

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Jul-25	Trip	Day Hiking	Minor	Illness or Personal issues (condition ing, lack of skill)	Trail	One a hike, the weather was sunny and in the low 70s. During the return leg in the afternoon approximately one mile from the trailhead, one hiker had to slow down considerably, and eventually stop. The hike co-lead and another hike leader stayed behind with the slowed hiker, while the primary lead took the rest of the group to the trailhead. After an extended break the hiker was able to continue slowly with aid while their gear was carried by another hiker. The hiker eventually reached the trailhead and was placed in an air conditioned car where they rapidly recovered.	Prior to the hike the hiker had mentioned to the leader that they were very susceptible to heat, but had said the leader aware and would do everything necessary to manage. In communication after the fact, the hiker acknowledged that they should have done more active cooling by wetting neck wrap and hat, and should have communicated that they were not feeling well long before needint to stop. The hiker has also acknowledged that further CHS 2 hikes this summer would be inadvisable, and that they will switch to CHS 1 hikes. Hiker has also been asked to make sure to communicate the thermal regulation issues to hike leaders ahead of time, and to keep the hike leader aware if they start to feel ill during a hike.	Heat
Jul-25	Trip	Climbing	Minor	Slip, Fall, Capsize	Rock - talus, boulders, scree	A students backpack snagged on a boulder while walking down a boulder field in the afternoon on the way down from Eldorado Peak, throwing them off balance. The student tried to use a trekking pole to catch the fall and the pole broke. The student landed hard on their wrist causing a strain. The MOFA lead in the group was nearby and assisted with first aid. The student was able to walk the rest of the way out with minimal assistance.	During group briefing the student explained that a picket was inside a foam pad strapped horizontally making it difficult to squeeze through boulders. The rigid picket is what got snagged throwing them off balance. The student said they should have placed the picket horizontally on the pack next time to avoid that from happening again.	Mindful Walking
Jul-25	Trip	Sea Kayaking	Near Miss	Boat/kaya k mishap	Water - large bodies, fresh or salt	As we were nearing the beach at the end of the trip, one of the participants attempted to roll and failed. The person had trouble doing a wet exit because their chart covered their grab loop. They thrashed about for a bit in a panic before grabbing the middle of the spray skirt and releasing it. Another participant was nearby and monitored the situation and was prepared to help if needed.	The participant was experienced but still initially panicked when they were capsized and couldn't find the grab loop. A couple things helped for the positive outcome: 1. Wet exit without the grab loop is taught in the Basic kayak class. 2. Another participant (who happened to be a leader in another branch) was standing by ready to assist if needed.	Equipment Technique
Jul-25	Trip	Climbing	Minor	Illness	Off-trail, cross- country	On trail, one person experienced GI issues in the first two hours. Because the symptoms were minor, the terrain was flat and the participant had extensive experience doing solo outdoors adventures, it was decided that P could return to the car on P's own and, after sending an inreach message, could leave. Later, one person slipped on the path and sprained an ankle. It was swollen and P had trouble weighting it. After icing and wrapping the ankle, and redistributing gear, one of the climb leaders hiked back with the injured person to camp. One of the rope leads helped by carrying P's bag before joining the others. The other climb leader continued on with the remaining participants. The initial plan was to meet up at the campsite after the summit attempt but alternatives were discussed among the leaders. On day 2, the injured person and the climb leader decided they were able to hike out without assistance from the others, and after messaging the change in plan, they returned to the cars slowly and without incident.	Always nice to have a second climb leader and strong rope leads. Inreach made communication between groups so easy. Excellent collaborative decision-making within the leadership team.	Health Check
Jul-25	Trip	Climbing	Minor	Slip, trip, fall	Off-trail, cross- country	On trail, one person experienced GI issues in the first two hours. Because the symptoms were minor, the terrain was flat and the participant had extensive experience doing solo outdoors adventures, it was decided that P could return to the car on P's own and, after sending an inreach message, could leave. Later, one person slipped on the path and sprained an ankle. It was swollen and P had trouble weighting it. After icing and wrapping the ankle, and redistributing gear, one of the climb leaders hiked back with the injured person to camp. One of the rope leads helped by carrying P's bag before joining the others. The other climb leader continued on with the remaining participants. The initial plan was to meet up at the campsite after the summit attempt but alternatives were discussed among the leaders. On day 2, the injured person and the climb leader decided they were able to hike out without assistance from the others, and after messaging the change in plan, they returned to the cars slowly and without incident.	Always nice to have a second climb leader and strong rope leads. Inreach made communication between groups so easy. Excellent collaborative decision-making within the leadership team.	Mindful Walking
Jul-25	Trip	Climbing	Minor	Slip, trip, fall	Rock - technical, rope & protection needed	Two incidents arose on the trip. 1. A follower on a rock route accidentally banged their knee into the wall injuring knee and resulting in material but not serious discomfort. F was belayed appropriately on top rope at the time, and realistically there was no means of mitigating/preventing the accident. No significant first aid was required but I wanted to note it for the sake of organizational due diligence as the injury occurred on the trip. 2. A follower on a rock route, belayed on top rope, slipped while executing a pull through a roof. As F fell F's left hand caught the jagged edge of the roof resulting in a somewhat deep cut to one the fingers on the left hand. The climber was lowered to the ground and appropriate first aid was provided.	In the first case, the climber injured their knee by unintentionally hitting it against the rock. I don't see any practical lessons learned or opportunities to mitigate the risk. In the second case, I likewise don't see significant lessons learned. The belay was appropriately tight given the traversing nature of the route and the sudden amount of slack introduced when the climber pulled through the roof moves before slipping. Practically speaking, I view this as bad luck and a characteristic risk of the jagged rock that is present at Shakespeare and don't see a practical way of significantly mitigating this kind of risk beyond what was done.	
Jul-25	Trip	Climbing	Minor	Slip, trip, fall	Rock - technical, rope & protection needed	Two incidents arose on the trip. 1. A follower on a rock route accidentally banged their knee into the wall injuring knee and resulting in material but not serious discomfort. F was belayed appropriately on top rope at the time, and realistically there was no means of mitigating/preventing the accident. No significant first aid was required but I wanted to note it for the sake of organizational due diligence as the injury occurred on the trip. 2. A follower on a rock route, belayed on top rope, slipped while executing a pull through a roof. As F fell F's left hand caught the jagged edge of the roof resulting in a somewhat deep cut to one the fingers on the left hand. The climber was lowered to the ground and appropriate first aid was provided.	In the first case, the climber injured their knee by unintentionally hitting it against the rock. I don't see any practical lessons learned or opportunities to mitigate the risk. In the second case, I likewise don't see significant lessons learned. The belay was appropriately tight given the traversing nature of the route and the sudden amount of slack introduced when the climber pulled through the roof moves before slipping. Practically speaking, I view this as bad luck and a characteristic risk of the jagged rock that is present at Shakespeare and don't see a practical way of significantly mitigating this kind of risk beyond what was done.	Sharp rock
Jul-25	Field trip	Day Hiking	Minor	Illness or Personal issues (condition ing, lack of skill)	Trail	A student ran out of water about 30 minutes from the end of our 12-mile hike with tems in the 80's and sun. The entire trip went great; only after returning home and hearing from the student in an email did I realize S even had issues. S shared that S felt nauseous and wen to the ER where they gave S two liters of IV fluid. S shared that W went six hours the day before in the sun teaching swimming lessons and was probably underhydrated to start; when S ran out on the hike, the combined effects of two days of heat and dehydration caught up to S and S recognized the symptoms to enable self care.	What I will do from now on on longer summer hikes is include by example how I stay hydrated in the Hello Hiker email; recommend how much to bring as a starting point; strongly encourage students to drink a liter in the car on the drive to the trailhead, and have supplemental water left in the car to fill up on return; and make sure on trips where we have lake or stream access, to bring and know how to use an appropriate water filter. I will also carry a supplemental liter in case anyone runs out on trails I know don't have much running water. Forewarned is forearmed and in this case we dodged a bullet. I'm just sorry S had to have that experience, tainting a perfect hiking trip.	Heat
Jul-25	Trip	Climbing	Minor	Hit, struck (or near miss by falling scramble objects)	Rock - non- technical, scramble skills needed	The trip involves a scramble up approximately 3,000 feet with plenty of lose rock. Overall everyone was careful with foot placement and very quick to warn others when rock fall ocured, especially on the way up. However on the way down, after already being awake on the move for nearly 12 hours, incidents of rock fall increased. I myself was stuck by one rock in the leg, but had no chance to move since we were so close together. This was on purpose to minimize the harm a rock could cause. However that rock careered off of me and came within 2' of a student below. Other rockfalls came within two body lengths. Besides my bruised leg which I will recover from soon, no one was seriously injured.	We as instructors agreed we needed to do a better job keeping the team together, to minimize the energy of projectile. Otherwise, considering the terrain rocks had a high probability of fall, even while we were all being careful. We also felt the students needed to be better prepared in what to do when €œrock€ is yelled. In this particular case, as the rock careened off of me it went toward the student and they froze, staring at the rock. They had seconds to move, but were too scared. Very understandable, and will follow up with the students what do the next time rock is falling from above (get close to wall, look, and doge if possible.	Rock fall

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Jul-25	Trip	Climbing	Near Miss	OTHER - Please describe in Incident Narrative.	Rock - non-technical, scramble skills needed	Departing from a camp to the trailhead after an unsuccessful summit attempt, the path back to the trailhead has a short glacier crossing, a very short 2nd-3rd class scramble, a snowfield descent, and a walk out on the trail. There were 3 rope teams, one left a little earlier than the others (less than 30 minutes I think), I was on the 3rd rope team. When we got to the scramble portion and unroped, we saw that one of the participants on the first team was halfway up the scramble but off route and unable to move and the other was struggling to begin the scramble, but also off route. Getting the first participant back on route took about an hour, and required one of the leaders to scramble over and belay the participant off a rock while another leader coached the participant through hand and foot placements to traverse over. The other leader was occupied with managing the 3rd member of the first rope team and spotting & coaching them up the scramble. There was significant rockfall hazard/potential throughout, as several participants had to be coached on where to stand to avoid rockfall, etc. Fortunately, everything was eventually resolved without injury.	I don't know. I arrived after everything was set in motion, and wasn't part of the leaders' debrief after the trip. But I would be very surprised if there weren't any lessons to be learned. I suspect that the leader may have overestimated the ability of the participants on their rope team, and there was evidence from earlier in the trip that they'd struggle to complete this step of the walk out or to contribute effectively if there were problems.	Party Separation
Jul-25	Field trip	Day Hiking	Minor	Illness or Personal issues (conditioning, lack of skill)	Trail	Primary leader made a poor clothing choice and became dehydrated soon after lunch break, then experienced symptoms of heat stress. Co-leader and one of the other hikers (a nurse practitioner, luckily) coordinated getting the rest of the group back to the trailhead, then stayed with leader to monitor hydration, heart rate, dizziness and muscle fatigue/cramping. They took several rest breaks and slowly returned three miles to the trailhead, with plenty of daylight to spare. Primary leader was able to drive co-leader back to park & ride, and sent an email to the group confirming safe return home.	Due to trip reports of tick and bee encounters on the trail, primary leader selected a white long-sleeved shirt which ultimately did not breathe well and caused heat stress symptoms. Filtering water at the lunch stop would have been beneficial -- they had drank 2 liters of water and 40 oz. of electrolytes but required more for the conditions.	Heat
Jul-25	Trip	Climbing	Near Miss	OTHER - Please describe in Incident Narrative.	Snow - non-technical	Descending from basecamp at 5400 feet observed 2 avalanches that occurred sometime between our approach and descent. After careful evaluation of the fall line, we started to filter water at a small water source we used on the approach. While filtering water the same area released additional snow. The debris field remained down trail from our location. No risk to the team. After topping off our water bottles, we traveled 1 at a time through this area.	Not possible to avoid the area. Not possible to go high or low. Always be aware of the conditions.	Avalanche safety
Jul-25	Clinic	Sea Kayaking	Safety Con	Boat/kayak mishap	Water - large bodies, fresh or salt	Students first student paddle. Near the end of the trip, the students were practicing their self and assisted rescues. One paddler had previously performed an acceptable assisted rescue into their boat. While attempting a paddle float self rescue, it became apparent that their back hatch cover leaked, and the stern of the boat was completely under water. The paddler was able to get into their cockpit, but the boat couldn't be emptied as the back of the cockpit rim was submerged, and their spray skirt (loose nylon) didn't stop the ingress of water. I (trip leader) had two other students raft up to the "victim's" boat, and the victim crawled out onto their back decks. The rear hatch was opened, and the back hatch was completely filled with water. As the hatch was pumped, the boat was again afloat, and the cockpit was pumped by two people before the victim crawled back into their boat. In crawling across the back of one of the rafted boats, the initial victim pulled the rear hatch cover off of one of the rafted support boats, and it, too, filled with water. This was able to be pumped out with the paddler remaining in their cockpit.	The initial victim told me they knew their stern hatch "leaked" after the incident unfolded. The hatch was hinged, with 3 rotating levers to secure the hatch. The cover has a soft plastic groove that should capture a raised edge on the rim to provide for a water tight seal...but it did not. If we had known about the leaking hatch we could have stuffed a few paddle floats in and inflated them as float bags prior to launching. I asked if people had new equipment, but not if anyone has faulty equipment. I discussed the problem with the victim and informed them that they need either float bags or a new hatch system that doesn't leak before going on any more paddles. They are looking into getting a different boat. The second paddler, whose hatch cover was removed, also said they had the cover become dislodged before. We discussed putting on retention strips to help prevent this.	Equipment Technique
Jul-25	Clinic	Climbing	Minor	OTHER - Please describe in Incident Narrative.	Rock - technical, rope & protection needed	A party of five was descending via double rope rappels after climbing 9 pitches of 5.9 terrain. On the first double rope rappel, we had participants rappel on double strands, working on a stacked rappel set up. On the second rappel, we set up slightly differently with single strand, stacked rappels on a grigri to learn this slightly different set up. One of the participants had never rappeled on a single strand or on a grigri before so they descended at the same time as an experienced participant on a single strand (note this was a simul rappel but the anchor was fixed and not a counterbalance rappel). The participant was unused to how fast they would descend on a single strand and how hot the rope would get descending on a grigri. In an effort to slow their descent, they grabbed the top end of the rope, which burnt their hand.	New Techniques in Consequential Terrain- I'd never done a single rope rappel or a grigri rappel so I was trying new skills I was unfamiliar with and doing so in a consequential environment. In the future, I'd read up on these techniques prior to trying them to ensure I understand them (reading about grigri rappels afterwards, a lot of the how-to guides go over how hot the rope gets) and do so in a safer environment (e.g., single pitch with someone giving me a fireman's belay). (Note from submitter that a fireman's belay does not work in the context of a grigri rappel, but one can tie knots in the descent rope to slow your descent should you lose control or add additional friction into the system.) Second thoughts- I asked if it'd be okay if I try a grigri rappel even though I'd never done one before and then in the back of my head had a small voice saying, "is it a good idea to try so many new things at once?" I should have listened to the voice in my head telling me this wasn't the best place to test out a new skill. Gloves- I don't wear gloves while rappelling. In the past, this has not been an issue for a double rope ATC rappel with a third hand back-up but the rope got incredibly hot and I wasn't anticipating this. Gloves would have likely prevented the whole thing from happening. I think I'll start wearing gloves again for rappelling. Grigri- the grigri moves quickly so it's easy to generate a lot of heat. It's also easy to defeat the breaking mechanism in a panic whereas an ATC with a third hand is more fool-proof. I will likely try this technique again so I have more items in my toolbox but I'm not sure if I'll adopt it going forward because it seems riskier to me. Social Aspect- I'm usually very risk averse so in retrospect, I'm surprised I was so eager to try a new technique without fully understanding it. In reflecting on it, I wonder if being around all these competent, strong crushers made me more inclined to do something risky to fit in. Still reflecting on this one and how to mitigate it going forward. Reflecting- I'm paraphrasing something I read in ANAM or some other mountaineering-related publication, but it said something along the lines of, "the mountains will teach you lessons and it's your job to learn from them." This could have easily gone much worse and I don't want to think about that. The trail was rocky & rooty. This incident occurred in the last 1/2 mile of the trail. Possibly, participants were tired and/or less able to pay attention to the trail. Although the group stayed together and slowed the pace, an even slower pace might have been appropriate.	Equipment Technique
Jul-25	Trip	Global Adventures	Near Miss	Slip, Fall, Capsize	Trail	On a downhill portion of a trail, participant said the tread of their boot got caught on a root which caused them to fall. The participant mitigated the fall by rolling to their side. Trip leader asked if there were any injuries or pain and the participant reported that there were none. After a brief rest, the participant continued and completed the hike.	The trail was rocky & rooty. This incident occurred in the last 1/2 mile of the trail. Possibly, participants were tired and/or less able to pay attention to the trail. Although the group stayed together and slowed the pace, an even slower pace might have been appropriate.	Mindful Walking
Jul-25	Trip	Global Adventures	Significant	Slip, Fall, Capsize	Rock - talus, boulders, scree	Our group was descending by a fairly steep rocky trail when one participant rolled an ankle, probably on a rock that they stepped on sideways or that went out from under their foot. The ankle swelled badly and turned quite black and blue. The participant immediately went to soak the foot in a nearby creek with small waterfall. P decided that it would be best to drop out of the hiking sections due to the injury. P did go to a sports medicine clinic to have it checked out, and no serious injuries showed up related to the swelling.	The person mentions having briefly looked away while walking down a steeper slope section with lots of middle sized to small rocks, and while doing so, her foot landed awkwardly on a rock and it slid out from under the foot, causing the ankle to roll.	Mindful Walking
Jul-25	Field trip	Canyonin g	Major	Illness	Trail	A student with chronic severe asthma had an episode that required entire medication supply plus a dose of epinephrine to manage. We called 911. S was able to walk out assisted 2/3 of the way (S was very weak and took several rests but breathing ok). About 30 minutes down the 45 minute trail, S asthma took over. At that time, medics arrived and provided oxygen and IV treatment. The Mountaineers team partnered with the rescue team to prep for a litter carry, however the student could not tolerate lying down. Individuals from both the rescue team and the Mountaineers team took turns piggy backing S with spotters down the remainder of the trail, where an ambulance met us on the railroad trestle. S was transported to the hospital where S has been admitted for several days. The team intends to submit a more thorough report later this summer.	The team intends to submit a more thorough report later this summer. Initial lessons learned:  Leader forgot to tell the two new instructors (new to this group) about known asthma in the morning. this led to confusion about our approach to helping manage breathing and exit the medics providing access to advanced care (oxygen, IV drugs) was critical	Health Check

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Jul-25	Field trip	Canyonin g	Significant	Slip, Fall, Capsize	OTHER - Please describe in Incident Narrative.	At the bottom of a rappel, a student (S) slipped on a log, and fell head-first into the narrow pool on the other side. S used hand to brace against the rock and broke wrist. S also hit head but was uninjured thanks to helmet. The Leader assisted S out of the pool, and the team stabilized injury with a sam splint, roller gauze, and cravat sling. An instructor who is an EMT took vitals and medical history. The team assisted S through the remainder of the decent using a combination of lowering, and companion rappels, and tensioned lines. Another student who S carpooled with drove S to the hospital, where doctors confirmed a broken wrist. The team intends to submit a more detailed report and analysis later this summer.	The team intends to submit a more detailed report and analysis later this summer.  Some lessons from a quick debrief yesterday: (1) having the contents of the first aid kit listed on the lid of the container helps the first aid lead quickly know what they have to work with and make decisions (2) intentionally building an inclusive team culture from the beginning allowed us to efficiently move S through the decent, as everyone stepped up or stepped back to prioritize S safety, and S felt supported (3) Having a technically proficient team of leaders made for a smooth and seamless rescue (4) all instructors agreed that the bottom of that rappel is tricky no matter which route participants take. when the participant started to lose control, S grabbed tighter to the break rope, which is a good instinct and what we teach. In this case though, releasing the break rope would have allowed S to slide and come off rope safely at the end of the rappel, while holding it made S balance worse due to the rope tension. Managing speed simultaneously with footwork is something that comes with mileage, and it's typical for a beginner to not be very skillful at movement.	
Jul-25	Trip	Climbing	Minor	Slip, Fall, Capsize	Trail	Descending from an objective, the group was on the trail, over halfway back to the parking lot. When taking a step down from an approximately 6" natural step in the trail (roots composed the step on the trail), one person rolled their ankle. The person was wearing hiking boots. After stopping for about a minute, the person continued on the hike out and everyone made it back to the parking lot together.	More conditioning on hiking trails with weight might have improved fitness and proprioception toprevent this incident.	Mindful Walking
Jul-25	Field trip	Climbing	Near Miss	OTHER - Please describe in Incident Narrative.	Rock - technical, rope & protection needed	A party of three was on the third pitch at a hanging belay pitch transition, when the rope became tangled. A asked B if B was comfortable with their stance, and upon confirmation, proceeded to remove B's Personal Anchor System (PAS) to help with rope cleanup. At this point, the team was about 300 feet off the ground, and B was not clipped in. C immediately intervened to reattach the PAS, and they discussed what happened. C reported that B was a little shaken by having their PAS removed without B's knowledge or consent, leaving B unprotected.  C spoke with A a few times during the climb, and A stated that they didn't think it was a big deal. C chatted with A again, and although they agreed on what should have happened (i.e., only climbers touch their own PAS), A repeated that they didn't think this was a significant incident. A's dismissal of the seriousness of this incident gives C pause.	Climbers responsible for their own Pas.	Equipment Technique
Jul-25	Trip	Day Hiking	Minor	Slip, Fall, Capsize	Trail	One person hiking with one pole tripped and fell on the path, just before the end of the trail day. The path there was dirt, pine needles and occasional rocks/roots. P tripped on an imbedded rock protruding into trail and fell onto left knee and nose/forehead. P's nose immediately started to bleed and P put a bandana to nose. The co-leader was close by and quickly provided gauze squares. I came over and added more gauze squares and wipes. P was alert and able to apply nose pressure and with time nose bleed stopped. We asked/observed for any other injuries -P's upper lip was mildly swollen, no other issues. P was calm, alert and oriented to person/place/time. P was able to walk out without assistance. At our cars, another hiker happened to have a small ice pack in a cooler of food, and offered it to P. P kept the icepack on nose and upper lip on driv back to P&R. We recommended P go to urgent care to make sure no other issues. P went to urgent care and confirmed all was well.	This hiker had mentioned at the start that they forgot to bring trekking poles. I loaned one of my poles for much of the hike. I have a second pair of poles so for future I could bring them along in case a hiker who is used to using them forgets to bring theirs.  This hiker told us this was the 3rd trip/fall on a hike. I will add to my hike introduction to ask hikers to tell me in private if they have tripped/fallen on a hike in the past, so we can be extra alert.  Actions that contributed to positive outcome: the hiker had a bandana tied to the front of their backpack within easy reach; the hiker was calm and cooperative; 2 first aid kits available; fellow hiker's ice pack was available and offered; the hiker was part of carpool so didn't have to drive right away from trailhead.	Mindful Walking
Jul-25	Trip	Canyonin g	Safety Con	Hit, struck (or near miss by falling objects)	Rock - technical, rope & protection needed	Of our party of 7, 5 had descended the rappel and were waiting at the bottom. The remaining 2 members of our party were at the top of the rappel preparing to descend (the trip leader and a participant). I heard a single whistle, looked up, and saw the leader of our party throw a pack from the top. Luckily there was no one where the pack landed, as impact from the pack at 100 feet could have been fatal. Contents of the pack were damaged due to the impact. I heard another whistle, looked up and saw the leader tossing rope bags off the top. The tossing of the rope bags and pack was unnecessary and reckless. There is very minimal risk descending the rappel while wearing a pack. Also, it is common practice to zipline packs and rope bags from large heights if a rappeler is concerned about rappeling while wearing a pack/rope bag. Throwing objects from height can have detrimental, if not fatal consequences, if the item strikes someone. Also, we are at a very public place. Acting recklessly in public eye could lead to us being reported or banned from recreating.	I am confused, concerned, and caught off guard by the leader's lack of judgement and decision to throw the pack and rope bags. Pack management is a basic and fundamental skill. The leader put the team and the public at risk with their actions. Things that could have been done differently: rappel with bags/zipline bags/whistled to leader and communicate not to throw the pack/leader could have provide time between whistling and throwing for team members to respond. Moving forward: have discussion with leader about choices made/discuss with committee creating safety refresher course for current leaders. As someone on another leader's trip, I falsely assumed they would conduct themselves in a safe manner, having a pack thrown from 100' was not even on my radar as something a leader would do as it is a very big no-no in our community.	Equipment Technique
Jul-25	Trip	Sea Kayaking	Minor	Illness	Water - large bodies, fresh or salt	A group of 9 paddlers left the launch point at 6pm. Current was at or near slack; 6-7 kt WSW wind affected a slight chop. About 15 minutes into the paddle, trip leader (TL) is alerted to a participant experiencing nausea. Kayaker reporting nausea (KN) stated that they need to return to the launch point, and that they are able to do so without tow. Kayaker, KE1, who alerted TL to KN's condition, stated that they are able to escort KN back to launch point. TL and KE1 briefly discuss calling off the trip entirely versus splitting the group, and agree that splitting the group is appropriate to the situation. KE1 is joined by kayaker, KE2, who they carpooled with. KN, KE1, KE2 split from the group and return together to launch point. At the trip's end (8:30pm), KE1 and KE2, reconnect with group on shore and report helping KN get boat and gear to their car, remaining with KN until nausea subsided and they were able to safely drive home.	Pre-trip beach talk included request from trip leader for participants to let them know about any conditions that might impact trip. Trip leader was not informed and was unaware of paddler's history of sea sickness until report of nausea. At that time, paddler reported taking OTC for sea sickness in advance of the trip, and speculated that perhaps there hadn't been sufficient time for OTC to take effect. With an awareness of paddler's history and recent use of OTC, trip would very likely have proceeded on the same route, but trip leader or another paddler may have been appointed to keep side-by-side to help paddler keep focus on the shoreline ahead.	Health Check
Jul-25	Trip	Climbing	Major	Slip, Fall, Capsize	Off-trail, cross- country	On the decent of a one day climb to an objective, as we were traveling down through the meadow above the boulder field, I tried to prevent a fall but fell back on my butt. When doing this, my right foot stayed planted but my rear-end landed on the ground. Once on the ground, I tried to extend my right leg but was unable to. The quad muscle in my right leg felt as solid as a brick. Once I got the group to me (via yelling and use of a radio to the mentored leader), we were able to get my leg in the right position, and me to a more comfortable location. Knowing that I was going to be unable to walk out my own power, we initiated a rescue using the SOS on an inreach and contacting 911 via the texting ability on the new T-Mobile and Starlink Iphone. Communication was established, and a helicoptor was dispatched to pick me up. Once they landed (withing 30 feet of where I was sitting), they assessed my condition, helped me hobble to the helicopter, and we took off. From the time we initiated the recue, to the time the helicopter landed, it was approximately 70 minutes. After landing at the Heli-base, I was debriefed by the park service and helicopter crew and advised to get to the hospital. I decided to wait for someone from our group to bring my car to me (the plan before they took me away in the helicopter). After waiting for 4 plus hours, it was finally decided to take an ambulance to an emergency room. There they determined (via x-rays) that I had a ruptured or detachment of the quad tendon from the kneecap in my right leg. As of writing this, it has been 6 days since the accident. I have been to two emergency rooms, and had surgery with a two inpatient day stay of recovery. Preliminary status is 2-4 weeks of non weight bearing and up to 6 months until full recovery.	I do not know of anything that could have been done differently. Everyone in the group was prepared for the climb, and for the evacuation of me and their decent afterwards. The mentored leader had full control of the scene and the group to be able to get everyone back to the cars safely. Having the proper emergency communication devices really helped.  When taking inventory of emergency gear within the group (bivy sacks, extra clothing, extra batteries, and extra food), we were ready if we had to stay the night. The Mountaineers should be proud of what they teach. This was a climb of 4 Basic Alpine course students, a seasoned mentored leader, and myself. The rescue team thanked us for being prepared after they landed.  What we had in our favor for this rescue to happen: Great satellite communication devices, experienced group of people, ideal weather, time of day, location to rescue help, and easy terrain for the helicopter to land.  This was an accident that really could not have been avoided. The length of time and time of day might have added for this to happen, but we are very fortunate it did not happen 30 minute later when we were in the boulder field below us.	Terrain
Jul-25	Field trip	Day Hiking	Minor	Illness	Trail	A member started experiencing leg cramps during the hike. Fortunately, they did not try to "suck it up" and immediately notified the leaders that P was having issues. We immediately stopped to give P time to stretch out the affected muscles, drank water, and take electrolytes. A while later, the cramps came back. At which point we re-distributed P's pack to the rest of the group to reduce their load and they took an anti-inflammatory that they had with them. We also took an extended break while everyone filtered water. After this, P did not have any issues for the remainder of the hike.	I will include information in future communications to members to encourage them to properly hydrate at least 24 hours prior to the hike and to carry electrolytes.	Conditioning



Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Jul-25	Trip	Climbing	Minor	Personal issues (conditioning, conduct, lack of skill)	Trail	<p>A climber starting to lose steam prior to summit and then bonked quickly after summit with terrible knee pain. The pace downhill to camp was more than an hour per mile on relatively built in trail terrain with mild scrambling with many stops. The expected summit to camp time was about 2ish hours but took about 5 hours which affected the water/food and electrolyte planning of the group - luckily everyone was prepared and could share food and water where needed.</p> <p>Leaders and team mates divided out all gear and carried it down for climber, got them food/candy and water and ibuprofen and they hiked out seemingly completely fine from camp to the trail head in the evening and out by 830 pm for an about 10 mile hike/climb that started at 3 am.</p>	<p>There were many instances where it seemed possible the climber was unprepared for the fitness aspect and knew about the knee pain but hadn't done anything proactively to address it and didn't have any first aid pain meds - which luckily others had ibuprofen and they worked very well.</p> <p>It also seemed the climber had prior issues with exhaustion or bonking but looking back may not have been fueling appropriately during the climb.</p> <p>Realistic expectations of a climber and a more frequent checking in of a leader and understanding the risks ahead of time about these issues would help. More communication and planning and pace expectations ahead of time and what the group mindset is prior to the climb is also important.</p> <p>I also think letting the group in the last easy mile or two to camp separate with leaders that split up with the struggling climber and some go with the students that needed food and water- would help with overall group emotional and physical safety so that they can walk a normal pace to camp, rest and refuel at camp and go back up the trail to assist if needed - otherwise pack up camp when there is a big hike out as well as a 4hour drive home.</p> <p>The 4 hour drive home added to the safety aspect of pace - getting home after 18 hours of hiking was challenging. Communicating to the climber about what time is safe to get back to the cars is important in taking that into consideration as well. We were lucky to have a rested driver that hadn't done the climb but had I or my other carpool mate tried to do it we would have really struggled and might not have made it without pulling over or sleeping somewhere, and car accidents are more likely to happen in those scenarios. We were awake for 24 hours for a somewhat innocuous climb as far as basic climbs go.</p> <p>Luckily all was well at the end and we made it back safely, but having an unfit climber with some other group members who are challenged by the climb as well but did the preparation and fitness, have to carry their gear and go at an objectively unsafe pace to finish a climb in reasonable time can lead to other group members bonking, or if weather changes the obvious issues that come with that.</p>	Conditioning
Jul-25	Trip	Climbing	Safety Con	Slip, Fall, Capsize	Snow - technical, glacier, rope needed	<p>While descending a glacier, a student slipped and fell. The rope leader and other student immediately arrested the fall, while the falling student struggled to initially arrest and eventually was able to arrest. The student was traveling with a pole and an unleashed ice ax. While attempting to arrest, they almost let go of their ax. The snow was soft on the surface when we ascended and was starting to turn mushy when we descended, with a harder layer underneath</p>	<p>Students should practice more with steep snow travel during the field trips since many basic climb routes require this. Also, it might be beneficial for students to get practice arresting falls with traveling with a pole and ice ax.</p>	Terrain
Jul-25	Field trip	Day Hiking	Safety Con	Personal issues (conditioning, conduct, lack of skill)	Trail	<p>One participant hiked significantly faster than the rest and unintentionally set the group's pace, which led to the group splitting up. That faster hiker wasn't asked to slow down and ultimately experienced muscle spasms, cramps, and dehydration. Less than half-way through the hike, that faster participant began experiencing significant muscle cramping and spasms. It became clear they were underprepared. They didn't have enough water, weren't carrying a hydration pack or filter, and didn't bring any electrolytes. Several of us shared our own water and electrolytes, helped carry their pack's contents, and adjusted our pace and breaks to support them. I do think the group would benefit from a more direct reminder about the seriousness of being fully prepared, especially as we head into longer, hotter hikes. Everyone needs to start bringing enough water, electrolytes, and a way to filter, not just for themselves but to avoid putting added strain on the group. The trip description said there would be a water refill point halfway, but it wasn't until nearly 3/4 of the way through. It also advised carrying at least 2L of water, but given the heat, elevation, and late refill, at least 4L would have been more appropriate. The trip leader hadn't completed the full route before, and although the co-leader had, they didn't proactively share important details like how far to water or what to expect along the way while we were on the trail. A longer lunch break was planned after nearly 4,000 feet of elevation gain, but many participants needed and ate their lunch well before that. A longer rest break should've happened earlier.</p>	<p>- Earlier start time to beat heat</p> <p>- Slower pace</p> <p>-More pro-active communication about water, hydration, expectations on carrying water and electrolytes and water filtration system</p>	Party Separation
Jul-25	Trip	Climbing	Safety Con	OTHER - Please describe in Incident Narrative.	Developed spaces, campgrounds, fields	<p>While cragging, a black bear grabbed a party member's backpack and took food from it. The climbing party parked at the climbers lot around 7:30AM and walked a few minutes to crag wall. While the party was climbing, we heard people on the trail yelling "hey bear". A few minutes later a fairly large black bear appeared and started to examine the various packs that were gathered at the base of the climbing wall. The party made noise and threw a few rocks, but eventually the bear grabbed one of the packs, took some food from it, and ran off.</p>	<p>Usually when thinking about incidents hindsight provides some sort of guidance, but I'm not sure what I would have done differently in this scenario. Realistically the best thing we can do is take care around food storage habits in order to try and avoid food conditioned bears in the future.</p> <p>The camp we stayed at had posted guidelines around storing food and any food related items when not in use, so I think there was a general awareness around food safety and bears, but it's hard to translate that to cragging. On future trips I will emphasize the issue in pre-trip communications and let folks know about this incident so there is awareness.</p> <p>A prior park closure was in a different part this park, so I didn't expect to run into the bear where we were. Given the short approaches around this crag we could maybe have left our food in vehicles at the trailhead. For backpacking trips we might carry a bear can and pepper spray, but it doesn't make sense to adopt those practices for general cragging. While the bear is roaming this area there is risk to people and pets, but ultimately the risk here is for the bear which will probably be euthanized.</p>	Bear
Jul-25	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	Rock - technical, rope & protection needed	<p>On a basic rock climb there was some rockfall during the first pitch of climbing. Just above the first ledge (the one used for the final rappel to the ground), a (5' oval) flake of rock peeled off and broke up on the rappel boulder and surrounding ledge. No one was injured. There was sheath damage to my rope. Some large pieces of rock remain piled on the ledge that, if disturbed, could fall down onto people at the base. We were unable to clear those pieces without endangering the people on the ground at the time.</p>		Rock fall
Jul-25	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	Rock - talus, boulders, scree	<p>There was some surprise rock fall that landed near the belayer and other climbers awaiting their turn at the pitch. Probably could've led to significant injury if someone was hit, which they luckily were not.</p>	<p>A good reminder for those not actively climbing to stay alert and not assume safety between pitches. Nothing could've been done differently to stop the rockfall, as it was simply loose rock that fell away from the mountain when grasped by the climber above.</p>	Rock fall

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Aug-25	Trip	Stewards hip	Safety Con	OTHER - Please describe in Incident Narrative.	Trail	<p>A black bear spotting caused us to move locations to reduce the chances of interaction. Shortly after beginning stewardship towards the end of the trail, a black bear was spotted at the entrance to the trail. It was being harassed by honking trucks and was trying to get into the nature preserve. I stayed calm, spoke to the bear so it knew I was there, and had my bear spray ready if needed.</p> <p>After ensuring the black bear moved to a different spot, I quickly gathered the volunteers and informed them of the animal presence. Soon after, I heard the black bear roughly 30 feet north of our trail, and quickly ushered the group away from the area. After the bear was further from the area, I quickly went back to grab snacks and water that volunteers had left; had the bear gotten into them, future incidents would be more likely. As it was now moving into the heart of the preserve away from trails and was no longer at the entrance, we resumed our stewardship at the start of the trail.</p> <p>No other sightings were reported.</p>	<p>I would encourage volunteers to keep their snacks and drinks with them at all times to prevent them being forgotten again. I would also inform volunteer that if they hear what sounds like a human or animal moving through the woods, to immediately inform me and retreat from the area. One volunteer failed to take notice of the bear nearby because they thought the sound was a deer moving through the woods.</p> <p>At the start of the stewardship event, I made sure to give a safety briefing regarding the megafauna present in our nature preserve, and made sure my volunteers knew the appropriate behavior to exhibit if faced with a potential animal threat. I encourage volunteers to speak with each other to prevent surprising any animals, and I am armed with bear spray at all times. When faced with the bear, I remained calm, stated my presence so that it took notice of me, and did not turn my back to it. I kept calm to avoid appearing as a threat, and made sure to take notice of where the bear was headed, and immediately warned nearby workers as well as volunteers.</p> <p>On the trail, I heard the bear moving and immediately moved volunteers away from the area.</p>	Bear
Aug-25	Trip	Scramblin g	Near Miss	Hit, struck (or near miss by falling objects)	Rock - non- technical, scramble skills needed	<p>We were traveling up a rock gully/avalanche chute near a summit. One participant had scrambled up further ahead and out of sight of the group. Unbeknownst to P and the rest of us, P was actually sort of above us on a ledge and P kicked down a rock without realizing/yelling "rock." It hit my backpack on the way down, so was very close to hitting me on the head. The leader had us put on helmets at that point and yelled at the participant out of range to stop moving and wait for us.</p>	<p>- Don't allow participants to end up outside of visual range in terrain that could create rockfall, so it's obvious to one/both parties if they're in danger of kicking down a rock onto someone/being in someone's fall line.</p> <p>- Probably put on helmets earlier than might seem necessary</p>	Rock fall
Aug-25	Trip	Sea Kayaking	Minor	Slip, Fall, Capsize	Road	<p>We drove to the launch point and parked to allow space for others. There was about 2' of distance between the car and an elevated walkway, which consisted of about 1' of the concrete boat ramp surface and 1' of gravel filling between boat ramp and walkway. At the front of the car this 2' space was fully level. At the rear of the car the gravel surface was considerably lower, exposing about 6 vertical inches of the concrete ramp edge, resembling a 6' curb.</p> <p>We proceeded to take boats off the roof rack. The person handling the front of the boat did not notice the drop-off because at their position all the surface was level. I was handling the rear of the boat and did not notice the sudden drop-off because I lifted the boat from a position at the back of the car, and the boat obstructed a view of the ground. As I proceeded forward, I unknowingly placed a foot half on the edge of the ramp and half off the edge. My foot and ankle twisted over the edge. The boat and I fell to the ground. Amazingly I did not sprain my ankle, but I scraped a knee and a hand on the rough ramp surface.</p>	<p>Always observe surface conditions next to the vehicle before proceeding to lift a boat off the vehicle. Know that there could be unusually problematic circumstances.</p>	Mindful Walking
Aug-25	Trip	Day Hiking	Minor	Personal issues (condition ing, conduct, lack of skill)	Trail	<p>At about 3 miles in a participant stopped in the middle of the trail and exhibited difficulty catching their breath. The activity First Aid leader was near and responded to the participant with trouble breathing. The First Aid leader had the individual sit down, and the First Aid Leader conducted an assessment. In this case, the First Aid Leader is a person with medical expertise in the field of cardiology. After 2-3 minutes the person with difficulty breathing could breath normally again. They reported having felt "off" all day with a lack of energy. They reported having had a light breakfast and possibly being dehydrated. First Aid Leader encouraged 10 minutes rest, consuming liquids, and eating. The person with difficulty was able to drink a little and eat an energy gel. We determined we would turn the hike around, and as we descended the person experienced difficulty breathing again. Again First Aid leader encouraged hydration, eating, and rest. After 15 minutes the person felt better and we resumed descending. We made it back to the cars without further trouble. The person reported feeling much better and insisted they would be fine driving themselves home and had no plan to seek follow up medical care. This was the first time this person had experienced such symptoms, and they believed the problem was dehydration.</p>	<p>The onset of the difficulty happened a few minutes after the person spoke to me as trip leader about options if they should choose not to complete the whole hike. I explained that they were under no obligation to complete the hike and we could make a plan for them to discontinue ascending at any time, and that they just needed to let me know their preferences. It is possible that I could have made inquiry then about how they were feeling, but it didn't occur to me, as I have hiked with this person multiple times and they have always succeeded without struggle in all previous outings. Still, if something seems a little off, as trip leader, never hurts to ask for more information.</p>	Health Check
Aug-25	Trip	Scramblin g	Minor	Personal issues (condition ing, conduct, lack of skill)	Trail	<p>A participant on the trip experienced breathlessness and dizziness going uphill at a moderate pace. Because of the dizziness and concerns with ability to breathe, the group turned around. We didn't feel safe leaving them alone or with another person while we continued to the summit, because we still had ~8 hours to go to reach our destination and return to that point. When the breathing issues began we found out that the person is in GLP1 drugs and had recently experienced significant weight loss. P also mentioned that P had had this issue on prior trips since starting the drug. We made it back to our cars without issue but P continued to experience difficulty breathing even while going downhill.</p>	<p>I didn't learn about potential issues associated with GLP1 drugs or significant rapid weight loss during my WFR course or recertification. I plan to learn more about the drug's impact on endurance, strength, and respiratory and cardiovascular systems. On the descent it also occurred to me that these are such popular drugs now that the Mountaineers might benefit from an article or blog post about them. I.e. should a person who is on them be obligated to tell the leader? What signs and symptoms should leaders look for associated with potential drug-related distress? Is there any treatment that medical leads should consider outside of turning the group around?</p> <p>If I do research and write an article I'll be sure to share. A lot went right on this trip. The group had a fantastic attitude about turning around. We had two medical professionals on the trip: an EMT and an ER doctor. We turned around well before this became something that was more difficult to manage. It was a non-event that could have become something way worse had we continued to push forward.</p>	Health Check
Aug-25	Trip	Scramblin g	Minor	Illness	Rock - talus, boulders, scree	<p>We were almost at the summit of our first peak (out of a planned 3 that day). I had let the group spread out a little as long as they were in visual distance, so two participants were ahead of me and one was behind me. I stopped close to the summit to allow the participant behind me to catch up but noticed P was not coming up. I yelled down to ask how P was doing and P said that P was experiencing stomach cramps. I went down and spoke to P and found out that the stomach cramps had come on suddenly and P did not know the cause. P took Pepto Bismol but was not feeling any better. With that symptom, we did not think it was necessarily anything more serious, but we could not rule it out. We discussed potentially calling for rescue but knew it would be a long time before anyone could arrive, and P thought P could make it down under their own power if we went more slowly. So we decided P would rest at that spot for a few minutes and then we would all attempt to go down together.</p> <p>I collected the other participants from the first summit and we started going down together, going somewhat more slowly to keep at a pace that was good for the ill participant. At the junction for the second summit, the ill participant urged the rest of the group to go on to do the second summit and they would wait for us as the junction. However, the rest of the group did not feel good about this plan since (1) we did not know exactly what was wrong with the ill participant, or if it might get worse; (2) we expected it would take us over an hour to do the second summit, and did not want to leave P alone for that long; (3) we did not have cell phone reception at that location, so P could not call for help if P started to worsen (although we did have an Inreach in the party); (4) we wanted to optimize distance covered towards the trailhead while P was feeling up to it, and not risk P feeling worse later and not being able to self-rescue at that point. So the group opted to all turn back to the trailhead.</p> <p>We were able to go at a reasonably fast pace and made it back to the trailhead. We all drove back together to the carpool location. I asked the ill participant if P could drive home from there and P said yes, but I asked P to text me when P got home. P texted me that P made it home safely.</p>	<p>It's scary when an illness comes up in your party and you do not know the cause. Although the participant did not think P had a more serious illness, and I could not think of any for which stomach cramps was a common symptom, I could not rule out that P had something more serious going on. We did not have any medical professionals in our party.</p> <p>So I felt we should be conservative and attempt to get P off the trail as soon as possible. Given that lack of information, I think we made the right call in turning the whole group around. We had a relatively small group of only 4 people and all of us had carpooled together. If we had had more people, we potentially could have split the group, but that was not an option with such a small group.</p> <p>I did have cell phone reception at the location where the participant started feeling unwell, as well as an InReach, so we could have called someone for a medical consult, but I was doubtful that any advice we might receive over the phone would be definitive enough to alter our planned course of action.</p>	Health Check
Aug-25	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	Rock - talus, boulders, scree	<p>While descending the slabby section below the glacier a rock the size of a kid's school backpack was dislodged. It skidded 15-20 feet down a slab and miraculously tumbled right through a participant's legs, coming to rest right behind them.</p>	<p>We could have done a better job of keeping people out of each other's fall lines on the loose rock sections, especially at the end of the day when we're all fatigued.</p>	Rock fall

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Aug-25	Trip	Global Adventure s	Safety Con	Slip, Fall, Capsize	Water - stream, creek, river	<p>A group of Mountaineers crossed a glacial stream. Several lost their footing / grip during the crossing and were fully in the water for a short time. Afternoon crossing on a sunny day. The stream was threaded into 3 primary channels, and we had to cross all 3. The incident occurred at the deepest of the 3 channels. At this point,the crossing exhibited signs of rocks near the water surface, and the assumption was that this would be an easier, shallower crossing location. The group crossed as two groups. In the first group, the 2 people lost their footing and were fully in the water. One managed to hold on to their upstream neighbor get pulled back up. The other swam to shore. In the second group, 1 person could not maintain their tight grip on their neighbor's backpack. They were swept downstream 5-7 meters before they were caught by another participant who already crossed. We all reached the shore and dried off. A few scrapes and lots of tears.</p> <p>All participants continued on the trek and remained positive the entire time.</p>	<p>We should have insisted on using the traditional eddy train method. Videos demonstrating the traditional eddy train method had been disseminated to participants by the trip leader. Whether we relied on the traditional eddy train method or a variation of the eddy train method, the group should have practiced the method multiple times on easier crossings earlier in the trip, to ensure that the group was familiar with the approach and knew how to work together as a team. We should have insisted on crossing the river early the next morning, when glacier runoff is reduced. After the crossing, the guide mentioned that the river crossing was much narrower / deeper / stronger than ever seen. It's typically more highly threaded. Upon noticing this change, the guide could have asked us to wait until the next morning (lower flow rate) or radioed for a boat transfer. As trip leader, I should have asked the guide how the crossing compared to previous attempts, and I should have insisted on either an early-morning crossing or a boat transfer Upon our completion of the trek: (a) another guide with the same guiding service mentioned that they called in for a boat transfer to avoid this crossing, and (b) another trekking group in the area at the same time mentioned that their guide had called in for a boat transfer to avoid the crossing. During the evening meal after the crossing, I (the trip leader) initiated a group discussion so that participants could discuss the event. We covered what we did well, what should have been done differently, and what we should do going forward. As a group, we decided to adjust our remaining itinerary to avoid any river crossings that were even remotely challenging. Folks reported that this post-mortem -- and the resulting itinerary revision -- helped them feel heard.</p>	Stream Crossing
Aug-25	Trip	Global Adventure s	Significant	Slip, Fall, Capsize	Rock - talus, boulders, scree	<p>Leader: A Mountaineers member lost footing while backpacking on nearly-flat boulder terrain. Time of day: approx 3pm. Weather: foggy and misty at the time of the incident, with rainfall in the area the previous night. P's right shin came into contact with a rock edge during the stumble, and P received a 2" laceration on right shin. The laceration bled profusely, with lower pant leg quickly saturating with blood. The group worked together to help the victim sit down, elevate right leg, remove pack, and put on a down hoody. Multiple first aid kits were removed from participant backpacks. The trip leader provided medical care. Pressure was applied to the laceration while first aid supplies were located. Steri-strips + Benzoin Tincture were used to close the wound, and gauze was placed on top of the wound. Pressure continued to be applied to wound until bleeding appeared to stop. Coban wrap was then used to keep everything in place. Group was not yet at the day's planned destination, but the group set up camp near the incident so that the victim would not need to walk further that day. Group set up the victim's tent and helped P into a sleeping bag with leg elevated.</p> <p>The next day, the victim felt comfortable making the 3.7 mile trek to a meeting point. P was picked up by boat and transported to the nearest medical clinic to the trek (approx 1 hour boat ride). P was treated by a nurse that day; the wound was cleaned and steri-strips were used to maintain wound closure. The participant re-joined the trek 3 days later and proceeded without any trouble.</p> <p>Participant: While navigating on rock that was loose or wobbly, one participant lost footing and hit shin against sharp rock exacerbating injuries sustained from the previous day water crossing incident where P sustained bruising and cuts when swept away in fast moving water. Another participant noticed significant blood on the rock which prompted the team to pause and administer first aid immediately. The trip leader, guide, and others swiftly donned gloves, disinfected the wound, applied steri strips, and secured a bandage and compression dressing to stop the bleeding. At this point, we decided to find a camp spot nearby to allow the injured member to recover and elevate the leg. All members helped carry gear and set up the tent. The next day, we hiked about 4 miles to an extraction point where the injured member and friend were safely evacuated to a nearby town to be evaluated and treated there. They rejoined the trip via boat transfer about two days later where the group was camping for a couple of nights.</p>	<p>Leader: Remind group that rock can be slippery after rainfall. Remind group to move at their own pace, and take their time in sketchy areas. (Note that participant did not feel rushed, or that the terrain was sketchy.)</p> <p>The team worked together really well to ensure victim comfort, locate first aid supplies, and provide treatment. The team worked together really well to identify and set up a suitable nearby campsite.</p> <p>Participant: Most of the trekking was not on established trails, although there were some rough boot paths. After a couple of days navigating moss, side hilling, boulders, and river crossings, I believe the cumulative stress was a bit much for some participants. We could have slowed down to allow for recovery. Leaders handled the situation very well and immediately administered first aid and set up camp. They also adjusted the route to reduce further exposure to multiple kilometers of boulder crossing had we continued to get a better vista of a cirque.</p>	Sharp rock
Aug-25	Youth activ	Youth	Safety Con	OTHER - Please describe in Incident Narrative.	Develope d spaces, campgrou nds, fields	<p>Was taking our walk back from the waterfront during day camp and while going up kite hill I witnessed a bird (crow) come swoop down at a participant. P said the crow touched P's head. There was no bleeding or visible scratch and P felt normal. We continued our walk back and made it back to the Program Center with no more incidents. P washed off her head where she was scratched just to be safe.</p>		
Aug-25	Field trip	Day Hiking	Near Miss	Slip, Fall, Capsize	Trail	<p>Approximately 3/4 mile from the trailhead on the return of a 13 miles, 2800' hike, a hiker tripped, unsuccessfully tried to regain balance, and then fell down the side of the sloped trail about 10 - 15 ft. into the bushes. I was the leader, but I was at the back of the group with a hiker whose knee was bothering them, causing them to go a bit slower than the group, so I did not see what happened. By the time we arrived at the spot where the hiker had fallen, the co-leader had climbed down and was helping P back up to the trail. The hiker reported they were OK, and was able to climb back up to the trail with help. I asked if P had hit head and P indicated yes. I examined P's head on the back where it hit and felt no lump and P felt no pain. P had no dizziness, blurred vision, or headache. P said they were fine to continue, so we continued on. The hiker's spouse had previously been planning on picking P up at the trailhead. We told spouse what had happened, and spouse agreed to keep an eye on P to determine whether P needed medical consultation. I will contact the hiker tomorrow to check in.</p>	<p>I had reminded the group to stay vigilant on the way down, that when they were tired they were more subject to slips, trips, and falls. Regardless, trips happen. Not sure what could have been done differently, perhaps we could have been going a little slower on the hike out. Walking behind the hiker on the way out after the fall, I noticed that P's pack seemed to be leaning to the right, which was the direction P fell off the trail. We talked about that, and P said P'd noticed that previously the pack seemed to be uneven (on other hikes). P indicated P'd look into what could be causing that. Factors that contributed to a positive outcome: after the hiker fell the co-leader reached P quickly, and the entire group was supportive and attentive on the remainder of the hike out. The hiker who fell had been the WFA lead, so the co-leader's quick action to step in and help was very appropriate. The hiker was lucky that the spot at which they fell was not rocky or rooty or particularly steep - the outcome could have been different on more challenging terrain.</p>	Mindful Walking
Aug-25	Trip	Day Hiking	Minor	Illness or Personal issues (condition ing, lack of skill)	Trail	<p>Participant became tired on trail dring a hot day.</p>	<p>1. Start earlier, 2. Slower pace from beginning as there was 4,000 feet elevation gain. 3. Turn around at 1.5 miles from top, avoiding strongest exposure 4. Everyone carried 2+L, but most could have used more.</p>	Heat
Aug-25	Youth activ	Youth	Minor	Party Separatio n	OTHER - Please describe in Incident Narrative.	<p>Camper had a rather extensive emotional meltdown and ran away from the group. Camper attempted to swim out into the water, away from staff, after learning that the option to swim to the dock was not viable this day. The lifegaurds have concluded their season at Magnsuon Beach &amp; our camp team had to pivot at the last second to ensure we could still swim safely, hence the last second changes. Once camper was back on shore, Camper attempted to climb a tree to get away from staff, counselors got them out of the tree and the Camp Director showed up and took over handling the situation. Camper and Camp Director ran 2ish miles around Magnsuon Park. Camper repeatedly hit Director, used harmful language, threatened safety of Director and rest of Staff. Camper's parent arrived to pick them up about 40 minutes after Director got on scene and called home. Camper's parent and Director talked at length, agreeing on a resolution. Camp Director video taped as much of the chase as they could since Director and Camper were 1:1 running around the park. It was in the high 90's temperature wise, which added to the situation.</p>	<p>Learning more de-escalation tips and tricks during Staff Training to ensure our staff do not add to these sitaitions but work to resolve them.</p>	Behavior
Sep-25	Trip	Urban Walking	Minor	Illness or Personal issues (condition ing, lack of skill)	Develope d spaces, campgrou nds, fields	<p>At close of ~7 mile urban walk, co-leader was waiting (sitting) in full sun (~77F) on concrete stub wall as all bus shelter seats were taken. Some half dozen others including spouse (leader) were waiting (about 10 minutes) in partial shade. Participant walker noted that CL fell/slid from seated perch to sidewalk (about 3 ft) and appeared to pass out in seated position. First Aid officer (FAO), a trained first responde attended and asked for a 911 call which was quickly effected by the participant walker.</p> <p>Spouse gathered others to provide shade as woman quickly (2 minutes?) regained consciousness. Skin was damp/clammy and exhibited pallor. CL accepted water, ~.2 liter, as FAO kept talking to evoke quiet, sparse conversation. The 911 caller relayed question, "Do you wish an ambulance?" CL was lucid, still seated and relayed "no." Within ~3-4 minutes bus arrived and CL wished to board. Others had offered to retrieve vehicle but CL boarded bus with leader and others to sit on the shady side.</p> <p>CL disembarked bus with pallor gone and crossed street to await second bus (about 3 minutes) to vehicle parked nearby. Made a bathroom stop then leader drove CL home. Late lunch (2:30 pm) followed and long nap wrapped up the afternoon. No further symptoms. One-off event. No history of Heat Exhaustion. Food intake was light cereal at 6:30 am, pastry at ~11 and with about 10oz water intake. Was sprightly in walk midway through trip. Sat frequently as we passed through next portion, and reported later that CL was feeling overly warm in that last hour.</p>	<p>Even in pleasant late fall day with many shaded paths, persist in hydrating and keep fuel intake constant. Leader assumed more frequent sitting was in response to chronic back fatigue. When shelter seats are taken, request youngsters to give way (did this for second bus wait). Wear a hat to provide shade--CL never had a hat shade on the walk. Speedy response by competent, trained first responder was spot on. Group responded with haste and care. Bus was cooler than the sidewalk and seat more comfortable.</p>	Heat



Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	incident report	lessons-learned	Key Learnings
Sep-25	Trip	Urban Walking	Near Miss	Slip, Fall, Capsize	Developed spaces, campgrounds, fields	Urban walk participant slipped and fell. Eyes were on nearby feature and missed 4 person rock at her feet. Fell to ground and immediately came back to feet proclaiming no injury. Completed urban walk (7.5 miles) without incident and at strong pace.	Guessing that a warning, "Large rocks here" would signal.	Mindful Walking
Sep-25	Trip	Climbing	Minor	Hit, Struck, Cut	Rock - technical, rope & protection needed	One of the assistant rope leads on the climb was rappelling down the lower rocky/loose gully. According to RL, during the rappel the rope got caught/stuck which put tension on the rope. When it was unstuck, it caused RL to swing out and hit knee on the wall. I didn't see it as I was the final one to rappel, but one of the members of the climb gave RL a bandage to put support around the knee. RL was able to walk/scramble over boulders and talus back to the cars safely, so no medal/rescue services were necessary. As of earlier today when I spoke with RL, RL was going to get knee checked out as it was swollen.	Not exactly sure. Possibly during the rappel in a similar situation, one could have braced themselves to prevent swinging out.	Equipment Technique
Sep-25	Trip	Scrambling	Minor	Slip, Fall, Capsize	Trail	While returning to the cars on trail, P stumbled over a rock in the trail and fell striking face on the ground. This resulted in a bloody nose, abrasions above right eye, and a small bump under right eye. While dazed from the impact, after sitting for a few minutes and cleaning face with water, P was able to slowly make way back to the cars (we were 2/3 mile from the trailhead). P was able to drive home with no issues.	P struggled to make the summit (15 miles, 5k' gain) due to conditioning. It is likely P's exhausted state at the end of the trip was what resulted in the fall. This final section of the trail is very wide and completely flat so other terrain issues did not have any play in this accident.	Mindful Walking
Sep-25	Trip	Day Hiking	Safety Con	Logistics, equipment issues, party issues	Trail	A little after 6AM, trip leader was delayed and texted, so several participants went to trail head on very bad Forest Road. At the trailhead, we discussed the roster (five hikers), some of which may have possibly cancelled due to weather, and we made a note on a paper plate for any possible other hikers. Group left TH at 8:25. After two hours on trail we started the scramble, decided it was uncertain and potentially unsafe, and backed down to have a snack and decide what to do. We discussed mutual desire to carry on, but in the context of having no leader, no medical person, too few hikers, we came to the conclusion that the best course of action would be to return to the parking lot to see if TL had arrived. We turned around at 11AM and went back to the trailhead. We did see what we assume was the trip leader's gray Toyota truck with a cab, and left a note on the vehicle confirming that we were safe. And we went home.	Before the hike: Being sure the road condition report is accurate or at least conservative. Perhaps even suggesting we caravan. The approach road is terrible right now, and rain makes it impossible to gauge the depth of potholes. 1. Cancelling the hike? 2. Having us start the hike later and make it shorter? 3. If not cancelling, which would have been a huge bummer and waste of people's time:  Trip leader might have: -Indicated location and estimated travel time. -Provided a profile picture -Indicated the final number of people in the party -Perhaps appointing a co-leader, like the highly experienced and long-time member on the trip -Naming a meet up spot and time and plan B in case that time did not occur. -Assigning a medical point person -Texting all members of the group. -Having access to and sharing a satellite communication phone number.  I have a lot of sympathy for waking up to something emergent, but something else that would have been helpful would have been to appear calm, like a pilot amid turbulence, in order to embolden the folks who are going to have to pull together for a good and safe outcome. Focussing on important details and not on unnecessary ones might have made a big difference if the hikers weren't as good humored, cooperative, and thoughtful as we happened to be on that morning.	Party Separation
Sep-25	Trip	Urban Walking	Safety Con	OTHER - Please describe in Incident Narrative.	Developed spaces, campgrounds, fields	While descending urban stairs, leader related incident from two prior trips: observed wire stripping in cul-de-sac at foot and called 9-1-1 each time to report suspected criminal activity. This time Leader spotted repeat activity and chatted with group about recent lighting black outs -- stolen wiring. Inquired if all were comfortable passing along edge of scene, single file, no photos, no gazing at man stripping wires. Confirmed willing to proceed. Did so without incident. Observed wire sheathing litter dense in the area. Leader then called 9-1-1 to provide scene details supported by participant continued observation while all at start of bridge pedestrian walkway. Response a bit later from SPD said they rolled but did not see vehicle or man.	As this has been a repeated observation over the past months, could assume is a constant, presumed crime scene. Would follow same protocol, again giving any and all option of retreating back up the stairs to take the on-street approach to stairs. Leader prefers to scout trouble spots and did not this time. Real time scouting provides advance options consideration if safety issues presents in walk that day.	
Sep-25	Clinic	Sea Kayaking	Safety Con	Slip, Fall, Capsize	Water - large bodies, fresh or salt	Leader: At a beach, a mild rip current always forms somewhere near the main footpath to the beach. It can vary in location, moving a bit further south sometimes, and is difficult or impossible to spot because it is fairly mild. The majority of the time surfers and kayakers don't even know it is there, and it rarely causes problems. During our surf class, one of our participants capsized and wet exited in this rip current. P was hanging on to boat, as instructed to do in the surf zone. Unfortunately, when hanging on to your boat in this rip current, it makes swimming back difficult -- the combination of the boat plus your body in the rip current doesn't allow the surf to push you back in. As a result, P didn't make any headway and was actually carried out a little bit further (though not dangerously far.) Two of our class leaders saw the capsize from where they were standing on the beach and within a few minutes, it became apparent to them that P must be in the rip current since P wasn't heading back to the beach. The lead instructor was in a short surf boat at that time, which has limited ability to get out through surf quickly and do a back deck carry back. However, one of the other more experienced students in the class that was in the water outside the surf zone had also seen the problem and the onshore instructors could see the student was paddling over to help the floating student. Because it would be dangerous to introduce a third boat into this situation, the leaders chose to continue to watch from shore to see how the rescue attempt went. Unfortunately, that student got caught by a surf wave and ended up capsizing into the rip current area, as well, so now we had 2 floating students, each holding onto their boat and not making any headway back to shore. At this point, the leader instructor instructed the assistant instructor to paddle out (the assistant was a strong paddler who had a regular long boat) and instruct the students to let go of their boats so they would be able to swim back in. L knew that as soon as they let go of their boat that they would be able to swim in on their own within a few minutes. The AL quickly reached the first student that had capsized and instructed them to let go of their boat, which they did, which freed them up to swim back in. The assistant instructor asked the student if they would like help getting back in (ie, towing) but the student declined help. The assistant instructor then paddled next to that student until they made it back to shore, which only took a few minutes at that point. Once the first student was safely back at shore, the assistant leader turned around and went back to the second floating student. By then, a surf wave had already knocked that student's boat out of their hands so they were able to make headway swimming. The assistant leader asked that student if they would like help (ie, towing) getting back and that student also declined help so the assistant leader also paddled next to them as they swam towards the beach. By this time, the first student's boat had made it's way back to the beach, where the lead instructor captured it. Standing with the lead instructor were two other surf instructors from another organization who were also in short surf boats. They requested the student's long boat so they could go to the student for a back deck carry, which was then performed for the remaining distance to the beach. Afterwards, the assistant leader informed us that they hadn't had experience doing backdeck carries in the surf and had been worried about the surf knocking their boat into the student if they got too close, so they didn't press the student very hard to get onto the back of their boat, and allowed the student the option to chose whether or not to be towed. The surf leader in the other group was very experienced with backdeck carries and instructed the swimmer to get on, and I think this is why the second swimmer agreed to go ahead with a backdeck carry. Everyone made it back to the beach within 10 - 15 minutes without injury. Afterwards, one of the class leaders shared that this rip current situation had occurred to another kayaker earlier in the summer. Also, I recalled that I had this personal experience many years ago -- hanging onto my boat, unable to easily make it back to shore (though I did eventually make it back without assistance.) At that time, I had not understood much about rip currents and hadn't come to any conclusions about what to do in them.  Co-leader: Two paddlers got caught out of their boats in a rip current. The primary instructor was unable to help because he was in a boat that he could not assist from. Bystanders had to assist.	Leader: Even though this situation turned out fine, when we debriefed afterwards we recognized several things could be done in the future to help prevent this: 1) All surf classes should include a discussion about rip currents (we had actually done this at the beginning of this class) as well as give the students the instruction to let go of their boats if they find themselves in this situation, even if there are other people on the beach (we had not had this portion of the discussion.) If someone in the future found themselves in this situation and no one on the beach noticed it, they would themselves be in danger of hypothermia and exhaustion. These consequences warrant overriding the general rule to always hang on to your boat in the surf no matter what, and we need to let our students know that. 2) The students should get at least verbal instruction about how to swim back in most easily with just their paddle (on their back with feet facing either the beach or the wave, their preference) or try to swim sideways out of rip current. 3) The student should also get verbal instruction about how a backdeck carry works, so they are prepared to take advantage of it, if needed. The instructors should all know how to do this and have had prior practice. 4) It's best to avoid teaching a class in the area of the beach had historically has rip currents but if it can't be avoided, there should be at least one long boat available, even if it's just on the beach, to go out and help the floating student since the options in a shorter surf boat are more limited (too slow getting out, harder to do a back deck carry.) It wouldn't be impossible with a short boat, but it would be slower, less efficient.  Co-leader: Instructors should be in long boats and prepared to assist students.	