student lost balance. Al others handled this short section well and the group continued on. A misstep.	Equipment Technique
Mar-24	Field trip	Day Hiking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	I was the primary leader for a hike. Our route had an initial elevation gain of 400' over the first mile. One of the participants, turned around with spouse (who was a registered participant as well, but not struggling) and our Co-Leader. We were fortunate that P agreed to turn around. I would not have been comfortable continuing on with P in the group, given a couple of steep portions further on in the hike. The rest of the group completed the hike successfully and without incident.	It is challenging for leaders in a beginner course, on the trip that is used to assess ability, to screen out those that may not even be able to do the assessment. The trip was listed accurately and with a moderate Leader rating. In pre-trip communication, I restated the distance/elevation gain, called out that this was "not an easy route", and suggested poles given the elevation gain. In the future, I will not include "We will all complete (this)" in my message given that in this instance, someone did not complete it. I am open to suggestions on how I could have better communicated or screened participants for a pacing hike.	Conditioning
Mar-24	Trip	Day Hiking	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Trail	One participant slipped on the way down and twisted an ankle. Group helped carry their load down. Participant walked out on their own. Trail was wet and muddy from recent rains.	Actions taken to contribute to positive outcome: redistributed participant's load to other group members. Advised participant to put micro spikes on to get better traction the rest of the way down. Group members stayed with injured participant for remainder of hike out.	Mindful Walking
Mar-24	Clinic	Backpacking	Safety Concern	Slip, trip, fall	fall (travel a distance)	Trail	2 miles into the trail, my dog took a misstep and suffered a fatal fall from a 300-400 foot cliff face. After a brief initial search for a way to safely get around the cliff band in the dark, a 911 call was initiated to request WASART resources and direction. The WASART OL on duty called back declining to send their team out and ordering the group to go back down the trail and resume the search in the morning. Everyone in the group safely made it back down the trail, where everyone was determined to safely be able to drive home except for me. Thanks to P who drove me to P's house and stayed with me until my parents could pick me up.	I think this was handled perfectly by everyone in the group. Even in my distress, I made sure no one risked their lives in steep terrain to go after my girl, and we all made it safely back to the parking lot, even while I was in shock.	

Mar-24	Youth activity	Youth	Minor	OTHER - Please describe in Incident Narrative.	fall (travel a distance)	Rock - technical, rope & protection needed	On a MAC overnight climbing trip, we were cragging. We were in the process of cleaning the top ropes we had set up and one MAC leadership student was cleaning the anchor from the top of a trad route that also had a group multi-pitching above from the same anchor point. S was being belayed by a parent volunteer on the trip. On this route, the belayer could not see the climber when at the anchors. It was also difficult to communicate between belayer and climber because of the terrain, even though the pitch was only about 50 or so feet. There was a lot of rope drag on this route mostly because the rope wound up feeding through a crack a large part of the way up. When S was ready to lower, the belayer started letting out slack. Because of all the drag in the system and inability to see and communicate, the slack built up in the rope. Eventually it gave and the climber dropped about 5 feet or so. S landed on backside on a ledge just as the rope was finally getting taught again. S suffered no significant physical injuries but reported bruising. S was justifiably very spooked during the incident. S took a minute to collect self before being lowered all the way to the ground.	I learned a lot from this experience. One thing that I learned is that if a climb is blind, the partners should have radios if available. We did have radios available which would have prevented this whole incident from happening. Also, I could have relayed communication between the climber and belayer because I was able to walk around the rock to where I could see the climber and hear her better. I was relaying information during the climb and clean but had stopped paying attention prior to the lowering. I was re-alerted by the climber saying "whoa, whoa, whoa!" as S was falling. Another thing I learned is that when a climb has a lot of rope drag, that needs to be understood by the climber and belayer and they need to discuss how they will manage that. If there are ways to minimize drag, those steps should be taken. We could have taken steps to minimize rope drag in this climb but did not. Another thing I learned is that people are rusty on the first climb of the season after a Winter of no climbing. We should have gone to a simpler crag. This crag was complex for a lot of reasons, and it was not a good selection for the purpose of the day. If we had chosen a simpler crag, it is unlikely something like this would have happened.	Equipment Technique
Mar-24	Field trip	Urban Walking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	Before the hike started, after the Hello Hiker email went out, this participant did check in and ask, "I want to be sure the hike is a good fit. 1. I have done 3 miles in 2 hours with breaks along the way so I can keep the pace. But the hike summary says 3.7 miles which I chose for a stretch. The map shows some shortcuts. Given this is an urban park can I take one if the distance is too much? I know that is against general policy but seems reasonable given the location." I replied, " We will just do what everyone is comfy with. I totally hear you. It's a small group so it's all going to be what works for all of us." P reply was "Thank you. That sounds great!! I am very happy that we will have options over the entire course for how much we want to stretch. I want to push myself to stay healthy at the same time." I experienced the text interaction with this participant before the hike to be cautious, self-aware, and considerate of capabilities and desires. P stayed registered for the hike. P arrived early and spent about 10 minutes getting ready. Immediately after we began the hike, an incident occurred where the participant reported experiencing a lower leg cramp. P went a little way	Given this was the participant's first hike both with the Mountaineers and in general, it is understandable that it took a bit to get things arranged and to learn limits (such as driving up from Olympia and hiking in the same day). I perceived the incident to go as well as it could have; GoHike is exactly for this purpose. I see that this participant was not able to estimate how much time it would take to get her gear ready, as it was P's first time - including a borrowed backpack not used before. The participant did everything after the fact as well as P could have, and I may have simply stated "Let me accompany you back to your car" instead of asking, in the case this offered P more of a feeling of being supported than of being a burden. The tricky factor here was that the other participants were very ready to get going and did not want to wait again for the participant with leg pain. I did suggest my co-lead walk and catch up to us (we were so very close to the cars and maybe 50 feet from the trailhead). In the end, the participant used right of refusal and was able to return to car safely. I felt better having taken the time to watch P walk back for a minute to see how P would do. My assessment was that P would make it safely and I was close enough to meet P quickly if not. As a new leader, I	Conditioning

							<p>forward to see if P could "work it out" physically. Alas, P could not relieve the discomfort within a few minutes. P opted to head back to car and not join the hike this time. My co-lead offered to walk back to car, and after deliberation and discussion, the participant decided to walk back on alone (which was maybe 100-200 ft) and text us when back to car. I received the text that the participant made it to car safely and was going to stay there for a bit and rest, then decide what to do next. The participant continued to communicate via text after deciding what to do (drive home), then again once home safely. I checked in with the participant via text and phone call a few times after the incident within the week. The participant let me know when I asked about the experience and cancelling next hike, that "I did not find it as feasible as I thought to drive up to these locations from Olympia and will try to find hikes closer to home, as well as go with friends to increase capacity for hiking. This participant demonstrated being considerate, cautious, self-aware, open to learning on the spot, and humble. I appreciated P choices and communication skills personally and for the benefit of the group.</p>	<p>think I would have preferred walking P to car and the other participants can work with their own discomfort around that if any existed. Considering the text conversation about if P was a good fit for the hike, I now think a phone call might have been useful. There were enough yellow flags to deem that a good option. It may still have turned out that P came and had the same situation, but I would have felt more informed maybe and who knows what else might have been shared that could have helped us both make a wise decision. GoHike is tricky when we are getting people out there for the first time with those that may not be out for their first time.</p>	
Mar-24	Trip	Sea Kayaking	Minor	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Water - large bodies, fresh or salt	<p>On the first leg of our paddle, one of the participants started experienced some back pain while sitting in kayak, which P attributed to being in poor physical condition and having difficulty sitting upright in kayak. After we landed, P used a paddle float to fashion a sort of back rest and we started the second leg of our trip. About 5 minutes into that leg, P requested that we stop and tow P the rest of the way to Owen Beach (a distance of about 1 mile) because P's back was continuing to hurt. Fortunately, the weather was good, and the currents were mild. Once at the beach, P made the decision to quit the paddle since we still had another 3 nm to paddle, and this would most likely involve towing P the whole way. P was able to make this choice because P had friends nearby that P was able to reach to come get P and kayak. We were lucky that this incident occurred where P could easily be picked up by friends. Without that, we would likely have had to go ahead and tow P the additional 3 nm back to our launch spot.</p>	<p>It was best to go ahead and make the decision for P to quit the trip, since P had the option of close by friends who could come to assistance, rather than to risk hurting back further or towing P for a fairly long distance across areas of boating traffic.</p>	Health Check

Mar-24	Trip	Trail Running	Minor	Illness	injury/illness - sudden onset	Trail	On a backcountry trail run, the leader had an unexpected bloody nose. The group slowed to walk for a minute while L administered self-care. L was not impeded from continuing on at the posted pace. All participants were able to continue and complete the run successfully.	Nothing.	Health Check
Mar-24	Trip	Day Hiking	Minor	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	One hiker had severe cramping of leg/calf on the ascent, and it was determined that he needed to abort. Our co-leader and two additional hikers accompanied P back down and the rest of the group finished the hike. There was nothing concerning, just an individual physical problem, and it was handled perfectly, and we had a report at the end of our hike that all was fine.	N/A	Conditioning
Mar-24	Trip	Scrambling	Safety Concern	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Snow - non-technical	On the way back out, towards the end of our trip, we had to cross a river in order to get back to the trailhead. We successfully crossed one snow bridge, but then needed to cross the river again to get back to the road. A participant started crossing a much smaller snow bridge. When a second participant followed, the bridge gave way where it was attached to the bank. The participant fell in waist deep. P was holding on to the snow and legs were dangling. However, we could not rescue P immediately, so P's arms got tired, and P let self drop to the river. Luckily, the water was shallow. At this point, we could not see the top of P's head through the hole in the bridge. To rescue, we first tried anchoring two ice axes and seeing if the fallen participant could hoist self out. P couldn't. Then we dispatched a strong member of the group to go on the snow bridge and pull her out, which P2 was able to do. We then helped the fallen participant dry off and get warm. P had no injuries.	1. Test the snow bridge before proceeding. In this case, a member of the party just started walking across a fairly small snow bridge before assessing it, and then others followed. 2. Have a plan in place on how to get someone out in that situation. Maybe by using a rope.	Terrain
Mar-24	Trip	Scrambling	Significant	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Water - stream, creek, river	Leader: Late in the day we crossed a creek en route back to trailhead. Nearly all of the exposed rocks above the water line were covered in a mossy slick slime. As party leader, I held the entire team until having placed a couple of fresh rocks to aid in the crossing. These clean stones were at or slightly below water line. One participant crossed ahead of me. I called everyone's attention to the condition of the slippery exposed rocks covered in the green. I encouraged folks to resort to getting their feet wet given we were a 10 min walk on an older forest road	Leader: I could have been more direct. Ensured all participants observed a successful crossing prior to trying it themselves. Potentially could have introduced more material (stones and/or deadfall) at the crossing as additional assistance. Subject: When your leader warns you that rocks are slippery, avoid stepping on any of them! May people just walked through the stream to be safe. Better way to go!	Terrain

							<p>back to the cars. I crossed, as did another, and another one at time. Four of us were successful and came away relatively dry. As I stood on the bank another team member crossed and upon arriving at the opposite shore slipped and fell onto right side in the shallow bank of the stream bed. P struck right rib cage on a protruding rock. It is likely the wind was knocked out of P. I paused before picking up P to observe breathing and ensure shoulder and neck area wasn't compromised from the fall. I then hoister P up by backpack. We had P sit down for a brief evaluation. Deep breathes induced some pain but not to the extent of compromising respiratory function, mobility, nor ability to carry backpack. We agreed to get P into dry clothes as quickly as possible back at the cars. Additionally, I'm awaiting a follow up correspondence of their condition come Monday.</p> <p>Subject: I stepped onto a rock from a log I was walking on over a stream. It looked dry, even though our leader warned us that the rocks were wet and slippery. I slipped on the slippery rock, fell and landed on my right side, on a sharp rock, and may have broken a rib. Will get an Xray tomorrow.</p> <p>Participant: About 1/4 mile from the car, we had to cross a Creek, an 8' wide shallow (1' deep) stream. Rocks were slimy and slippery. One party member slipped, got wet, and banged ribs painfully. Had no problem walking to the car and changing into dry clothes. The person who fell thinks they might have cracked a rib and will have it checked out.</p>	P: not really.	
Mar-24	Field trip	Climbing	Near Miss	Logistics, equipment issues, party issues	equipment issues	Gym, artificial climbing walls, sports area	<p>We had a 2nd year student set up the 3-carabiner rappel that we demo, and then ask the students to do. This is a summary of what I saw, and the student's feedback afterwards. (S is available for follow up if needed). Student installed auto block on the rappel ropes, connected it to belay loop with a locking carabiner, and tested its stopping ability first. Then, S set up an extended 3 carabiner system (for the north wall low-anchor rappel), using 3 large locking pear shape hms carabiners (Exact product link) the carabiners had the two wide ends together. S tested the anchor, and the locking of the carabiners and moved to the ledge PA'd to the</p>	<p>After hearing S describe the incident, I have a few thoughts: Insufficient braking control: it's easier to apply tension to the rope, slowing descent, when your brake hand is beside your hip, or under your backside. We're not sure where P's hand was, but P should have been able to apply more tension to slow the rappel, even with the rope running through the larger ends of the carabiners. Autoblock loose on the rope. In this situation, the autoblock should have quickly arrested the descent, unless it was kept loose by P's hand somehow. It distresses me that it took so long to grip and stop the rappel. In cases like this where it's a somewhat novel situation, a</p>	Equipment Technique

						<p>floating line. S positioned for a sit and spin, and determined the push off leg, and did the spin ending with feet on the metal lip under the ledge. P then detached PA, and started the rappel, and I watched P descend a little way normally. I don't recall where P's brake hand was at that instant, and neither did P, though P said P thought it was in the same position P usually rappels with on a device rappel. Then, I looked away to check on other students, and out of the corner of my eye I noticed P descending a further 10' much faster than normal.</p> <p>At that point, I yelled slow! and then P's auto-block caught and stopped the rappel. P's auto block was tightly gripping the rope at that point (but still below the carabiners, so not caught up in them as I had originally thought), so P had to PA into an anchor, stand on some of the north wall bolts to unweight the autoblock, unclip the PA, and proceed with the remainder of the rappel which was normal. Afterwards, P seemed a little shaken by the experience, and we talked about what happened. From a follow-up email:</p> <p>After that one I did do the 3-carabiner rappel again with narrow ends together and it did go smoother. We definitely did cover it last year, but when I was practicing on my own this year, I re-reviewed it by going through the freedom of the hills book. Only call out there is that the book graphics use oval shaped carabiners and didn't call out any pros/cons on carabiner selection, so the idea that there was a difference in wide-wide vs narrow-narrow ends just wasn't on my radar. Another thing though more of an FYI. I was doing some experimenting yesterday morning on a set up I have in my apartment to compare having the carabiners setup with the narrow ends together vs wide ends together. I used one of those suitcase scales to measure how much force was needed to move rope through each to get a rough idea on how much friction was being applied. Caveats are that the rope I have at home is a smaller diameter and this wasn't exactly "scientific" but from what I could tell there was a measurable difference between the two set ups with the narrow-narrow version requiring more force. It wasn't a dramatic gap but based on the second</p>	<p>firefighter's belay from below might be indicated, though belayer reactions would have to be very good, since the descent only took a second or so.</p> <p>Key takeaways (from discussion within the Climbing committee):</p> <p>Hand position on the autoblock</p> <p>Test different shapes and orientations for friction before committing</p> <p>Set extension for student's specific setup</p> <p>Perhaps add firefighters backup on ground</p>	
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							rappel going smoother it does seem like it is enough to make a difference.		
Mar-24	Trip	Scrambling	Safety Concern	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Water - stream, creek, river	<p>The log bridge had about three feet of unconsolidated snow on it, much of it cantilevered out beyond the edge of the bridge. The first three participants to arrive at the bridge started crossing the bridge before the leader arrived and asked them to shovel the snow off the bridge. They felt that they were in too precarious of a position to take out their shovels and so they continued to cross without shoveling the snow. The third person to cross, someone with exceptional skills at balance and footwork, fell off the bridge when the snow under them slid off. They fell sideways into about 3 feet of water, thoroughly drenching their clothes. They were able to regain their footing and made it to shore. Everyone else found another way to cross the stream without using the bridge and then offered dry spare clothes to the person who fell. After donning some dry clothes, we were able to proceed with the rest of our trip.</p>	<p>Log bridges with deep snow on top are inherently risky, as the safe area to place your weight gets progressively narrower as the snow gets deeper. If the consequences of falling off the bridge are significant, it is advisable to spend a few minutes to shovel the snow off of the bridge before crossing it.</p>	Terrain