

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	Incident report	Lessons-learned
Jan-25	Trip	Backpacking	Minor	Illness or Personal issues (conditioning, lack of skill)	Snow - non-technical	One participant indicated, before the trip, that they had asthma, for which they carried at least two albuterol cylinders for emergency use, and which they'd never had to use. About fifteen minutes up the initial road walk, on solid snow and a mellow incline, the participant stopped and said they couldn't continue, as they were getting over a cold and the albuterol they took was not working. They seemed fine, if short of breath, so I let them return downhill to the trailhead, where they could drive themself home. Their passenger readily found another ride home. They texted when they got home that they had made it home safely.	Could have asked about fitness at the trailhead, but I rode with them and didn't note any problems.
Jan-25	Trip	Scrambling	Minor	Slip, Fall, Capsize	Trail	Trip fell on knee 1' cut across top of knee cap. Steep down hill trail , not frequently used. We where coming out under headlamp as planned.	There was not much that could have been done to prevent the injury other than not triping perhaps focusing more on every step you take. Evaluated the injury on sight, no cut clothing determined the cut skin was not deep enough to need stitches. Able to walk out unassisted with very minor discomfort. Within 2 hours of TH on return flushed and bandaged the wound. We put the person in front to set the pace for rest of the walk out, slowed the pace reassuring the person in front there was no rush.
Jan-25	Trip	Snowshoeing	Safety Concern	OTHER - Please describe in Incident Narrative.	Off-trail, cross-country	Our group of four embarked on a Basic Snowshoe. One participant shared this was first snowshoe of the season, and was getting back in shape. After reaching objective, leader proposed going off trail. This involved crossing a boulder field (with visible holes around the rocks), multiple creek crossings, snow bridges, etc. There was enough snow to snowshoe but it was not deep enough to fully cover hazards, and we were frequently stepping on or climbing over tree branches. To avoid the creek crossings we climbed higher up a steep slope into the trees. At times this was very steep, and it would have been nice to have an ice axe in some spots for extra stability. This felt like a scramble (or intermediate snowshoe) without a peak. The participant described above was clearly struggling and frequently post-holed (despite snowshoes) and had to do multiple consecutive full body pull ups to extricate. Participant was visibly fatigued and breathing heavily, with face and body drenched in sweat. We split some of the contents of P's pack, but P still appeared physically taxed. As a group we did not agree on what to do. The leader would venture ahead and scout a path, but we were all in different spots and shouting at each other. We did not huddle together to discuss options/alternatives, a turnaround time, emergency equipment, a clear plan, etc. For example there were also times when the trail was very steep and we would hit a patch of trees. However, we did not stop to discuss if we would go up and around the trees or down and then back up. I was very concerned about the struggling participant given that P was already slower than the rest of the group and less stable during the beginning of the trip when we were on trail and then subsequently more exhausted appearing as we ventured further off trail. P was at significant risk for injury, a fall, or other medical emergency. Fortunately we were able to navigate through the trees and find our way back to the trail without an injury. However, there is significant room for improvement, and this is a Safety Concern given that we easily could have had a bad outcome and potentially needed to spend a night out that we were not prepared for or had to call 911/SOS.	We had prepared for a basic snowshoe (per the trip listing) and did not bring the extra safety/emergency equipment that we would bring on a typical scramble or intermediate snowshoe. Snow conditions also made off-trail travel more hazardous. This would have been a different trip with different snow/weather conditions and with different participants. Upon reflection, it was not a good decision to venture off trail on an uncertain path, particularly given what a participant had shared with us at the beginning of the trip. Off trail travel can be fun and safe under the right circumstances. However, it is important to ensure that all participants are appropriately fit, prepared, and comfortable with the plan. It is also important to discuss the plan, options, alternatives, boundaries, turn around time, etc... and to check in with each individual. It would have been helpful to stop, regroup, and huddle when having this discussion rather than shouting route options while moving. We did not have clear communication. We did not have group consensus. There seemed to be heuristics and cognitive biases at play, and the leader seemed objective driven at the expense of a participant potentially pushed beyond abilities. It is fortunate that no injury occurred.
Jan-25	Trip	Urban Walking	Major	Slip, Fall, Capsize	Road	We stared on our urban walk at 0900. It was a very cold 30 degrees at the start of the walk. Our leader was taking us down a somewhat steep driveway into the park and didn't notice what looked like water runoff, and turned and started walking over it (I was co-leading and sweep in the back so I observed this), the leader suddenly slipped and went down on left side, hitting head on the pavement. I went to aid leader and several in the group were already surrounding L. The leader was shaken and I could see blood on the left side of L's face and cut on top of L's left eye. We sat L up very slowly, asking questions about dizziness, pain, feel like passing out, etc. L said no to our questions, but could see L was starting to shiver. We got L to stand up on the pavement and L wanted to walk to a bench in the sun. Several of the other walkers brought out their first aid kits with cleaning wipes to clean wounds and hand warmers. I noticed L's eye swelling was turning purple and getting larger as we tended to wounds. L complained of feeling cold so we all took off our jackets and wrapped L. I dispatched and released one of our walkers to go back to the TH and bring a car so we could take L to Emergency Room. After another 10 mins or so, I noticed L shivering more now and thought L could be going into shock and I then called 911 and Paramedics arrived about 10 mins later. L's eye was getting worse, but no complaints of head pain, just shivering a lot. Paramedics decided L needed to be transported in case of internal injuries and high blood pressure reading. Co-lead did go to the hospital and stayed with another walker until emergency contact person showed up. Hike leader is thankfully home now resting with no major injuries. L injuries will heal over the next week or so. I also called local Park and Recreation department to report the incident and that someone should salt the area since we continue to have freezing temperatures.	We all have to be mindful when out and ground are frozen to watch for what may seem like just water patches that it could be black ice and avoid that area.
Jan-25	Trip	Scrambling	Minor	Slip, Fall, Capsize	Trail	Participant slipped and fell on a steep dirt section of the trail and twisted their ankle. The group gave their gear to another participant to carry out and they were able to walk out with assistance. We were about 2 miles from the trailhead.	I think this incident was largely unavoidable, since it was a tricky section of trail and the participant was not making any obvious mistakes that I noticed, but it's good to remember that the trip isn't over even once you are back to easier terrain and there are still hazards on trail.
Jan-25	Trip	Scrambling	Minor	Slip, Fall, Capsize	Trail	Descending from a pass after summiting, a member of the party slipped on a tree root, resulting in some injury to their left ankle. They were able to walk out, at a reduced pace, by favoring the injured leg and using trekking poles. The first aid leader took the patient's pack; other party members took turns carrying the first aid leader's (lighter) pack. Inspection of the left ankle at the TH showed some bruising below the ankle bone and swelling. Per the patient, MD diagnosis the next day was tendinitis. (Presumably, caused by ankle strain.)	Although it wasn't a problem for the first aid leader, the patient apologized for pack weight because P brought things unlikely to need, for "training weight". The patient's pace and fitness were fine for this trip, but they were probably the slowest party member.... I wonder if our courses caution people not to use club trips for training purposes in this sense? Also I could speak to this in my pre-trip communications.
Jan-25	Trip	Day Hiking	Safety Concern	Slip, Fall, Capsize	Trail	On a trip I counted four slips (four people, one each): two on stream crossings (fortunately both people had waterproof boots on, poles, and gaiters per my gear recommendations) and two on icy portions of the trail after we removed microspikes. All four folks were totally fine (maybe a little embarrassed) and no medical attention was needed other than dusting off behinds. All enjoyed the hike. With recent sunshine on the trail, there are spots where streams have frozen, thawed, refrozen etc. to create sheets of ice. Diligence is required.	I share because with the recent spell of clear and frosty weather the Middle Fork routes are indeed slick and proper equipment for everyone is essential to prevent injury. Everyone came prepared thanks to the detailed equipment list and Hello Hiker email I sent out ahead of time, and I diligently supervised the more treacherous stream crossings, especially with the new Mountaineers member, pointing out where to avoid and where to step. Nobody wanted me to write this up as an incident, as they felt they were non-events, so "safety concern" seems appropriate. The experience reinforced for me how essential it is to know conditions and specify what's required, then follow up and make sure everyone brings the right gear, so I will continue to do so.

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	Incident report	Lessons-learned
Jan-25	Field trip	Avalanche Safety	Minor	Slip, Fall, Capsize	Snow - non- technical	A student reported a lower leg injury/strain that occurred a week before the field trip at the start of the field trip weekend. At the end of the two day field trip, the student stopped engaging with the group and asked to sit out out some exercises. The student did not want to talk about what was going on and said repeatedly "I'm fine" but appeared to have re-injured/re-strained their calf injury. The student was later overheard saying "my ankle is bothering me. I stepped on it funny. I'm worried about doing more to aggravate it." After a few minutes, the student was able to start participating again and was able to exit the short distance to the parking lot under their own power.	Always be extra careful with any students who come into a field weekend with existing injuries.
Jan-25	Field trip	Cross-country Skiing	Significant	Slip, Fall, Capsize	Snow - non- technical	Leader: see attached report prepared by Lead Instructor with the help of Assistant Instructors Participant: I did not see the incident. One of my carpool friends had a fall while cross country skiing and broke a leg bone. This was part of a course and I believe it's been reported already. We discussed the incident in following sessions of the course. Two concerns I have: 1) The snow was old/crusty at the snow park. Very icy. This was a contributing factor to many falls in the first two field trips for this course. It may have been better to reschedule than to have beginners practicing snowplow stops down hills on that. 2) I'm not sure how well the instructors assessed the injured person, but P sat in the car while the rest of us finished the field trip. Had we known P's bone was broken, we would have driven P home much earlier. P was limping badly by the time we returned to to gathering spot.	Leader: 1) Improved assessment of student skill as compared to terrain 2) More oversight of students while skiing to guide technique used 3) Improved training of how to fall
Jan-25	Trip	Day Hiking	Significant	Slip, Fall, Capsize	Trail	Trip leader on return from objective tripped in rocky/rooty descent on trail close to TH. Hiking poles were deployed. Falling forward, struck R side of face landing face down on ground. Strong blood flow from nose and mouth. Co-leader did quick Head to Toe noting painful (low order) right knee in addition to facial and apparent scalp cuts. With support from two assistant leaders turned L to sitting position on foam sit pad. Injured leader was lucent and tended to slowing blood flow from nose. Responder, using pooled 4*4 gauze and copious alcohol wipes, cleaned face and scalp to better determine extend of wounds. No flow from scalp. Weeping cut above R eye below orbit. Various facial abrasions and scratches. Significant upper lip cut. After ~15 minutes, determined L could stand with support. No issues with knee. As sunset was upon us, co-leader and leader walked slowly to exit to TH. Asst Leader carried leader's backpack and hiking poles were distributed for the exit. Pace was slow but steady and reached TH while yet tight. As none had gloves, advised all wash hands with soap / water at park. Assistant Leaders noted that aid was provided promptly but was not rushed and talk was calm and supportive. On return drive, leader was comfortable and alert while nose yet weeped blood. Spent evening in Urgent Care. Two sutures closed the lip tear and no further treatment indicated. Low dose ibuprofin added to comfort. Booked dental visit for next day to assess non urgent damage. Next day leader reported only slight discomfort.	All hiker should carry fully (self defined) first aid kit including minor wound gauze, alcohol wipes. And re-stock between outings. Blister care is also an essential. All hikers should carry duct tape for gear repair (we repaired another hiker's boot after sole parted from upper. Re-stock as well. Up alert level and maintain fluid and fuel intake towards end of outing to mitigate fatigue.
Feb-25	Trip	Climbing	Significant	Slip, Fall, Capsize	Trail	Leader: On the way down main a trail, participant slipped and fell and dislocated thumb. P went to the urgent care after the activity when it was confirmed that no bones are broken and the finger is just dislocated. Participant: I had summited a peak and took a break for snacks and water. Then started my descent. It was a bit snowy and icy on some of the rocks near the top. The lead had asked if I wanted a pair of microspikes as i had forgotten mine, but I still went on. I was slow and careful going down the rocks but still slipped and dislocated my thumb. I then quickly descended and got to urgent care where they took xrays and determined it wasnt broken and only dislocated. This was totally on me and i just had an off day. The leaders were really nice and supportive.	Leader: I don't think there was anything specific that could have been done to prevent this from happening, other than participant being a bit more careful given the conditions. This was typical winter conditioning hike and the participants were informed that the trip is going rain or shine. One thing that should have been addressed differently is what happened immediately post incident. I haven't witnessed it since the group spread a bit (as it is usual on conditioners) and I was staying with the rear part of the group as a sweep. The participant that slipped was going in front. I learned about the problem when my subgroup caught up with the front when I was informed about the accident by the assistant leader who also informed me that the injured participant wanted to continue going down as soon as possible to go to urgent care. The assistant leader agreed with that plan and let the injured party go. As a primary leader, I would prefer having at least a brief conversation with the participant myself before letting P go and send one more fast person with them. After coming back home, I sent the injured participant an email asking what exactly happened and whether they are okay. Participant: I should pack fully the day before. I had changed backpacks at the last min and did not move my micro spikes to the new backpack.
Feb-25	Field trip	Avalanche Safety	Safety Concern	Illness or Personal issues (conditioni ng, lack of skill)	Snow - non- technical	Incident: a student began feeling ill shortly after departing TH. S communicated to the main group leader that S was feeling ill. I, as the assistant, did not receive communication from S and only observed S walking slower/lethargically. S opted to tell the leader S wanted to turn back. Someone suggested someone return with S. I volunteered so that the group could continue to the day's objective and I would catch up after returning S to TH. On the way down, S described forgetting inhaler and S lungs feeling heavy. During S walk down, S had to pause three or so times but was always secure in walking. I asked S if there was anything I could do, but each time S said S would be fine but probably just needed to rest and eventually get inhaler. I intuited that S was beginning to feel better, but I never directly heard S say that. I assumed because S was able to walk okay and that S responded saying S would be okay and that S was comfortable being alone, so I returned to the group.	Before writing this incident report, I happened to read the feedback for the weekend, whete the student described experience about the incident. S was unhappy there were no further interactions checking in. I wish that I had at least escorted S to a first aid provider for further evaluation. I also wish I had applied the WFA knowledge to the situation. I asked probing questions to ascertain the severity of the situation but did not apply a formal WFA process because S seemed to opt for no further medical attention other then returning to TH. S response was disappointment that nobody applied a first aid mentality to the problem, which is probably fair and this could have led to a better outcome.
Feb-25	Field trip	Avalanche Safety	Minor	Illness or Personal issues (conditioni ng, lack of skill)	Snow - non- technical	A student told someone they were having indigestion, wanted a Tums. Student stated they were "allergic to a ton of things, it was probably allergies". Other person offered Benadryl, which was accepted. No food allergies or any other medical concerns were disclosed in ahead of time.The next day, the student continued to feel discomfort, which was identified as being respiratory in nature, not allergies or indigestion. An instructor was informed as they grouped at the trail head that the student had discomfort. In an hour the student stated they wanted to leave the fieldtrip and go to the ski area lodge to rest. S was escorted to the lodge by an assistant, leaving the instructor with the five remaining students.The student opted to not seek first aid from ski patrol, and stated they wanted to take their medication for pain and asthma in their car. At this point the Course leader and course coordinator were informed of the issue. The course coordinator met with the student at their car and was also told the student was taking pain medication and asthma medication. The car was blocked in, and the student was asked if they wanted to be unblocked so they could leave. The student declined, and said they would sleep in their vehicle until their carpool partner who was in the same group was finished with the course for the day.I went down and checked on the student later and the student was asleep, breathing. The course coordinator visited later independently and also found the student sleeping .Shortly thereafter the blocking car arrived and was moved, and the student was able to drive car and ride share occupant away.	The student was not well enough to continue in the field, but chose to self medicate vs see a medic.We did not have an accurate medical history for this student (asthma, allergies) and we did not fill out a soap form or seek a waiver for declining care. The student seemed unaware that people were checking throughout the day and communicating on about S status, nor was S aware that by sitting in the car for the remainder of the day instead of participating that a passing mark was not possible. Takeaways:use soap form, get better medical background, leave medical patients with medics, or get a waiver of care signed, disclose clearly that leaving the field will require time to be made up later.
Feb-25	Field trip	Scrambling	Safety Concern	Party Separatio	Trail	There was no incident or near-miss. However, my group sweeper left me, last in the group, by myself for the whole hike up and down. Sweeper was aware that I might not make it and might go back down. What if something happened and I was alone as a student?	

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Feb-25	Trip	Sea Kayaking	Minor	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	Leader: P was walking backwards and tripped on a kayak and bruised right knee. Participant: After the paddle I was carrying my kayak up a short flight of stairs from the beach to the park and another paddler was helping me. When I reached the top of the stairs, we got out of sync and I fell forward onto my knee. There was no injury to me and no damage to my kayak. Both leaders checked to make sure I was OK. Next time I will take the longer but safer path around the stairs.	Leader: Encourage people when loading and unload equipment to pay attention to hazards. I was already aware of the alternate path around the stairs because I used it when I came down to the beach. I could have also unloaded my boat before attempting to carry it up from the beach.
Feb-25	Trip	Scrambling	Safety Concern	Slip, Fall, Capsize	Trail	About half a mile into a trip, one of the participants slip and fall into a shallow creek. P seemed fine and said that P didn't get wet. But the leader didn't really investigate that, as they seemed to know each other. As a participant and new to mostly everyone on the trip, I didn't feel confident in the leader's judgement. I also didn't appreciate not having a turnaround time decided early in the trip.	
Feb-25	Trip	Urban Walking	Safety Concern	OTHER - Please describe in Incident Narrative.	Developed spaces, campgrounds, fields	Group encountered two non-threatening groups requiring 1) modest intervention and 2) slight route deviation. 1) Seeking an open toilet found one open (but locked) stall. Voices heard inside. Knocked several times on door. No response. Raised one of 5 traffic wands, set to blinking red, so visible at top of door. One person emerged and apologized. With some delay three more people exited. Walk leader told all, "Only need for a short time." And two walkers used toilet. 2) Leader had twice scouted route to avoid gather spots for drug use and/or homeless concentration. Leader also checked police response dashboard 3 days running including same day, with two hits for planned route. Leader modified route, and gave guidance to passing sidewalk groups: single file, move smartly, avoid group on sidewalks by walking around one parked car briefly onto street. Continued without incident. Remainder of walk unremarkable.	Current Practice Follows: Scouting is key in urban areas and certain areas may require closer attention including police dashboard. Inform walkers about anticipated issues and observed condition. Have alternate routes in mind before starting. Debrief after any incidents / encounters seeking reactions, observations, suggestions about alternate responses. Debrief at walk conclusion.
Feb-25	Youth activity	Youth	Minor	Slip, Fall, Capsize	Snow - non-technical	Students were sledding down a hill. They had build the sledding slope the day before when the snow conditions were softer and fresher. Overnight some of the snow had frozen. So when students went sledding down hill the following day one of the students fell and their face scraped on the frozen snow. The student came in and we cleaned cuts and put on band-aids.	Conversations about conditions and the need to change behaviors based on ice-y conditions.
Feb-25	Trip	Snowshoeing	Significant	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	Leader: Participant slipped on ice in parking lot and decided mobility in arm was limited, decided to cancel and see a doctor. Participant: The conditions gathering location for the hike, were overcast, cold (at freezing) and icy (clear/black) in the parking lot. I was the first to arrive and noticed right away that the ice on the parking lot was extremely slippery. I changed into my boots, and returned to my vehicle. Other participants began to arrive and I warned one to be careful due to the ice. All arrived and we gathered, afterward, as soon as I stepped onto the parking lot, I slipped on the ice and landed hard on my shoulder. Several of the other participants rushed to my aid. Thinking it might be a strain that would loosen up, I continued with the group to the starting point for the hike. Since my shoulder was not improving, I informed the leader that I would not be able to continue on the hike and would be heading home. L agreed and thanked me for letting him know I was leaving, Upon returning to home, I immediately went to an Urgent Care Clinic. They took X-Rays and provided consultation with an M.D. The X-Rays and movement exercises confirmed no broken bones. However, there is severe restriction in mobility and strength with certain motions. I am being referred for an MRI and meeting with their "shoulder" team. Once they determine the extent of the injury, a surgery recommendation was stated as a possible outcome. One step at a time.	Leader: Watch out for 'black' ice in parking lots. Participant: Our personal safety is our individual responsibility on outings as supported by the group. I was momentarily inattentive to the conditions and slipped and fell. When we gathered, I do not recall any discussion about the icy conditions in the parking lot - we made introductions and discussed other trips and events. If I were to make any recommendation regarding this incident, it might be to suggest reminding people to take care crossing the icy parking lot as we left.
Feb-25	Trip	Trail Running	Minor	Illness or Personal issues (conditioning, lack of skill)	Trail	During a winter trail run, one runner began experiencing severe GI discomfort about 3/4 of the way through the run. Since I had a co-leader, I split the group in 2 and continued on with P. When we came to a residential area, we exited the trail and continued walking towards our starting point via side streets. After another 1/2 mile or so, P said P needed to sit for a while. We were near the trailhead, so I offered to get my car and drive P back to the trailhead. Later, P texted me that P arrived home safely.	I was fortunate to have a co-leader, which allowed the rest of the group to continue on safely. We were also lucky that this trip had a residential exit about 1 1/2 miles from the trailhead, which saved the affected runner additional discomfort. Fortunately, the affected runner did not try to hide their condition, so we were able to talk about options.
Feb-25	Field trip	Downhill Skiing & Snowboarding	Safety Concern	OTHER - Please describe in Incident Narrative.	Snow - non-technical	A couple of safety concerns towing people and inside of a gear sleds behind a snowmobile does not seem safe. I witnessed two people being towed inside of a gear sled from the lodge to the parking lot with the tarp covering closed on top of them and complaining about high levels of exhaust I also heard about one snowmobile flipping over while towing a sled with children in it. The tomcat has safety issues. There could be a daisy chain or something to hold onto along the ceiling or adding some vertical poles in the center. Also, I thought maybe the plywood at the front of the tomcat could be replaced with plexiglass to give some more visibility to the driver. There should probably be a dedicated storage rack for ski poles since they fell out multiple times. Also the safety announcement before riding the Tom cat needs to be more standardized one day they announced children not being allowed to sit near the back, which I thought was a great idea the next day they did not announce that and children were sitting at the back.	I would say only electric snowmobile should be used to tow people in sleds, and it should only be driven by a highly experienced driver or else they should have to walk to the tow rope
Feb-25	Field trip	Cross-country Skiing	Minor	Slip, Fall, Capsize	Snow - non-technical	Near the end of the trip, a student took a tough fall down a hill. The student expressed their concern once settled and the group leaders and the student's spouse came to assist. The right ankle was wrapped with an ACE bandage from their first aid kit for support and ibuprofen was provided by the group leader. Another group's leader came with a zip lock bag filled with ice to help with swelling. After a few minutes, the student confirmed they would be able to walk / double pole ski out. The plan was to meet after seeing how the student traveled down the hill. The student's spouse and group leader went with the student and assisted by carrying their skis while they walked. At the intersection, the student confirmed their confidence with continuing forward on foot/ski. A final plan was made for the remaining members of both groups to ski out together and the spouse would get the car to meet the student at the trailhead. The primary group leader stayed with the student to ensure their safety, comfort, and assist with carrying their skis. They had a radio on hand if anything else was needed from others. They took the shortest route out and the student was able to elevate and ice their ankle once in their car.	The response to the incident was well handled with all necessary assistance provided due to proper first aid on hand. The response plans were clearly articulated to the group and additional groups checked in to ensure no additional help was needed. The lesson learned here by the student was to go down slower next time on such a steep hill with the current weather conditions and to practice falling in a way that would prevent rolling.

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Mar-25	Field trip	Climbing	Near Miss	Logistics, equipmen t issues, party issues	Inside a building or structure	Student was prusiking up rope as part of a Field Trip. When S was a short height above the ground, S chest prusik failed and S fell backwards, contacting the ground with backpack/butt/back. Student said S was fine and didn't complain of any injury. On inspection of the prusik/hero loop, it became clear that the cord itself didn't break. It appeared as though one of the double fishermen knots failed (possibly because the tail was too short). The other double fisherman knot was still intact and dressed appropriately with proper length tail. Cataloging this as a "near miss" because had prusik failed farther up the rope, he most likely would have decked from a higher height, potentially as high as the program center ceiling.	<p>Direct factors</p> <p>Unlike prusik self rescue in a crevasse, this station is not redundant. If a student's prusik fails in a crevasse, they (in theory) fall until they're caught by the tie-in on their harness. In the program center, students tie in while standing up. Even if they tie in with very little slack left, it introduces enough slack in the system that they deck or come dangerously close to decking if their prusik fails. This makes the tie-in useless, and puts all bets on the single chest prusik hitch.</p> <p>Contributing factors</p> <p>This student demonstrated little to no knowledge of the station and required significant help</p> <p>Ex: didn't tie into rope until prompted, tried to "tie in"using chest harness alone, didn't have a plan for his pack, etc.</p> <p>Impact: instructor was distracted accounting for many "big things," making it easy to overlook the smaller things (like length of prusik tails)</p> <p>Student clipped chest harness into prusik instead of rope. This may have increased the force on the chest prusik as every time the student leaned back to adjust Texas Kick the prusik was pulled out with the chest harness at the same time as down by the harness belay loop.</p> <p>Recommendations (Immediate):</p> <p>Prompt instructors to more closely inspect prusik loops (length of tails specifically)</p> <p>Change criteria to clip chest harness to rope instead of prusik to reduce force generated on prusik</p> <p>Better fixes:</p>
Mar-25	Youth activity	Youth	Minor	OTHER - Please describe in Incident Narrative.	Inside a building or structure	While rappelling, one student got hand caught in ATC while rappelling from the indoor top platform to the floor. S was being belayed as a back-up. S had a bruise on hand but no skin was broken. Mountaineers program staff gave S an ice pack.	Youth were being belayed as they rappelled so there was luckily no larger impact when hand got caught. Extending the rappel could have prevented this occurrence as well as any risk of other things being caught in the ATC.
Mar-25	Trip	Day Hiking	OTHER	OTHER - Please describe in Incident Narrative.	Trail	<p>The hike had been listed as a slower paced trip by less traveled trails. At lunch, one participant, who was on first Mountaineers trip, indicated that P had made a commitment for the afternoon and was concerned that P would not return in time to keep the commitment. I indicated to P that it was not a good idea to make such a commitment on the day of a Mountaineers hike. We discussed the situation and came to an agreement that P could withdraw from the Mountaineers trip and return to trailhead at own pace and on own authority. I determined that P had mapping software on phone and went over the return route with the Gaia on my phone. Another participant, elected to return with P and likewise declared self withdrawn from the Mountaineers trip.</p> <p>Having seen the trip feedback from participants, here's a more complete account of the previously reported incident from a hike:</p> <p>As trailhead was a little obscure, we met at the better known location and caravanned from to TH. The hike had been listed as a slower paced trip to West Tiger 1 by less traveled trails. At lunch, one participant indicated that P had made a commitment for the afternoon and was concerned that P would return in time to keep the commitment. I indicated to P that it was not a good idea to make such a commitment on the day of a Mountaineers hike, which did not please P. We discussed the situation and, knowing that I would be travelling back at a slower pace, we came to an agreement that P could withdraw from the Mountaineers trip and return to trailhead at P's faster pace and on P's own responsibility. I determined that P had mapping software on phone and went over the return route with the Gaia on my phone. Another participant elected to return with P and likewise declared to be separated from the Mountaineers trip. I now think that this arrangement was a mistake and would not do it again. When the rest of us arrived at the trailhead the cars of the faster travelling party had left. Two days later, In the feedback for the trip was the following:</p> <p>"This was my first experience with The Mountaineers. The leader was so kind and welcoming, and clearly knowledgeable about the area. I enjoyed the pace they set for the group and their attention to caring for us. I signed up because of the timing and location of the hike. It turned out to be a 3+ mi longer hike than on the activity announcement. (I can only guess this was a typo or misread as the hike on my apps was listed as over 9mi rather than 6mi.) I would not have signed up for a 9+mi hike given the rest of my commitments for the day, which I had to cancel. It felt odd that the leader did not recognize this when the group members began talking about the milage not matching up on a break half-way into the first half of the hike. When I told the leader that I assumed this would be a short (time-wise) hike, they responded essentially that I should know better / with the mountaineers activities would always be an unknown duration. There was no acknowledgement that there could have been an error. I had to break off from the group, along with another member, and rapidly hike the descent. I was reassured by that member of the hiking group and a friend who is also a mountaineers member that this was highly unusual."</p> <p>Receiving this feedback was a surprise to me, to say the least. To all appearances we had parted on amicable terms. The mileage figures in the trip listing derived from the Routes and Places listings. I had been unaware of any concerns about the mileage of the trip in the group until my conversation with the participant at lunch. My Gaia track recorded 7.7 miles of travel for the day (a little over the 6 miles then in the Trip and Places listing) rather than the more than 9 miles S reported. I think one problem was that the application S was using was giving an inaccurate value for the length of the trip. But more problematic was how S reacted to the information. OK, this was S first trip, but, given the tenor of S comments, I have concerns that S might not readily adapt to the norms of Mountaineers activities.</p>	<p>Best to be clear about the expectations of the trip.</p> <p>If I had thought to investigate the mileage information S was relying on and its source some of the problem might have been avoided.</p>

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	Incident report	Lessons-learned
Mar-25	Field trip	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Snow - steep, ice axe, poles recommended	The incident ended up minor and I am not the injured party. At least 2 participants got injured (that I know of; info wasn't shared widely, luckily, neither was serious. While accidents do happen and it can be no one's fault, one incident on this FT happened while the person was all alone, with no one else nearby or even knowing their location; it could have ended much worse. I cannot imagine this being responsible and safe FT protocol. In addition, comments I heard from 3 others, "I would not have gone on the route if I were on my own but I felt we had no choice," "I literally thought that I was about to die at that moment..", "I would call that survival skiing."	As suggested during the debrief, a buddy system during travel would be helpful, and also much more emphasis on paying attention to fellow participants regardless of whether/how well you know them. This FT experience is pointing me to other venues for my future climbs/training instead of continuing with the Mountaineers. I do believe this course has created a set of strong and skilled climbers who I am sure will continue to climb together, but I did not see much evidence that they will take care of their group they lead...
Mar-25	Field trip	Climbing	OTHER	OTHER - Please describe in Incident Narrative.	OTHER - Please describe in Incident Narrative.	There was a student who announced to the group at our meet up on Saturday morning that S would be leaving the field trip early. This was information that would have been more appropriately shared and problem solved during one of our two pre-trip meetings. S put the instructors in a hard spot with the last minute notice. The conditions weren't great (low visibility!) and although the lead instructor did a really thoughtful job of talking with S about how to coordinate a solo exit, S put both self and the group at potential risk by leaving solo in low visibility conditions. Had something gone wrong with S, a search would have been needed. This could have created not only physical risk for the group, but also liability for the Mountaineers. I recommend that the Mountaineers standard of good expeditionary behavior be that folks not exit a trip early unless there's an unanticipated emergency or unless the early exit has been planned and approved by the lead instructor in advance of the trip.	
Mar-25	Trip	Backcountry Skiing	Safety Concern	OTHER - Please describe in Incident Narrative.	Road	Snowmobile tow of skiers who did not make checkpoint 2 at end of Patrol Race. Snowmobile driver expressed some hesitation at comfort driving the machine before we even started. On a downhill section driver was driving very fast. It was hard to snowplow and avoid being pulled into the skier in front of you--mind you, we had all just skied 16 miles to get to that point, and were already very fatigued. We were yelling to slow down, then I and multiple other skiers let go of the tow rope as we had been told to do if anything went wrong. We expressed concern and frustration at the high speed. When we got going again the fast speed resumed, so we let go again and asked to have our poles back so we could ski down the road, as we did not feel safe continuing with the tow. The volunteers gave us our poles and allowed 2 volunteers to come with us so we'd know how to get to the skier's pickup to be towed back up to Meany Lodge.	I wish we could have had the option to just finish the race. Even if our time wasn't allowed to count, I think it would have been safer and more fun and rewarding. Even if we had to go with a volunteer/guide to make sure everyone makes it out, that would be much better than the current system.
Mar-25	Field trip	Navigation	Minor	Slip, Fall, Capsize	Off-trail, cross- country	In my sub-group of 2 leaders and 5 students (one leader in the bushwhacking portion when the co-leader opted out) we had one fall/knee tweak, one almost-fall when the leader went flying after tripping over a blackberry vine, and I fell on my butt after another vine tripped me. At the time, I was looking at my compass and Gaia app on my phone, and wasn't looking at my feet. Fortunately, nothing was bruised but my ego; I did not break my glasses, compass, or phone. I was able to shake it off and continue at 100% capacity.	Do nav standing still; keep eyes on the terrain; trust my gut instead of technology. The more moving parts I have the slower I get, so do hikes I know and have 100% confidence in so I can be present for my hikers rather than messing with technology. Wear thicker pants when doing any bushwhacking (which I probably will never do) so I don't get strangled by the vegetation.
Mar-25	Trip	Cross-country Skiing	Minor	Slip, Fall, Capsize	Trail	I was told a skier had fallen on the trail on a downhill. I was ahead and didn't observe the fall. I was serving as first aid lead for the trip, so I went up to S and asked if ok. S said had strained left shoulder and has a history of frozen shoulder in that joint. I had S do ROM and noted that S had restricted ROM to the back, and asked S about that, in particular if that was different from baseline for that joint. S said no, that was baseline. S commented that S had strained a muscle in left upper arm, but that otherwise was ok. S decided to walk down the rest of that hill, and I supported that decision. I checked on S again later, and asked for a pain rating. S said it was 2/10. I suggested S might take some ibuprofen, and told S the trip leader had told me L had both that and Tylenol in first aid kit. S denied any allergies and said S had a supply of ibuprofen in pack. I told S staying ahead of pain is advised. S declined that at that time. I encouraged S to walk on the next downhill, and S did. S did elect to ski again on the flatter parts of the trail. We went to lunch, and I checked in with S again. S had no significant pain at that time, but per the trip leader S did elect to take some ibuprofen from first aid kit. S elected to not participate in the afternoon ski. I checked in with S one more time at the trip closing, and S felt ok.	Trail had a downhill with a moderately tight turn where the skier felt, might have been too difficult for some of the skiers in this group (mostly relatively new skiers).
Mar-25	Field trip	Climbing	Major	Slip, Fall, Capsize	Gym, artificial climbing walls, sports area	<p>There were four individuals present at the Seattle Program Center North Plaza at the time of the incident:</p> <p>(1) Field Trip Leader, narrator(2) Student #1 ("AA" hereafter) (3) Student #2 ("BB" hereafter) (4) Small Party Self Rescue (SPSR) Student who had just finished a SPSR field trip elsewhere at the SPC. We were practicing a tyrolean traverse system which we had rigged between the east tower and the top of the east end of the North Wall. AA was standing on top of east tower, anchored to the top of the east tower via a personal anchor tether. The SPSR Student was standing at base of the east tower. BB was standing at the east end of the gravel pit.</p> <p>I had crossed from the east tower to the anchor/hanging belay at the top of the east end of North Wall, was facing the wall, and had just finished preparing to rappel, when I heard a sound. I turned my head around to observe AA hanging, inverted (head down), in harness from personal anchor, approximately 1/3-1/2 of the way down the south face of the east tower. AA's arms were outstretched and moving. AA, like all of us present, was wearing a helmet. Almost immediately, the SPSR Student yelled out, "AA is having a seizure!" I began to rappel down the North Wall and while I was rappelling, the SPSR Student yelled, "AA is unconscious but breathing!" I completed my rappel and sprinted across the gravel pit and up the friction slabs to the base of the east tower while yelling "Someone call 911!" At this point some other folks had arrived and were observing.</p> <p>I observed AA's eyes were closed, was moaning, slowly waving arms, and still breathing. I considered rotating AA's body 180 degrees so AA would then be hanging upright in harness, but wondered if this would cause further injury (especially if AA had a spinal injury). Moments later AA opened eyes, and the SPSR Student and I began shouting AA's name, looking for signs of recognition. Concurrent with opening eyes, AA stopped seizing. AA then slowly began to make efforts to rotate to a heads up position. AA reached out with hand to my arm and shoulder to push against and slowly was able to maneuver into an upright position. I borrowed an aid ladder from BB and clipped it to bottom of the aid ladders which were already hanging down from the anchor at the top of the east tower. Using these aid ladders I climbed to the top of the tower and secured myself to the anchor. Meanwhile the SPSR student and I were attempting to speak with AA, telling AA our names and that we were here to help. At this point, emergency personnel arrived in a fire engine, and four fire fighters assembled at the base of the east tower where the SPSR Student was also standing. The fire fighters began talking at/to AA and AA started to respond verbally, speaking very slowly. I told the lead fire fighter that I believed I would be able to lower AA to the base of the tower where they were standing, and FF confirmed that I should do so. I then performed a technical lower of AA to base of the tower where the four fire fighters and the SPSR student were standing.</p> <p>Lowering details, in case they are of interest: I grabbed the end of a rope, redirected it through the anchor, and reached down and attached it securely to the belay loop on AA's harness. I then looked at AA in the eyes, and said I needed AA to put feet into the aid ladders at AA's feet and stand up in them, which AA did while grabbing the rigging above for stability. This action unweighted the personal anchor that AA was hanging from, and allowed me to pull up the slack in the lowering rope through my grigri. I could tell that AA recognized me at this point, and I asked AA to take feet out of the ladders, lean back, and hang in harness, which AA did. I was now holding / controlling weight via the redirect. After confirming my control of the system and confirming the emergency personnel / fire fighters were ready, I used my free/non-brake hand to disconnect AA's personal anchor, and then lowered from the tower.</p> <p>AA was able to stand up at the base of the tower and was verbally communicating with the fire fighters. While I continued to belay from the top of tower, the four fire fighters assisted AA walk eastward down the friction slabs with the fire fighters to the gravel pit nearest to where the fire engine was parked. In the meantime, an ambulance had arrived and parked next to the fire engine. After confirming</p>	A major lesson learned is the affirmation that any of us could have an unpredictable debilitating medical event (or just make a mistake) at any time. As a result, diligent application of the safety procedures and use of safety systems are critical to minimizing the consequences if/when an unpredicted event occurs. In this case the safety system (attachment to a SRENE anchor via personal tether) prevented a ground fall.

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	Incident report	Lessons-learned
Mar-25	Field trip	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Inside a building or structure	<p>During the two person crevasse rescue Field trip for winter mountaineering/glacier On top of the SPC north roof wall. It was observed that at least one of the four Instructors were not connected to an anchor of any kind while lowering students off the north wall. As part of lowering a climber and instructor had to have a third hand attached to the rope while lowering. In this Set up, it is critical the instructor is also attached to an anchor. So that if the lowering fails, the instructor (and climber) is not pulled off the roof as they would be directly attached with a pro as a third hand to the lower strand of the rope. Feedback was attempted to be provided from a student to an instructor regarding safety checks and anchor set ups, however, this feedback was disregarded as it was coming from a "student."</p> <p>Fortunately, no incident happened. Had one occurred, it would have been fatal for the instructor if they were pulled off the roof.</p>	<p>When lowering somebody off the SPC roof and attached via a third Hand/Prosek, a person should always be attached directly to an anchor to ensure that they stay put if a falling event happened. Especially when the person being lowered outweighs the lowerer by 30 pounds or more, or in my case, I outweighed my instructor by over 100 pounds.</p>
Mar-25	Trip	Bikepacking	Major	Slip, Fall, Capsize	Trail	<p>Our group was on the 5th day overall of riding. We had started in the morning. Upon entering a section of singletrack trails, one of the participants noticed difficulty steering their bike and it seemed like there was some mechanical problems. We decided it was not safe to continue on the twisty long singletrack ahead and that it would be best to address the mechanical while still near town so we split the group and planned for two of us to reconvene at our designated camp spot for the the evening following an easier paved route. We made sure to be in communication via in-Reach and phone is cell reception allowed.</p> <p>The rest of the group continued the trip. An accident happened in the afternoon on a relatively non-technical section of trail, with some loose gravel located within half a mile of our designated campsite and rendezvous spot with the other two participants. The co-leader's front wheel washed out on some loose rocks and the CL fell from the bike sideways landing face down on the uphill slope. When I reached CL seconds later, CL was bleeding profusely from nose and face and said the injury was bad while holding a bandanna to nose and mouth. The bandanna and a second one were soaked with blood in seconds. I retrieved quickly a medical blood absorbing cloth from my first aid kit and we were able to stop the bleeding, but it was clear CL had major face trauma with a large part of the skin above the lip cut and partly detached in a large flap. We immediately called 911 and gave them coordinates from Gaia and that initiated an emergency rescue. The first phone call was followed by a follow- up call where we described in more detail our location and gave them directions on how to reach us. Gaia showed us we were just 100 feet from a powerline road that was only 2.2 miles from a major unpaved road. It took the emergency response team about an hour and a half to reach us. The ambulance had to wait at the major dirt road about 2.5 miles away from where we were, but the EMT/firefighters were able to reach us by ATV and evacuating CL to the ambulance and then EMT/firefighters went back to get the bikes and safely stored them at the fire station. In the meantime, the other participant rode the remaining half mile to the designated camp and reconnected with the other two participants. Their phones had no reception so my texts to them did not reach them until later. After a brief discussion they decided they did not want to continue the trip or stay the night out there so they rode back to town using the paved route.</p> <p>CL and I were taken to a hospital emergency room by ambulance. Before and during the ambulance ride CL was checked over and given an electrolyte IV. We arrived at the hospital later afternoon. The ER doctor found no signs of concussion, still ordered CT scans. CL was cleaned up, numbed and stitched. CL had a broken nose and 11 stitches on the skin above left lip (which had come detached in a large flap), the left edge of mouth and central upper lip and two skin glue sutures on upper nose and left eyebrow. CT scans were run on CL's head and neck but no further injuries were found. CL's helmet never cracked and it appeared that the entire impact of the fall was taken by CL's face. It was long and stressful evening but ultimately CL was discharged late that night and was prescribed pain medications (Ibuprofen) and antibiotics which CL picked up the next day.</p> <p>We are calling ourselves lucky that CL's injuries were not worse, but we are quite sad for CL and bummed for the abrupt end of what had been thus far an awesome trip.</p>	<p>Injured party words: cycling in general and mountain biking in particular are inherently dangerous activities but bikepacking with a loaded bike on singletrack trails poses additional challenges and risks. Additional caution, lower speed and frequent rests may mitigate the chance of crashes. The group was being conservative, travelling at very moderate pace, and took very frequent resting breaks one of which was only a few minutes before the accident. However, we were towards the end of the day and tiredness may have contributed to the accident. Lightening the weight on the front end of the bike may have helped me maintain control on an unexpectely loose section of the rail. Emergency first aid was administered by the leader in a swift and effective manner. The decision of calling 911 was prompt and appropriate given the initial assessment of my injury. The ER doctor later said that there was a 6-hour window from the injury to stitching for best chances of skin to heal. A self-evacuation, even if possible, would have taken much longer. The group aided emergency responders with locating the accident site and providing directions to it and assisted the first responders with evacuating me and also collecting my bike and belongings. The other participant who is also a bikepacking leader took charge of the rest of the group and led them back safely to town, made contingency hotel reservations and contributed greatly to the successful reunification of the group. I feel fortunate that my injuries were not worse and grateful that my team and emergency responders took great care of me. I am sad that my accident caused the sudden interruption of a great trip.</p>
Mar-25	Trip	Urban Walking	Minor	Slip, Fall, Capsize	Road	<p>Leader: The incident occurred in the morning; the temperature was in the low 50s and the weather was partly sunny. The sidewalks and surfaces we were walking on were still damp from rain but in good condition with little or no slipperiness. One of the participants on the walk tripped and fell over a curb stepping up to a sidewalk. As P fell, P's knee hit the sidewalk. P sat for a short while, then stood back up and stated that all was was okay. The first aid officer and primary leader encouraged P to sit on one of the benches and take a few moments. P stated all was okay and wanted to walk around and view the trees. Of note, this incident occurred approximately 1 mile into the walk. The total distance for the walk was 5.5 miles. P continued to walk with the group without any further problems. Both the first aid officer and the primary leader asked P several times during the remainder of the walk if P was okay and how the knee was doing. P said knee was in pain but that it was okay. P also went on to say that P fell "all the time." When the walk was completed, P again stated all was fine except for some minor knee pain.</p> <p>Participant: I was standing next to a curb or bump and when the group started to move I tripped. No visible blood. Iced my knee when I got home and applied a bandage over a minor scrape.</p>	<p>Leader: encouraging and reminding participants to always watch where they are stepping may help prevent another episode like this.</p> <p>Participant: Know where my feet are before moving.</p>
Mar-25	Trip	Urban Walking	Minor	Slip, Fall, Capsize	Trail	<p>Participant slipped on a wet pinecone. I did not see the fall but saw P laying on back in the middle of the trail. The group asked if P was okay and if P could walk. P was able to get up with minimal assistance. Once up, I checked the small wound (scrape) diagonally above the right eye and cleaned P's forehead (removed grit/dirt) and cleaned wound/scrape with an alcohol wipe. There was a slight amount of blood. P refused additional help and was given and accepted a hiking pole. P was escorted to P's car, as we e were nearly done with the walk. I suggested that P call daughter, a doctor, and indicated they would. We stayed by car until P drove away. P was alert and oriented (no sign of confusion or other mental issue).</p>	<p>Not sure that things could be done differently other than remind people that pavement could be slick, and pole/s could be useful. P indicated that P was not looking at the path but away when P fell. Might have not been a bad idea to have someone talk to the daughter / doctor before P drove away but P indicated that it was not necessary.</p>