| Month Year | Activity Category | Activity | Incident Severity | Incident Category | Terrain | Incident report | Lessons learned |
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| Apr-25 | Field trip | Climbing | Significant | Slip, Fall, Capsize | Rock - technical, rope & protection needed | Co-lead: during the first intermediate rock field trip, one of our climbers suffered a fall. C was climbing a 5.6 route. The route consists of a low angle ramp, followed by a lower grade notch into a ledge. The ledge is followed by about 15-20 feet of vertical face/crack climbing, which is the technical crux to the route. The route ends after this crux. C was taking their lead climbing evaluation and had already completed the route one time, but had taken a "take" during that attempt and was retaking the evaluation to try to climb cleanly through this section. C had placed protection about 6 feet from the top of the ledge, and had climbed above that protection. C lost footing while above this protection and took a fall to the ledge, hitting their head and scraped their right forearm. C was unconscious for approximately 10 seconds, after which time C regained consciousness. C was disoriented and had trouble recalling whether C had driven or carpooled for the field trip. We recognized that there was potential that C had suffered a concussion. C was otherwise stable and became more cognizant over about a 15 minute period. Once C regained cognizance, we lowered C through a leader assisted lower to the ground. Once on the ground, one of our students, who is a registered nurse, assessed the fallen climber's condition and deemed that C was able to be escorted to the trailhead through C's own mobility. At the trailhead, C was brought to the emergency room for further evaluation. C was confirmed to have suffered a concussion and was released from the emergency room (same day) and was driven home by a carpool partner. C is in stable condition.<br><br>Participant 1: I was belaying the climber up for a trad lead test. The climber had successfully ascended the route up to the crux section below the anchor. This section involved climbing a crack about 10 feet to the top. The start of this section was a ledge. At the crux section the climber successfully got a piece in and was proceeding to climb above it before slipping/falling off the rock. Due to the amount of the rope in the system and the ledge being below, the climber struck the ledge before tumbling further down the slope. As I saw the fall I immediately attempted to pull in as much rope as I could while rapidly moving backwards but it wasn't enough. The climber came to rest just out of my line of site above me.<br><br>There was an instructor next to the climber on a separate line who immediately descended to climber location and was shouting at me to call for help. I advised them that they had the radio. They then shouted at me that they did not know how to use the radio/couldn't use it? At this point while keeping the fallen climber on belay I attempted to phone the lead instructor but they did not answer. While doing this the instructor above clipped the radio to the rope and attempted to send it down to me. It got stuck on a ledge but I was able to free it by jiggling the rope. Once I got the radio I radioed the entire instructor team and advised them that we needed immediate help. After doing this the instructor with the fallen climber advised me that I could come off belay since they had taken over the belay from above. They then told me to run and get help. I advised them that I had contacted the team and help was proceeding to our location. They then yelled at me to go find them. I did not do this since I did not know where they were coming from since they had went to a separate area earlier in the day which I did not know the location of.<br><br>Two other instructors arrived shortly with another student. One of the instructors went up and helped prep the injured climber to rappel down the static line the instructor was using. With one instructor going first they helped the injured climber rappel to the bottom of the route. The climber had struck their head during the fall and lost consciousness as well as striking their right arm. There was a huge knot on the back of the injured climbers head as well as a large bump scrape mark on the right forearm. The fallen climber did believe they had a concussion. We evacuated the climber to the parking area where they were taken immediately to a hospital around 5 minutes away. During the evacuation the injured climber repeatedly asked the same questions as well as was unaware of who was present at the time of the incident. | Co-lead:<br>We could have recommended more frequent and closer together protection placements.<br>We could have recommended that she not repeat the lead and planned a repeat for a future date.<br>We could have done more mock leads with a slack top rope, to gain more progressive confidence.<br><br>Participant 1: At the time of the incident it was only me, the fallen climber and the one instructor. Everyone else had gone to the other climbing area. Since I had not been to that area I had no idea where it was which would have met that I would have had to search to find them adding time to the rescue if we hadn't established communication. I am not sure why the instructor with the fallen climber did not use the radio themselves to summon help. In the future the instructors should know how to use the radios that they have been given. Additionally I had a radio on my pack. It was not turned on or in use since I did not know the frequency the instructors were using to communicate. In the future I will make sure I turn it on and put it on the frequency that is in use.<br><br>Participant 2: Trad climbing (and climbing in general) is dangerous. I think the leaders did everything they could to create a safe environment for this activity and did everything right after the incident. |
| Apr-25 | Trip | Scrambling | Assistance Given | Slip, Fall, Capsize | Snow - steep, ice axe, poles recommended | This incident involved coming upon an injured party on a glacier. The injured patient was a 31-year old skier, one of a party of two, whose ski binding had failed. S either had torn knee or broken tibia. Either way, S was sitting in the snow with friend hovering, and we stopped to see if S was OK. The time was about 4pm and the weather was sunny and just starting to cool down from a very hot day. S stated "not OK" and did not think S could stand on leg. We asked permission to treat S, and one of our party, physical therapist, wilderness first responder, and scrambling student, took charge. The trip leader called 911 to reach the rescue dispatch, who got our coordinates, patient information, issues, vitals, etc... and also exchanged numbers with the patient's friend. The co-leader worked on getting our emergency sleeping pad under S and corralling gear to keep S warm. We briefly tried to see if the patient could bear weight to self-evacuate, and S could not.<br>We also had a couple very tired participants (who had done the scramble field trip the day before and slept in the parking lot overnight) and long drives, so an assistant leader and trip leader walked 2 participants out, while the S attendant, co-leader and an experienced participant stayed until the rescue team came with a volunteer SAR team 40 minutes behind.<br><br>There was an ambulance already at the TH when we got down. Our team made the handoff at 6pm. But, because the snow had started to refreeze, and because they walked the patient's friend out, and carried the patient's skis, they did not get off the mountain until 8:15. Rescue dispatch told me by phone that this is a fairly common occurrence at this time of year. The rescue team acted like a well-oiled machine. The advance team was 1000ft below the patient within an hour, and the volunteer SAR team was leaving base before 5pm. At the TH, the ranger said they expected the rescue party to be down by 9 and hoped to take the patient to a local hospital. Had rescue not happened efficiently with sufficient staffing, this could have been an overnight situation with a much poorer outcome. | Our team was worried about the possibility that the patient might need emergency surgery and chose not give Ibuprofen, but we gave S Tylenol. When the advance team got to them, they gave Ibuprofen right away. So, the concerns about Ibuprofen and surgery may have been less critical than giving the strongest OTC pain reliever immediately. Otherwise, it's important to remember that the rescue party and the patient's friends will still need to walk out, with the patient's gear - so assessing their party's experience and planning for a slow egress ahead of time. (The 2 skiers had gone through the Seattle scramble class, and the friend was comfortable with crampon travel, but did not have proper-fitting crampons for ski boots). Assessing what conditions will be like once the sun sets and the snow refreezes. Otherwise, our team was awesome and did everything right, and, again, the rescue staff and volunteers were absolute rockstars. |
| Apr-25 | Field trip | Scrambling | Significant | Slip, Fall, Capsize | Rock - non-technical, scramble skills needed | A student fell forward on to a knee while practicing the arm rappel. S at first did not think much of the injury, thinking it was an abrasion. S finished out the Arm Rappel exercise and walked back up to the start of the exercise when S noticed the blood below knee soaking through pant leg. Another student (having just completed his WFA class) helped S sit down, rolled up the pant leg and examined the wound. A 3 inch flap of skin, just below S left knee, was bleeding and visibly swelling. We irrigated the wound, applied a non-adherent gauze pad backed up by more gauze and wrapped the site with a compression dressing. The patient, despite some initial queasiness, felt OK to walk out. Another student and the group Leader assisted the student walking back to cars. Group leader drove S to town where S was examined and treated by an Urgent Care facility. | The fall that produced the injury was on a less steep portion of the arm rappel station. There may have been a momentary letdown of attention paid to footing in this area. A follow-up call was made to the student later that evening by the Field Trip Leader, and the knee was feeling better. A cold compress and syringe would have been helpful in cleaning and re-leaving swelling for initial treatment of the wound- a recommendation that will be passed on for future activities. The injury occurred less than 1/2 mile from the cars, and made self evacuation easy. |
| Apr-25 | Youth activity | Youth | Safety Concern | Personal issues (conditioning, conduct, lack of skill) | Developed spaces, campgrounds, fields | A camper, in conversation, alluded to experiencing acts at home that warranted a call to report the campers comments. | |
| Apr-25 | Field trip | Backpacking | Safety Concern | Logistics, equipment issues, party issues | Developed spaces, campgrounds, fields | At the Intro to Backpacking course practice camp, one student experienced a fuel spill while connecting their stove to a fuel canister. The student got fuel on their hand as well as a tarp. The exact cause of the fuel leak is unknown but presumed to be user error. | Stove operations ; safety should be added to the course material, including what to do if a spill occurs. There are many brands and models of stoves, and the instructors cannot know all of them. Cheap no-name stoves cause additional risks.<br>Students should read the instructions and/or watched tutorial on their model of stove. |
| Apr-25 | Trip | Climbing | Significant | Hit, struck (or near miss by falling objects) | Snow - steep, ice axe, poles recommended | Our team of three had just crested the last technical portion of a climbing route and were at the base of the final gulley leading to the summit. The summit gulley was a mixture of bare rock, and hard snow/ice patches that needed to be navigated with care. Each climber was spaced out roughly five meters apart as we headed up the summit gulley. There were loose rocks that we navigated around and sent down and out of the way as needed, mostly medium to large sized plates precariously balanced on top of the base rock.<br><br>At approximately 10:10AM there was a medium sized plate that dislodged from above climber 1 who was 5 meters above climber 2, and 10-12 meters above climber 3. Climber 1 was not responsible for the dislodged plate. Climber 1 called out "rock, rock " but the plate had enough speed that there was not enough time for climber 2 to get safely out of its path. The plate hit climber 2 in the hand that they were using to balance against the rock. After being hit, climber 2 moved to safety and then called out "Guys, I think I broke my hand." Climber 3 ascended to climber 2 and began medical attention. Climber 2 had sustained a massive strike to the hand but they still had mobility without excruciating pain, though the hand was remarkably swollen with impact wounds. Climber 3 cleaned and packaged the wound and had climber 2 take painkillers and put on additional layers. Climber 3 strongly advocated for getting EMS activated given the unknown about how long it would take for SAR to arrive, as well as the current unknown regarding the severity of the injury. Climber 2 disagreed, stating that they would be able to walk out under their own power, but would need assistance being lowered and setting up rappels. Climber 3 set up a hasty anchor to lower climber 2 from the precarious spot where they were injured, back to the base of the summit gulley. Once climber 2 had been lowered to the top of the first rappel, climbers 1 and 3 downclimbed to climber 2 and began rigging the first rappel. Medical attention was given throughout the morning to keep climber 2 safe and mobile as the team descended back to the trailhead. From time of injury to return to trailhead was just over 6 hours. Once all climbers had returned to the trailhead, the team departed and climbers 2 and 3 drove to Urgent Care to have the injury properly cleaned and x-rayed. | I do not believe this team was ill-prepared for this climb or this incident. I do not believe this team overlooked factors that could have prevented this incident. I do not believe any one participant from this team was responsible for this incident. This incident was simply a matter of time and place with consideration to seasonality. This was the second consecutive weekend I had been on Spring climbs along the I-90 corridor where climbing partners were hit by rock. The previous incident was not a Mountaineers climb. My takeaway from this is that the peaks of the corridor are in a transition period between seasons where the Spring thaw has begun, and much of the previously frozen debris in the mountains is incredibly unstable. As the Winter snow recedes in Spring temperatures the debris left behind loses its connective tissue of snow and ice, leaving loose rock to come down at any time. While climbing conditions were fair to attempt this objective, it unfortunately coincided with this dangerous transition between seasons.<br><br>Truly the only thing I would have encouraged this team to do differently would have been to ascend the summit gulley one at a time after recognizing how reactive the climbing was. The initial smaller plates that were recognized should have notified us that there would be more of the same as we ascended. It would have been possible to ascend unroped, one at time, to clear each climber of the potential hazard of climber-initiated rock fall. Ultimately the plate that did come down came from above all three climbers, so it could have hit any part of the team, whether climbing together or one at a time. |
| May-25 | Trip | Backpacking | Minor | Illness | Trail | We arrived at our campsite without incident. On the return trip (day 2) and shortly after breaking camp, one participant complained about acute foot pain. Possible plantar fasciitis. Leaders stopped the group and discussed what to do. Ultimately, one of the leaders carried the injured party's bag five miles to the trail head while the injured person hiked with trekking poles only. The group helped this leader navigate hazards which could not be easily seen over the front-mounted second pack (aka the "baby"), such as rocks, roots, etc. Group also helped this leader achieve safe water crossings. Near the trailhead and to avoid a series of switchbacks, the group discussed again. This time, the discussion was to determine a safe plan to divide the group into two. Part of the group (A) descended the last half mile or so to the tailhead (one leader included). The other part (B) diverted down an adjacent trail to an area accessible by car, saving the injured person a difficult descent (the other leader joined this group). Two members of part A drove from the trailhead to meet the entirety of part B and then we all reconvened at the trailhead to close out the activity. | I don't know that we could have avoided the situation. Only thing I would have done differently would have been to divide up the pack the leader was carrying. Overall, though, I thought the leaders did a great job navigating the situation. Everyone remained calm, we discussed and weighed options, and everyone put a priority on a safe return to the trailhead. 100% would go on a trip with these leaders again and would recommend them to anyone based on how they handled this situation. |
| May-25 | Trip | Sea Kayaking | Minor | Slip, Fall, Capsize | OTHER - Please describe in Incident Narrative. | Three paddlers were launching boats after a lunch break on a beach. One paddler tripped on a rock and landed face first in 6 inch water among barnacle covered rocks. P's left hand sustained several superficial cuts and abrasions which bled for a brief time. The leader, a physician assistant, and another companion, a retired nurse, assessed the wounds and coban was applied. The injured paddler then wore fingerless paddle gloves over the coban. The injuries were assessed again at the take out at the end of the day, washed in clean, fresh water, and had band aids applied. The bleeding had stopped completely and it was determined again that it was not necessary to seek additional medical care. | It was appropriate that we had first aid items on hand. The injured paddler states that P used hand to keep from hitting their face on the rocks. We were reminded that helmets are a good idea, even on shore if there are rocks. |
| May-25 | Field trip | Climbing | Safety Concern | OTHER - Please describe in Incident Narrative. | Snow - non-technical | | |
| May-25 | Trip | Day Hiking | Minor | Slip, Fall, Capsize | Off-trail, cross-country | While descending from an objective, the group took a route that was unfamiliar to me but looked doable on the map. We ended up doing a short bit (less than 0.5 mile) of easy cross-country travel to connect two old decommission roads, which offered easier road walking. One member of the group slipped and fell during the cross-country travel, put their hand out/forward to brace themselves and suffered a small laceration on their left hand. The injured party member, a doctor, treated their own injury with alcohol wipes and 2 band aids. | I could have chosen a different route in more open terrain, the terrain we ended up in was brushy and had some sections with groundcover that consisted of small branches, small logs and dried brush, which offered the increased chance of slipping. I could also of course have avoided the off-trail travel entirely by choosing a different route. The group was traveling in close proximity so everyone was quickly made aware of the injury and we stopped traveling quickly so the injured party member could treat their injury and take a break. |

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| May-25 | Field trip | Day Hiking | Minor | Slip, Fall, Capsize | Trail | Leader: a participant tripped a few feet from the start of the trail. P had broken skin on one palm and a red mark on one leg. The first aid lead cleaned and dressed the wounds. The participant indicated that they felt capable continue the hike. They continued to feel fine throughout the hike.<br><br>Co-leader: I was the sweep. We started hiking and we hadn't gone 10 feet before the participant tripped and fell. P reported tripping on boot laces. P suffered minor abrasions on left palm and left knee. The designated first aid person stepped forward to assist with cleaning the abrasions with the support of hike leader. As co-leader, I directed the other participants to move down the trail to give them privacy. It took about 20-30 minutes to treat the injuries. We resumed hiking with the participant.<br><br>Participant: A member of the hike tripped at the beginning of the hike, and scraped their hand and knee. The scrapes were cleaned and band-aids were applied. The hike then continued. | Leader: Participant was prepared with a first aid kit. First aid lead had great bedside manner. Leader had irrigation syringe to make clearing debris easier.<br><br>Co-leader: Perhaps all participants should be reminded to check and tighten laces before we start hiking.<br><br>Participant: I think everything was handled well. |
| May-25 | Field trip | Backpacking | Minor | Slip, Fall, Capsize | Trail | We had several incidents this trip.<br>Two accounts of rolled ankle and fall for one participant. Assured that P1 was able to proceed after bandaging injured ankle and seemed to be doing fine after and the next day.<br>Another participant slipped on the rocks and into the creek when filtering water. Thankfully P2 only went knee deep and didn't get any injuries. P2 didn't require any assistance and was able to dry out his pants and shoes in the sun. | Not much can be done for the first participant, but for the second calling out that the wet rocks may be slippery may have helped to proceed with caution and avoid the issue. |
| May-25 | Field trip | Climbing | Safety Concern | Slip, Fall, Capsize | Snow - non-technical | During a basic mountaineering course with snow travel involved, an instructor experienced a close call while preparing a glissading practice area. Despite prior area scouting and safety assessments that noted significant snow melt, running water, and thin snow bridges, the instructors had identified what appeared to be a suitable training slope. After establishing safety boundaries and conducting a thorough walkthrough, the lead instructor attempted to create a practice path by glissading down first. Approximately 20 feet into the descent, a snow bump caused the lead instructor to deviate from the intended path, leading to an unexpected encounter with a hidden snow hole covering a rushing creek. The instructor fell partially into a 2 foot hole but was quickly assisted by the team and emerged unharmed.<br><br>Contributing Factors:<br>Recent significant snow melt in the area<br>Presence of hidden water features under snow bridges<br>Deviation from intended path due to surface irregularity<br>Possible inadequate assessment of snow bridge stability<br>Changing spring conditions affecting snow structure<br><br>The incident highlights the hazards of glissading in areas with potential hidden water features. | Preventive Measures That Could Have Been Implemented:<br>Given the observed spring conditions (significant melt, running water), the team could have chosen to practice self-arrest techniques on a slope with no possibility of underlying water features. Say higher up the mountain where there was deeper snow pack.<br>A more thorough probing/assessment of the entire practice area could have been conducted, not just visual inspection.<br>This could have been aided in listening for any rushing water under the snowpack. Upon examination we could hear water above and below the hole.<br>The practice area could have been set further from any potential water drainage paths.<br>The team could have postponed glissading practice for more stable conditions or chosen an alternative skill to practice<br><br>Positive Actions That Contributed to Safety:<br>Prior scouting of the area helped establish awareness of changing conditions.<br>Clear safety briefing and hazard identification was conducted before practice began.<br>The instructor tested the route first before allowing students to attempt.<br>Quick response from the team to assist.<br>The practice area had been walked and inspected before use.<br>Clear boundaries had been established and maintained.<br>The team maintained good group management by keeping students away from the initial test run.<br>Instructors were then positioned every ~10 feet along the edge of the new practice area to ensure even faster response.<br><br>This incident serves as a valuable reminder that even with experienced leadership and proper safety protocols, hidden hazards can still exist, particularly during transitional weather periods. The positive outcome was largely due to having multiple safety systems in place and maintaining good risk management practices. |
| May-25 | Field trip | Climbing | Near Miss | OTHER - Please describe in Incident Narrative. | Rock - technical, rope & protection needed | We had set up an anchor with a static line to rappel down to the bottom of the route. Students and instructors would rappel down, and then the students would lead back up (in two pitches) with the instructor ascending the static line. The static line was a tad short (maybe three feet) and one had to get off the static line on top of a small pedestal near the ground. The instructors put a knot in the end of the static line to prevent anybody from rappelling off the end. This worked well and we had used this setup all day.<br><br>We had one student who had missed both workshops at the PC and one instructor had worked with S all day to catch up. At the end of the day, when everybody else was already done, S still had to do one simulated multipitch climb. The climb on that lower route was the only one S had not done yet. The student and I walked over to the route when the instructors who had been working that station were just about to break things down. I told them to leave the anchor and the static line in place. I had the student get on rappel with a GriGri on the static line. I wanted the student to go first so that I would be able to check out performance, because many of the students had never rappelled with a GriGri. S got on and rappelled down and I went next. When I got to the bottom, the student explained to me that there had been no knot in the end of the static line when S went down. S was a bit upset about it, and rightfully so. Had S rappelled off the end, S would have fallen somewhere in the range of 3-5 feet - enough to get hurt.<br><br>In talking to the instructors who had been working this station all day it became clear that they had a knot in the static line all day long. They took the knot out in order to pull up the static line. They thought they were done for the day and were about to break the station down. When I walked over to the station with the student, they forgot to tell us that they had taken the knot out. It was a communication error. | Clearly, the instructor who took the knot out should have let me know. But I also should have asked whether the station was still fully intact. We talked about the anchor and the hand-line on top, but neither of us thought about the end of the static line. Also, I did not know at the time that the static line did not reach the ground. I was assuming it was. |
| May-25 | Trip | Sea Kayaking | Safety Concern | Logistics, equipment issues, party issues | OTHER - Please describe in Incident Narrative. | On landing at beach for lunch one of the participants broke his paddle. P had no spare so a spare paddle was provided by the co-leader. | re-iterated to all students that weight should not be placed on the ferule of the paddle when using for shore bracing |
| May-25 | Trip | Climbing | Minor | Illness | Snow - steep, ice axe, poles recommended | Situation. Climb from trailhead at 8,400ft to overnight camp at 11,400ft. Climb from overnight camp at 11,400ft to destination summit at 14,498ft. Altitude a known objective hazard.<br>A. One party member exhibited significant symptoms of acute mountain sickness, including lethargy, headache, and vomiting while climbing from 8400ft to 11,400ft. Team members relieved participant's pack load. Ensured participant increased fluid and calorie intake. Participant self-administered Diamox for symptom relief. Ensured adequate insulation. Participant remained in camp during summit attempt. Symptoms resolved after a complete rest day.<br>B. One party member exhibited minor symptoms of acute mountain sickness, including headache and nausea while climbing from 11,400ft to 14,498ft. Ensured increased fluid and calorie intake, insulation and rest. Symptoms resolved after overnight rest. | A. Despite experience at altitude in the Himalaya, Participant A did not seem to be very self-aware of the combined effects of altitude, sleep deprivation, and conditioning on physical well-being. Participant needs to develop self-assessment to better understand how their body reacts to altitude and steps that can be taken to interrupt the progression of symptoms. Trip leader should have questioned the travel plans to better understand the potential impacts on overall preparedness for the trip.<br>B. Participant B was very aware of prior issues at altitude and potential impacts to performance. Participant continuously self-monitored their condition and updated trip leader on status. |
| May-25 | Trip | Day Hiking | Minor | Slip, Fall, Capsize | Water - stream, creek, river | Incident happened to a participant crossing a shallow stream. Participant chose to cross the log on the way in and opted to try the direct, stream-rock-hop crossing on the way back. Participant clarified afterward that one of the rocks was slippery and moved when stepped on/off of it. Participant landed on forearm and leader checked in on P several times before the end of the hike and again after the hike via email. The participant assured the leader P was fine, only two bruises: "one to my arm and one to my ego." Participant was not using hiking poles at the time of the slip/fall. The fall happened when we were less than a mile from the end of the hike. | In hindsight, use of poles and/or another human assist (like another arm on the other side) would have helped. There were 10 people on this hike, with one leader and one assistant, both of whom were assisting folks on the log and the second portion of the stream crossing. We needed one more person spotting the others. I believe folks were tired and this contributed to the moment happening - and this participant having less help than probably needed. Additionally, P could have asked for more help, but clarified that P "wanted to give it a try" and it simply got wet, luckily not worse. |
| May-25 | Field trip | Backpacking | Minor | Personal issues (conditioning, conduct, lack of skill) | Trail | On day 1, around mile 4 of our 7 mile trip, a participant began slowing down, sharing that the rocky trail was creating discomfort. I would describe the trail as "gravel-y" with rocks varying in size from pebbles to avocado-sized. It was discovered than that the participant had forgotten the insoles to their shoes, which appeared to be more like trainers than boots. There is not a specific requirement for shoes for backpacking trips, but these were on the minimalist end of the spectrum for supportive footwear. They were using poles and their pack was in the normal range for weight.<br><br>At camp in the evening, the participant complained of general soreness in their shoulders and legs and some cramping in their calves and hip flexors. A few times, they were noticeably wincing while taking steps. The leader and WFA lead encouraged hydration, electrolytes, and stretching. In the morning, we all stretched together and then set off, splitting into a faster group and slower group with re-groups at about every 45-60 minutes. At about the 2 mile mark the participant started complaining of shooting pain in their hip flexor, and sounded/appeared to be in severe discomfort with each step. We decreased our pace immensely and took a couple of 5 minute packs-off stretching breaks and the participant self-administered aspirin and ibuprofen. The leader recommended doubling up socks to provide more padding on the feet, but the participants backup socks were wet from the day before. The pain seemed to be better when resting, worse right after resting, and improved a little bit when moving.<br><br>At the 3.5 mile regroup for lunch, we again encouraged hydration and electrolytes, the participant self-administered more ibuprofen, and we moved much of their pack weight into other participants' packs so that they could hike without using the hip belt. They also chose to put on the extra socks, despite them still being damp. On the last mile of the hike (uphill) the participant was also experiencing shortness of breath and took frequent stops. The faster group reached the cars about 20 minutes before the slower group, dropped their packs, and then returned to carry the participant's pack for the last .25 mile. In the end, we were able to complete the hike and return to the cars well within our predicted time. The participant, while still walking, had difficulty lifting their leg to get into the car. Overall everyone was very kind, collaborative, and encouraging, and everyone was in good spirits at the end of the trip. | I believe this to have been a combination of gear and conditioning: the choice in footwear and forgetting insoles impacted support and stability in knees and hips and contributed to the start of a pain response. I am familiar with nerve pain in the hip/hip flexor, and can appreciate that hip pain is almost never isolated and is often experienced in conjunction to stress on ankles, knees, and back and aggravated by a pack/hip belt.<br>Here are a few things that might have contributed to a more positive outcome:<br><br>Giving more weight to the importance of supportive footwear in course materials. While many experienced backpackers choose trail runners for backpacking, there is still a wide range of support offered by "not boots" which was not really elaborated on during lectures. And giving attention to the need to condition your feet for the additional weight - i.e. you may need to start with something more sturdy than your day hike shoes when you start carrying a heavy pack. If there had been more of an instructional focus on insoles and sole rigidity, the participant may not have chosen these shoes and may not have reached the same degree of discomfort. We could have noticed and talked more about the apparent cramping/shooting pain at camp, instead of just soreness, and recommended ibuprofen before bed and at breakfast. Pack weight redistribution could have started when we were first taking packs-off breaks. The participant didn't ask for help with weight, but also didn't protest when it was suggested at mile 3.5. |
| May-25 | Field trip | Climbing | Minor | Hit, struck (or near miss by falling objects) | Rock - technical, rope & protection needed | An instructor briefly removed helmet to make a clothing adjustment and during that short time a small rock hit the back of their head with a glancing blow causing a minor abrasion. preferred not to have any treatment and continued through the rest of the day without any problem. I did not witness the event. This account is based on what L told me afterword. | It is important to emphasize the hazard of unexpected rockfall and be diligent in reminding everyone to keep their helmets on when near a cliff or other hazard zone. Taking an extra minute or two to move away when making an adjustment that requires removing a helmet is a safer plan. |
| May-25 | Trip | Climbing | Safety Concern | OTHER - Please describe in Incident Narrative. | Snow - steep, ice axe, poles recommended | As we were descending a pass, a rockfall-triggered wet loose avalanche (D1) on an adjacent slope around 1:35 PM. The avalanche final deposit was about 200-250 feet away from where we were. Also, the descent route my rope lead picked exposed the team to overhead hazards, and it would be difficult to dodge rockfall there. So I am glad that the rockfall that triggered the avalanche was not on our fall line. | I would have descended the same route we went up in the morning. Later I did find out the reason why my rope lead didn't pick that route is a party of two climbers were attempting to ascend the pass as we were about to descend, and he did not want to create overhead hazards for these two climbers. Here is the context: we had one slow participant in the team, so I let my rope leader go down with them first while I coiled the rope and organized the pickets to speed things up, and I travelled fast on snow anyway. What I should have done is to communicate with the rope leader about descent options and ways to minimize/eliminate overhead hazards before I let them go.<br><br>I anticipated wet loose avalanche can be a problem near the pass in the afternoon and set a turnaround time of 12:30pm that we strictly followed. And I did talk to my team about it and told everyone to travel fast on/near the pass to reduce our exposure to potential avalanches. In hindsight, I should have started the whole summit day an hour earlier to give us more time to travel on snow. I based off my timeline on a trip report from 2019, but they had far less snow on trails than we encountered. So instead of leaving base camp at 5AM, we should have left at 4AM. We also took quite a few unnecessary breaks (including a long one for a participant who forgot to put apply tape to feet). I could have done a better job reinforcing the notion of being efficient with breaks on this trip. |
| May-25 | Field trip | Urban Walking | Minor | Slip, Fall, Capsize | Trail | We had been walking at a leisurely pace along a paved surface for ~.5 miles. We headed onto a trail and after ~.1 miles, one of the walkers stumbled on a rock. W fell to the ground and had a small abrasion on hand. W said W had been distracted by the birds and did not notice the stone W tripped over. One of the other participants helped W clean the abrasion with water. Several participants offered the injured walker a band-aid but W refused. About 1.5 hours later, the group stopped for lunch and the co-leader checked in on the wounded walker. W showed us W's hand and there was just a minor scratch on it with no sign of inflammation. | The incident occurred a short distance after leaving a paved surface. It might have helped if the leader reminded participants that they need to pay more attention to where they step after the moved from the smooth surface to a trail with rocks and roots on it. |

| Month Year | Activity Category | Activity | Incident Severity | Incident Category | Terrain | Incident report | Lessons learned |
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| May-25 | Trip | Climbing | Safety Concern | Slip, Fall, Capsize | Snow - steep, ice axe, poles recommended | Leader Summary: student/participant slipped and failed to self-arrest on steep snow slope.<br>Student/participant slipped on steep snow near the top of the pass slope. The area climbers right of the pass just below the access gully to the base of the south face. Student was self belay stepping up, facing the slope, when they lost their footing (presumably, I didn't see the start of the fall) and attempted to arrest, lost grip on axe, and rolled onto their on back. They slid 7-8 meters down the slope and were able to turn over to face in again as slope angle become more mellow and fall stopped.<br>Student is in the Following Alpine Rock course, of which I am a co-leader. Our course does not require students the prerequisite of scrambling, we only require that they self attest to ice axe/scrambling skills and do not teach them in the curriculum. Student was using a newer model Camp Corsa brand axe- a very light axe, with a nylon plug, that I found difficult to plunge in to the firm snow. I believe the students relative inexperience and or confidence on steep snow, as they attested in their application to scrambling experience and using an ice axe on steep snow, was a primary factor with the particular ice axe used a secondary factor. While the runout in this area was quite mellow, if this student had slipped and failed to arrest, in other places on this trip, there could have been a serious injury.<br><br>Mentor: conditions were excellent on approach up the snow, though steep in many places. The snow was firm enough to hold steps well and soft enough to kick steps easily. The approach was uneventful until just below a pass where one participant lost their footing and slid down, picking up speed. We called out for them to arrest. Unfortunately, the ice axe was ripped out of their hands as they continued down the slope. We continued shouting instructions use your hands, kick into snow with feet and eventually they stopped. Luckily, the runout was good in this location. One leader walked down to help retrieve the uninjured climber and ice axe. | Leader: I need to come up with a better way to access students scramble skills for approaches involving a committing snow scramble and I also need to better communicate expectations for what this experience really is, it is a tiny bit of climbing sandwiched in a snow scramble. The students climbing and rope skills are excellent, which the hopeful outcome of the course. I believe I failed to convey how that the challenging part of this climb is the approach. I would like to require the prerequisite of scrambling for this course. This move has been avoided as it creates another barrier to entry into the course.<br><br>Mentor: Looking at the profile of the individual, who is a student of the Following Alpine Rock course, I see that they don't have ice axe/snow travel instruction/experience through the Mountaineers. Experience with ice axe use and snow travel is a prerequisite for the course, since it doesn't include snow travel instruction. I don't know where the student received their snow travel training. I think that lack of adequate experience or recent practice was a significant contributing factor.<br>There were many places along the approach where a slip like this would have had serious consequences. We should encourage (require?) participants to practice ice axe skills at least annually. For example, they could help instruct at Intermediate Snowshoeing, Basic climbing, glacier travel, or scramble snow field trips. There are sometimes ice skill practice trips offered. Although, since this participant is new to Mountaineers, they might not be able to sign up to instruct at any of these field trips. |
| May-25 | Field trip | Climbing | Safety Concern | Personal issues (conditioning, conduct, lack of skill) | Rock - technical, rope & protection needed | Leader: a student in Multi-pitch Trad Module C completed a lead and was building natural anchor at top of route. Two instructors were observing student, parent (also a student) and another pair of students on neighboring route. S placed a three piece anchor designed for a downward pull, including one nut. S then clipped personal anchor into the nut, not the masterpoint. When S weighted the PA creating an outward pull, the piece popped and she took a short fall onto the other two pieces in the anchor which held. S was shaken but stated S was unhurt. Primary cause was lack of knowledge /experience. S cloved into master point but had less weight on that than PA. Should have had weight on master and slack in PA.<br><br>Co-leader: I found the top rope anchor that was set up for the instructor static lines for the lower tier climbs warranted additional backup. The trip leader and I added backup to this anchor, after which I rappelled down to find my student had already started leading their route and had built an intermediate 3-piece trad anchor about half-way up the pitch.<br><br>I observed the student tie into the master point of their anchor with a proper clove hitch, then call to their partner for 'off-belay' after which they stood up from their crouched position. They had previously PA'd their harness to the topmost piece of the anchor, a small nut. When they stood up, the PA pulled that nut at a more upward angle, causing it to pop. The student fell about 1 ft. onto the remaining two cams of their anchor.<br><br>Participant 1: On my first pitch of the day, the leader built an anchor and clipped in in a way that weighted a marginally placed nut, came off belay, and then weighted the anchor. The nut blew but the rest of the anchor held. No physical injury happened, but the lead climber was pretty rattled. This is a "near miss" in my mind because the lead climber was off belay when the anchor was first weighted, so a ground fall would have been likely if the rest of the anchor hadn't held… I was the belayer however so didn't observe any of the events as they were happening and my information is second hand.<br><br>Participant 2: Lead climber had one nut of a 3-piece anchor pop when LC weighted it by standing up while LC's PA was attached directly to the nut. The remaining two cams held and LC was caught by clove hitch to the master point of the anchor. LC fell approximately 1 ft. | Leader: during de-brief in evening at camp, S had good self-reflection on what should have done differently (clip masterpoint, multi-directional placement, clove to masterpoint with rope and weight that vs PA, etc.). Instructor was right there and took learning as to the need to coach every movement.<br><br>Co-leader: I should have interrupted the climber before calling for 'off belay' and pointed out the incorrect use of their PA to the single nut, which caused non-equalized loading of the anchor.<br><br>Participant: Pausing to discuss the anchor with an instructor and weighting it before coming off belay would have been better. If the same sequence of events had happened with the climber on belay, it would have still been scary (the climber would probably have been just as rattled) but reduced risk of a ground fall. Having the piece actually blow was IMO extremely educational for the climber, so I don't think that should have been avoided (although it was obviously unanticipated), even though it definitely affected the climbers confidence. |
| May-25 | Field trip | Climbing | Minor | OTHER - Please describe in Incident Narrative. | Rock - technical, rope & protection needed | One of the leads on graduation climb weekend got their shoulder dislocated (not dynamically, but due to awkward move - see their description below) and, consecutively put back in. They continued and finished the climb. We were split on two different routes. We were in radio contact, and they decided to discuss the issue internally without asking for help during the climb, nor retreating from the climb: this was easy spot to bail, as this was first pitch which had chains and they had another rope team behind.<br><br>In their own words: during the first pitch of the climb, one of the climbers dislocated a shoulder while following. There were two rope teams of two on this climb. Both team decided to carry only one backpack and have the follower of each pitch carry it. The first pitch of the route has two route options. One is through a 5.6 chimney and the other is a 5.7 finger lock move. When the first rope team started, the leader of the first pitch chose the chimney route. The leader complained about the difficulty of protecting the climb in the chimney. When the follower climbed into the chimney, it was awkward due to the backpack. When moving out of the chimney and on to the face, the backpack was blocking the movement, so the follower had to twist the body in order to progress. The awkward body posture cause the left shoulder to pop out of socket and back in. The climber rested on the top rope and assessed the shoulder condition. While there were some pain and weakness, the climber felt ok to continue and finished the first pitch. At the anchor on top of the first pitch, the first rope team discussed and decided to let the first pitch leader continuing to lead the remaining two pitches for the route and reassess whether to continue. The team was able to complete the route uneventfully. After reassessment, the injured climber felt ok to continue with the next route and led pitches 1 and 3 and followed pitch 2 and 4. In the end, both teams were able to top out and hike back down to the cars safely. The injured climber went to see a doctor the next day. The shoulder was in the socket properly and doctor suggested resting and PT to rehab. | This is second incident where backpack was pointed as key factor on climb I was in. We could consider adding something related to handling backpacks to intermediate courses curriculum, although LOT is already packed with materials and this would be more suited for 'after LOT clinic'. Tools that could be taught: hauling or trailing backpack; encouraging folks to practice climbing with backpack to practice how different weight distribution impacts their movement;<br>Also, passing learning note from involved person: there isn't really a perfect solution but a couple of options to consider. First, the team could have chosen the 5.7 finger lock instead, which has better protection and no awkward movements. But, it is more difficult in grade. Second, the follower could have the backpack trail behind from the belay loop instead carrying on the back. This could reduce the awkward movements but the back would cause extra friction and could get stuck. |
| May-25 | Field trip | Climbing | Safety Concern | OTHER - Please describe in Incident Narrative. | Snow - steep, ice axe, poles recommended | The crevasse rescue station on the end of crevasse nearest to the safe zone may have presented a safety concern. There was a ledge 10-15 feet below the lip of the crevasse. When I fell, I landed on my feet on the ledge and was standing. I heard from someone else that they did not land on their feet and had to sit down on this ledge. I am unsure how much the belay slowed down their fall. My concerns are that they took a decently big fall, and that the climbers rope would have had slack if they stood up, which forced them to lay down on the ledge. | Choose safer station location and limit slack in belay line when simulating a fall in crevasse. |
| Jun-25 | Trip | Day Hiking | Minor | Illness | Trail | Leader: an individual in the hiking group developed lower-back pain and discomfort shortly before leaving the destination to return the to trailhead at approximately 1215. P self-administered two Advil pills before departing. During the hike back to the trailhead, P's pain increased to the point the individual could no longer carry their day pack. P's pack was carried by another hiker the remaining 3.5 miles to the trailhead. P had to make frequent stops to sit and rest until they could proceed again. P was offered a lidocaine patch by a hiker in the group to help alleviate the pain. P confirmed they were not allergic to lidocaine, were not taking other medications (other then the two Advil pills) which could negatively interact with lidocaine, and verbally consented to have the lidocaine patch administered to their lower-back. After approximately 30 minutes of not experiencing any apparent benefit of the lidocaine patch., P pain was offered two 500mg Tylenol pills which P consented to and self-administered. At this time a hiker in the group who was approximately the same height as P offered to do a single arm carry/human crutch to help P continue to walk without taking frequent breaks so the group could keep moving towards the trailhead. This single arm carry/human crutch continued until reaching the trailhead at 1630. After arriving back at the carpool meeting park-and-ride at approximately 1730, the hike leader asked P if they felt well enough to drive back to their home. P stated they felt well enough to drive themselves back home. At 19:30 the hike leader called P to assure they had arrived home safely. P confirmed they had arrived home safely. P stated they would seek medical attention the following morning.<br><br>Participant: There was a participant who had a great deal of difficulty walking back to the trailhead. P became weak, shaking, white skin. P had to stop and sit. I gave P some water with electrolytes at one point. We mixed more for P. Another participant took P's weight, P's arm on their shoulder and P was able to make it out. I estimate about 2 hours were added to our trip. Luckily the weather was fine. | Leader: P had stated they had been on one hike prior to the datum hike and likely were not in good enough physical condition for the datum hike's distance.<br><br>Participant: Hard to say. A clearly defined MOFA or first aid leader would have been better. It was kind of a group effort. |
| Jun-25 | Trip | Sailing | Safety Concern | Personal issues (conditioning, conduct, lack of skill) | water - large bodies, fresh or salt | The day was spent training basic sailing skills to the 3 students. Part of this training involves how to safely work with the primary winches. The primary winches are used to trim the head sails. Safety is the primary concern working with this gear as the loads on the lines controlling the sail can be quite high, depending on wind strength. After going through the procedures with the crew on how to safely release the loaded lines off the winch during a tack we proceeded to go through a series of tacks. The crew would switch off the different positions required to complete a tack. On the 4th or 5th tack the student involved, who was on their 2nd training sail, was working on the starboard primary winch. S missed the que to take 2, (out of 4 line wraps on the winch), in preparation for the final release. As a result, S rushed the final sequence and allowed their right hand to get too close to the winch. The line started pulling their fingers into the loaded line on the winch. I pulled S's hand away avoiding any injury. This left the student a little shaken and somewhat emotional. I left S alone for a while to regain composure as S was reluctant at the moment to reengage. After about 20 minutes passed I got S involved with a smaller task of trimming the mainsail. This involved cranking on a smaller winch adjusting the sail. I eventually worked S back to the primary winch and again reviewed the procedures on how to safely operate the equipment. After that S appeared to have confidence back and feeling better having learned a good safety lesson. | |
| Jun-25 | Field trip | Day Hiking | Minor | Illness | Trail | We had 3 unusual incidents: Leader took a fall when shoelace got hooked (twice) on a root and I thought it was clear - fortunately soft Doug fir needles meant zero issues getting right back up. Within a few minutes the assistant leader got gaiters hooked on another root and fell on hands and knees but again, no issues. Third was a student vomiting on the side of the trail from something at breakfast that might not have been refrigerated properly. Felt immediately better and was able to continue with zero adverse effects. We watched each other closely but everyone did great. | Even the most skilled hikers can have trips and falls. Keeping an eye on feet vs. looking for birds on uphills and watching for roots is always a sensible idea. And I'll talk with the student about changes to breakfast. Student appreciated adjusting pace to make it possible to save face, regain composure, and continue the trip. |
| Jun-25 | Trip | Backpacking | Safety Concern | Personal issues (conditioning, conduct, lack of skill) | Water - stream, creek, river | Stream crossing, all participants but one made it without a slip or fall. One participant had challenges with each stream crossing with regards to navigating which rock to step on. Participant ended up catching a fall and only got feet wet. On the return, the participant did better, having navigated the terrain already the first time. Due to significant snow melt, the water levels were a bit higher than usual, but nothing unnavigable. | Participant probably needed direction and/or arm support for balance but did not want it when offered. Participant increased skill level upon the return trip, which is great. I would have preferred to give P an arm or literally tell P each rock to stand on and have P do it. We tried this and P still chose another rock that made it tricky to choose next step stably. |

| Month Year | Activity Category | Activity | Incident Severity | Incident Category | Terrain | Incident report | Lessons learned |
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| Jun-25 | Field trip | Scrambling | Minor | Slip, Fall, Capsize | Snow - steep, ice axe, poles recommended | Summary: our group successfully summited around 12:30 PM. During the descent, we planned to practice ice axe self-arrest techniques as part of our experience weekend curriculum.<br>Conditions: due to the late season, snow coverage was limited to elevations above 6000 feet. The slope we initially selected for self-arrest practice was the same steep snowfield we had ascended earlier. It featured an open chute flanked by two large boulders. From above, the slope appeared to level off into a bowl; however, we later learned it did not provide as much of a natural runout or slowing effect as expected.<br>Initial Concerns and Decision-Making: several students, including myself, expressed concerns about the steepness and potential hazards of the chosen slope. However, given limited snow availability and the need to practice, we proceeded with caution. We practiced arresting in multiple positions (on backs, face-up; on stomachs, head uphill). One student experienced a minor incident when their foot became caught in a moat near a rock during a slide.<br>After this, we decided to relocate to a different area that felt safer for continued practice.<br>Incident Description: while traversing diagonally across the slope in search of a better practice site, I was walking in balance with my ice axe. About halfway across, my downhill foot post holed unexpectedly due to the slushy snow conditions and my failure to kick a secure step. I lost my footing, and my body began to slide downslope. Although my ice axe was planted in the snow, I was unable to maintain grip due to my speed, and I was not using a leash so I lost the axe during the fall. I slid on my back and was unable to rotate into an effective arrest position initially. I continued to slide until I impacted a boulder with my right shin. The impact helped me reposition myself face-down, dig my feet in, and complete a successful self-arrest, halting further descent. Had I not stopped there, the primary remaining hazard would have been a small tree downslope; there were no cliffs or major drop-offs in the slide path. | Reflection and Lessons Learned:<br>- Slope selection is critical, even when options are limited. The initial practice slope posed more hazards than anticipated.<br>- Snow conditions (e.g., slush) significantly impact the effectiveness of both travel and arrest techniques.<br>- Wearing a leash while traversing or practicing on steep snow could have helped me retain my ice axe during the fall. I will always wear one moving forward.<br>- Early and assertive communication about concerns especially with regard to terrain choices should be encouraged and acted upon.<br>- Despite the fall, I was able to regain control and self-arrest, highlighting the importance of continued practice under safer conditions. |
| Jun-25 | Field trip | Day Hiking | Safety Concern | Slip, Fall, Capsize | Trail | I led a 6-mile out/back. The trail had lots of roots and loose rocks at times. About 1.5 miles from the trailhead on the way in, a participant tripped and fell. P broke sunglasses, but was ok otherwise. Right pantleg on the knee was scuffed and the underside of right forearm was scuffed as well. P said heavier pack caused P to lose balance. Participant said P was ok and proceeded to complete the hike without a problem. | I find it increasingly important to remind participants to pay attention and to be mindful of loose rocks and roots on the path that could potentially cause a trip/fall. Perhaps mention that if you weight up a pack, it could throw balance off. Perhaps the pace may have been too fast going downhill, although I did stop frequently to ask if pace was ok. Most falls happen going downhill, so I will continue to mention safety reminders before trips. |
| Jun-25 | Field trip | Climbing | Minor | Slip, Fall, Capsize | Rock - technical, rope & protection needed | A student was 10 feet into a rappel on a medium grade (5 out of 10) and one foot slipped causing the student to fall on left elbow. The student received a minor cut that was cleaned and bandage applied. The student was able to continue instruction for the remainder of the day. The student mentioned the autoblock did engage. At this activity all students had successfully completed at least 20+ rappels on rock. Starting with minor (1 out of 10) to Medium (7 out of 10) with no incidents. | We followed the extended rappel standard using an autoblock with helmets and gloves. |
| Jun-25 | Field trip | Day Hiking | Minor | Slip, Fall, Capsize | Trail | Leader: On a beautiful sunny, humid, warm day we had 3 incidents that all turned out benign:<br>1) student slipped on very dry patch of slope and landed on her knees. Totally fine.<br>2) student canceled himself from the trip after 2.3 miles and decided to switch to another course for summer 2025. Reached the parking lot and home without further incident.<br>3) Co-leader was in the lead and tripped on a root, landing on face. CL thought they might have broken nose in the moment, but other than a small welt to the upper left forehead, an abrasion to the bridge of nose, and slight bleeding of nose that stopped with direct pressure within a minute, CL was able to walk out. We used CL's first aid kit, reacted swiftly, and kept CL comfortable and calm. CL soaked a buff in cold river water to reduce the swelling and CL took some pain medication to reduce headache/discomfort.<br><br>Co-leader: I was the co-leader on a hike, and at the time of this incident I was in the lead on a fairly straight downhill slope going at a good clip (2.0+, but not overly fast IMO), about 2 miles from the TH. I tripped over a root or rock, and did not break my fall in time despite having poles in hand. I landed pretty hard, hitting my head on the trail. I was stunned for a few seconds, but was then able to sit up. The leader came up to the front to assist right away. I had scrapes on my forehead and the bridge of my nose, and a slight nose bleed. I used gauze from my first aid kit to stop the bleeding. We checked to be sure I wasn't injured anywhere else, I rested for a few minutes, I took Advil from my kit and because I felt ok to walk out, we resumed the hike. We stopped at a water source at the leader's suggestion so I could get my buff cold and put that on my head where there was a bump coming up. I walked out the remainder of the hike and drove home. I haven't needed to visit the doctor but do have abrasions on my nose and forehead. There hasn't been any other bleeding and the swelling is going down. Overall I think this was a pretty unlucky moment, and don't attribute it to any negligence. The leader was supportive and followed up during the hike, at the end of the hike, and again over email, to make sure I was doing ok. | Leader: trips and falls happen, especially when students are outside their comfort zone. I'm pleased nobody slipped on the snow leading down in the basin. I don't believe the two falls could have been prevented; we reacted swiftly to deal with any discomfort. As for the student leaving early, S identified a number of contributing factors and has chosen to continue with a different course. My main takeaway was to stay vigilant, empathetic, and helpful in whatever way necessary on my hike leads.<br><br>Co-leader: I'd attribute this to a momentary lack of focus in the moment or even just bad luck on my part rather than anything we could have done differently. I'd just been asked if we could do a party separation, so my mind briefly went to how we might find a place for that. I do think I can be extra vigilant on distractions while leading. The leader's suggestion to put a cold buff on and to use a pain reliever from my kit contributed to a positive outcome. L also gave me plenty of time to get myself together after falling. Rather than rushing me or brushing off the injury, L took it very seriously. L also followed up multiple times. Overall L handled the situation well. |
| Jun-25 | Field trip | Backpacking | Minor | OTHER - Please describe in Incident Narrative. | Trail | Party of 7 (1 instructor, 6 backpacking students) returning from an overnight trip. Party was very good at following all bear prevention protocols, including staying together in a group, making noise, and staying vigilant to surroundings.<br><br>About 1.5-2 miles from the trailhead, one student leading the group reported that seeing two baby fawns that we had seen the previous day on the way in. Very quickly, the fawns began making a loud noise, not unlike what they make when they call to their mother. Within 5 seconds, a black bear came charging down the center of the trail clearly focused on chasing the fawns. One quick thinking member of our group yelled bear! Off the trail! We all immediately dove off the trail, most of us uphill and 1 member went downhill. Upon seeing us, it seemed as though the bear was scared and immediately veered off the trail and straight down the fall line, showing zero interest in our party. During the period we jumped off trail, the participant who jumped down the hill missed a step and fell about 5 feet from the trail. After ensuring the bear was gone, I immediately assessed P for serious injuries, including head trauma or broken bones. P was scraped up pretty badly, nothing needing stitches. As a group, I was very impressed by everyone's first aid kit and how we managed to get P cleaned up with alcohol swabs, apply ointment and bandages, and allow time for a debrief. Everyone was shaken but ok, and we made our way to the trailhead with no further incident. | This is one of those times where there was simply nothing we could have done. Bear spray could not be accessed in that amount of time and in any case, the bear showed no signs of aggression towards us, just the fawn. As a leader, I think I will change my practice and always be in front-I liked being in back to make sure there were no stragglers, but I should be the first to encounter any wildlife. This was also a great learning moment in terms of other wildlife-we will now always think twice about who else could be in the area if we see babies, even if the babies themselves are not threatening. |
| Jun-25 | Trip | Backpacking | Minor | OTHER - Please describe in Incident Narrative. | Trail | One of the individuals on this trip developed a knee injury. P said that P had never had such a knee problem before so it was unexpected. A little over halfway into the trip P's knee started hurting which slowed P's pace, especially on descent. However, P's attitude remained positive. The next day we adjusted the pace to accommodate and all hiked out ask planned. It added time to the hiking duration and P will need to address knee once home, but no other issues arose. | There were no steps that could have avoided this incident as it had never been seen before and everyone was conditioned appropriately for the trip (per the information gathered during the vetting process). |
| Jun-25 | Trip | Urban Walking | Safety Concern | OTHER - Please describe in Incident Narrative. | Developed spaces, campgrounds, fields | We were at a city park near a playground and bathrooms. Leader was in the bathroom. An individual approached us who was talking loudly and appeared to be hallucinating. This individual slammed hand down on the picnic table in front of us and yelled. I was the assistant leader, and moved the group away and told them not to engage with individual. They compiled. The leader came out, and I briefly explained we had an issue and needed to leave, and nodded in the direction of the individual. The leader agreed, we left the area as the individual was wandering off, and we went in the opposite direction. The participants were a little shook up but ok, and we talked about it briefly and then completed the walk without any more problems. | Situation was unavoidable. I noticed individual early on and was watching (I am a mental health professional), and was not surprised by the individual's actions. I'm filing this per the leaders request and to alert others this may be an issue in this area. |
| Jun-25 | Trip | Climbing | Near Miss | Hit, struck (or near miss by falling objects) | Rock - non-technical, scramble skills needed | On the approach to an objective, as we neared the beginning of a scramble protected by a handline, a rock the size of small toaster fell from above our party and passed within 15 feet of a member of the party. The person in the front of the party noticed the rockfall and yelled "Rock" in time for the members of the party to react and move to a safe location. There were no parties ahead of us, so the rock was either knocked lose by an animal above, or a random occurrence. Our party stopped at this point to put on helmets and kept them on until we had passed this location on our decent. | Helmets on when nearing steep terrain on approach. Party member yelled "rock" to alert the team. |
| Jun-25 | Trip | Scrambling | Safety Concern | Slip, Fall, Capsize | Snow - steep, ice axe, poles recommended | Several participants slipped while descending steep hard snow. Most were able to adequately self arrest; one fell ~20 to the bottom of the slope. | I observed that the only two people who didn't fall on the descent were not wearing microspikes. Almost everyone who fell was wearing them. I tried to tell people about how it can actually be safer to not use microspikes in certain conditions, when snow balls up under your feet. Its hard to really convince them of that though. I am generally not inclined to force people to take off their spikes if they don't feel comfortable without them.<br>The runouts were great and the risk of an injury due to these falls was pretty low. |
| Jun-25 | Trip | Scrambling | Minor | Hit, struck (or near miss by falling objects) | Rock - non-technical, scramble skills needed | Near the summit of the climb, one participant was stopped in a gully resting with another participant climbing above. The climber above dislodged a medium sized rock which fell and hit the stationary climber below in the left shoulder. The hit participant had minor bruising but no broken skin or open wounds and did not require any first aid. P was sore but able to complete the scramble to the summit and descent back to the car without further incident. | I discussed with the participants about being situationally aware in areas with high potential for rockfall, avoiding crossing or stopping in constrictions which funnel rockfall when other people are climbing above. I emphasized how to find safer areas to stop or rest, if needed. P did instinctually duck down and protect body with helmet and backpack, which may have prevented a more serious injury. |
| Jun-25 | Trip | Climbing | Significant | Slip, Fall, Capsize | Snow - steep, ice axe, poles recommended | Leader: on the way out from a climb, a participant slipped as they were climbing back up and onto the snow finger. They landed on their upper shin, cutting the skin, with a laceration about 2 inches long, which required 6 stitches and a proactive tetanus booster from an urgent care center on the evening of the climb.<br><br>The end of the snow finger was about 3 feet off the ground, necessitating an awkward move on and off. The snow was too hard to self belay on or off of the finger. I was watching climbers descend from about 25 meters below, and I saw the final party participant slip as they made the move onto the snow, so I was able to see the fall, especially noting that they had not hit their head. The participant proceeded down to where I was standing, and we discussed the injury--they noted seeing blood on the snow as they descended in high dagger position. We decided they would proceed down to a flatter area in the basin below, where we could do a first aid assessment. Two climbers provided first aid, while one participant stood nearby with a second first aid kit, and the other trip participants waiting quietly nearby. First, we decided that a trip to Urgent Care would be a post-trip "celebration". Given that decision, we decided not to clean or irrigate the cut, which had been covered by long pants and gaiters at the time of the incident. We applied non-stick gauze and a large plastic bandage, along with tape. The injured party had OTC pain medication on hand, but decided they did not need those at the moment. We had the injured participant lead the way out, so they could go their own pace, with a leader right behind to be able to assess if the injured member's needs changed. We kept a steady pace out, with a plan to stop for a rest and to filter water once we reached the lake below. At the trail, a second offer of taking some of the pack wait was accepted. Once we reached the cars, we had some cold sodas, and did a debrief, and then two of the participants followed the injured party in their car to urgent care. There, localized numbing was delivered, along with wound cleaning, stitching, a tetanus shot, and an appointment to return in 2 weeks for stitch removal.<br>I followed up with the injured member this morning, and they are feeling a little stiff and sore in the injured area and took some OTC pain medication for that.<br><br>Co-leader: after we completed the rock climb and rappelled down to the base, we descended back the way we came through the scrambling route and down the steep snow finger to the basin. There was an awkward transition move to get on the snow finger and then members of the party descended the steep snow via face-in downclimbing with high dagger. I was the last member of our party to descend and fell while attempting to transition on to the snow finger. I cut my knee when I fell. I did not initially realize I had cut it, so began descending the snow finger (after successfully transitioning onto it the second time). However, I realized it was cut when I noticed blood on the snow. I did not want to stop to address it there because I was not in a safe location, so continued descending until I reached the basin. Our party stopped in the basin so one of the other party members could look at my knee. They provided some wound care, and we determined that I could hike out but would go to urgent care when we got back. I was able to hike out with a little pain. Some of the other members of the party took items from my pack to lighten my load. After we got back to the cars and debriefed, the other leaders found an urgent care location for me on the way home. The three of us went to that location and the other leaders waited with me in the waiting room. The urgent care providers ended up giving me 5 stitches to close up my knee and a tetanus booster. | Leader: the injured party member did an excellent job "keeping their cool" and was an active participant in decision making throughout the incident and the remainder of the trip. This was key and incredibly helpful, both for decision making, but also for the social and emotional well-being of the entire party. Making the decision at the time of the medical assessment to go to Urgent Care after the trip was a good idea, rather than "taking a wait and see the morning after" approach. It is always a good idea to make a plan earlier, rather than punting decisions down the road. Afterwards, we did discuss the option of rappelling down into the basin below from the base of the climb, as a way to avoid getting back onto the snow finger. That two-part rappel comes with its own challenges though, including loose rock/danger of rockfall and getting off-rappel onto steep/hard snow. There are a lot of things to pay attention to from the pass and the scramble up to the base of the climb, and I feel that overall we did a good job keeping eyes on each other, and as a team mitigating slips and falls, loose rock, and safe travel on steep and harder snow. I also want to note that we had a separate participant need to do a minor self arrest twice at the pass. The snow was not great for good self belaying. In both cases, the participant was able to arrest immediately and correctly. Kudos to the instructors/instruction in the Intensive Basic Climbing course, which the participant had just finished-leader: the move onto the snow finger was an awkward move, and there was some risk from descending steep snow via high dagger with basic students who did not have a lot of experience. I prefer to rappel down to the basin when there is snow, and believe that could have alleviated some of the danger of descending via the snow finger. However, I know that deciding to rappel that section comes with its own risks of rockfall and transitioning from rappel to descending via steep snow.<br>Beyond the move being awkward, the situation was exacerbated by me trying to take care of another party member, which caused me to miss key information about how to do the transition. The leader went down the rock gully initially and then got onto the snow finger and descended part way. The group determined that the remaining 5 party members would descend together closely through the rock gully to avoid risk of rockfall. However, at the last minute, a party member wanted to make a gear adjustment so would have been separated from the rest of the group that was attempting to descend closely together. I told them to wait rather than descend the gully separate from the rest of the group and potentially kick rocks down on the group. As an assistant leader, I opted to wait and go with them so a leader would be the last person in our party. However, since we had to wait for the other party members to descend to a point where they were out of the line of our rockfall, we did not see the others transition on to the snow finger so I missed seeing how others did the move. Also, another party came up behind us while the participant and I were waiting to descend. I was worried that the other party would begin descending and kick rocks down on us, so this created somewhat of a sense of urgency/distraction as I was getting on the snow finger.<br>On the positive side, I reacted calmly and made the right choice in waiting to attend to the situation until I was in a safer location. I appreciated that the other leaders stopped the party to take a look at my knee once we reached a safer location. Other party members attempted to help by offering first aid supplies or to come back up to help (although I declined since I felt able to come down), or to carry some of my gear to lighten my load. I also appreciated that the leaders found an urgent care location for me and went with me to the waiting room. That gave me the extra nudge to seek medical care that evening, rather than potentially put it off to the next day. Also, I was wearing gaiters which may have protected my leg from a deeper cut. |
| Jun-25 | Field trip | Day Hiking | Minor | OTHER - Please describe in Incident Narrative. | Trail | One member got stung by a bee. We administered acetaminophen, and something called after bite. The member did not seem impacted by the bee sting after that and was not allergic to bees. | I could've encouraged insect repellent at the trailhead to avoid this. |

| Month Year | Activity Category | Activity | Incident Severity | Incident Category | Terrain | Incident report | Lessons learned |
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| Jun-25 | Trip | Climbing | Minor | Slip, Fall, Capsize | Rock - talus, boulders, scree | Leader: The incident happened near the start of the actually rock climb after we completed 2800+ feet elevation gain through trail, bushwacking, scree, boulder fields, and snow fields. As I was with another student and an assistant leader in the front, the student (subject) was with another student and the other leader in the rear. I did not see how it happened. Please refer to incident report submitted by the other leader. I heard a loud utterance from the subject. When I looked back, the subject was on the ground. After a brief discussion through the radio, I learned that the subject lost balance on a moving rock and fell. Even though there was no blood or visible bruise, the subject said the shin was painful due to hitting the rock. Initially, the subject wanted to rest for a while and see if they are still go. A few minutes later, they decided that they will turn around. We discussed the options for retreating and decided that the leader in the rear will backtrack to the trailhead with the subject slowly and carefully while the rest of the team (4 climber including two leaders) will continue with the climb. We continued to have radio check-ins throughout the day and leader/subject pair was able to return to the trailhead safely.<br><br>Co-leader: At approximately 10:50 AM, while ascending a boulder field about 200 ft from the base of the climb, a climber ahead of me stepped on a loose rock and fell backward onto their backpack. The fall appeared severe as the climber briefly went airborne, but the backpack absorbed the impact, preventing further injury. The climber was initially shaken but reported only minor pain in the shin. I advised them to rest and assessed for injuries no spinal concerns were noted, and the shin showed a bruise without swelling or bleeding. I attached a photo taken at 10:35 AM, shortly before the fall. After a 5-minute rest, the climber attempted to continue but experienced discomfort when bearing weight. We decided to turn back, allowing the other four climbers to proceed to the summit. Our plan was to descend to a tree cluster about one-third down the boulder field to reassess. We reached this point at 12:01 PM. The climber, having taken ibuprofen, felt well enough to continue, and we reached the base of the boulder field by 1:34 PM. Since the climber remained stable, we proceeded through the off-trail bushwhacking section toward the established trail, arriving at 3:08 PM. We continued to the trailhead, arriving at 4:55 PM. | Leader: given it was still June, we thought the condition was still early season, meaning the approach would be covered in snow at least in the talus fields. However, most of the snow was gone and created a hazardous condition with a combination of either scree and loose boulder fields or snow fields that you could punch through snow bridges. We didn't know this condition due to the lack of beta but if we had chosen a different approach, this potential risk of losing balance on loose talus fields could have been mitigated. However, there could be other risks with the other approach too. Plus, the lack of experience in scrambling loose rock and condition could have been contributing factors to the injury. The subject started out ok but was visibly slower once we started gaining elevation and especially in scramble terrain. However, this was subjective guess and there isn't a good way to assess it unless we had observed the subject's ability before.<br><br>Co-Leader: What Went Well<br><br>Immediate Assessment and Calm Response We quickly assessed the situation, ensured the climber was stable, and avoided panic. We performed a basic injury assessment by talking to the injured climber, ruled out spinal injury, and monitored the climbers condition throughout the descent.<br><br>Clear Communication The group communicated effectively. Both the ascent of the climbing party and the descent of the injured climber and one leader. Everyone was informed throughout.<br><br>Safety Gear The climber was wearing a helmet, which is reassuring even though they did not hit their head.<br><br>Pacing and Reassessment Allowed time for rest and reassessment at logical checkpoints (tree cluster, base of boulder field, trail junction), which helped manage risk.<br><br>Pain Management The climber self-administered ibuprofen, which helped manage discomfort and allowed for a more controlled descent.<br><br>Group Decision-Making Splitting the group allowed the summit team to continue while prioritizing the injured climbers safety balancing goals and safety effectively.<br><br>What Could Be Done Differently:<br><br>Route Choice and Knowledge of Conditions We did not check snow levels for this route and were surprised with the lack of snow in the approach. This approach is known to be miserable when there's no snow: route finding, bushwacking, and endless boulder field. Had I checked the snow levels on Cal topo's Sentinel layer, I would have suggested the Cave Ridge approach instead.<br><br>Pre-Climb Briefing on Boulder Field Hazards The students on the climb seemed unfamiliar with traveling on boulder fields. There were some punch throughs as well, which point to folks not trying their next step before committing. Had we known the conditions before, a more detailed pre-climb briefing could have emphasized the instability of the boulder field and the importance of testing foot placements. |
| Jun-25 | Trip | Global Adventures | Significant | Hit, struck (or near miss by falling objects) | Inside a building or structure | Participant hit their head on the edge of the awning on the cabin. The laceration required stitches at the local hospital. The edge of the awning was protruding out into the walking path between the two cabins. The participant turned and walked into it. We administered basic first aid at the cabins - cleaning the wound and stopping the bleeding. We then called ahead to the hospital and drove the participant to the hospital for stitches. There was no loss of consciences or evidence of a head injury beyond the cut. The participant didn't miss any of the scheduled activities as a result. We referenced the emergency plan, knew where the closest hospital was, and was able to reach the hospital without any issue. First aid was expertly and immediately administered. | Ensure participants are aware of potential hazards at all times - not just on the trail. Ensure participants communicate to each other if they see potential hazards. |
| Jun-25 | Youth activity | Youth | Assistance Given | OTHER - Please describe in Incident Narrative. | Trail | Our mini- mountaineers group camped at a group site. After packing up camp we headed to a hiking objective. We hiked down a trail and stopped on the beach to spend time playing on the sand. We arrived at the beach around 11:30. After we had been at the beach for at least an hour, one member of the group looked up and saw a person descending the last section of the trail unsteadily, mentioned this to me and I looked over. P appeared lurchy. We wondered if P was having trouble or perhaps had a neurological disorder. P did not appear to be signaling for help. One of our party, a registered nurse, went over immediately. P was having trouble and had sat/fallen. Two party members helped P into a chair that P had carried down. P had food and water and had come to write in a journal. P said P was fine. Those who helped P returned to the party and we discussed our concern at P's ability to walk up the steep slope and back to the car. Another participant, a nurse practitioner, went over to assess the P's condition and talk with P. At the same time we noticed two Refuge volunteers returning down the beach. We talked to them and let them know what we had seen. We said we would wait to escort P up or make sure P was observed. A volunteer also went to talk to P. P had said P was out of shape, had not been here in a long time, and had lost some feeling in P's legs as P reached the beach. P had come to write in a journal to P's deceased mother on P's mother's birthday. The nurse practitioner's assessment was that P was otherwise seeming okay. We determined one volunteer would go back to the volunteer station and let them know what was happening. The other volunteer remained with us. P agreed to our assistance back to their car. We spent another 30 min at the beach and then got ready to return. Half the group went a head. Four parents and the Refuge volunteer remained with 3 kids to escort P up the trail. We carried P's small backpack and chair. One parent stood on either side and P held their arms. They had to take numerous rests stops on the benches on the return to the cars. Once at the parking lot, a volunteer escorted P to P's car. | I was hesitant to trust my own judgment that someone might need assistance if they weren't signaling. Next time I would approach someone and ask if they are okay right away, rather than hesitating if they looked unsteady. I think overall though with the experience in the group we were able to assess the situation and devise a good plan. I am glad we made the decision to stay with P and escort P back to the cars and that we proactively communicated with the Refuge volunteers although I don't think they had many resources beyond 911. |