

Date	Category	Activity	Severity	Category	Incident specifics	Injury / Illness	Terrain	CLEANED incident report	CLEANED lessons-learned
Apr-22	Field trip	Climbing	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	gym, artificial climbing walls, sports area	<p>Student dislocated shoulder during a field trip climb of the South wall. Best to my knowledge, no fall or belay mishap was involved. Student was lowered to the ground where an instructor helped him to reduce the shoulder. Student has dislocated shoulder several times before, though never while climbing.</p> <p>Student should reconsider going on a Basic rock climb before surgery done if this remains an issue. A dislocated shoulder on an exposed climbing pitch could have different consequences.</p>	
Apr-22	Field trip	Scrambling	Near Miss	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement		rock - non-technical, scramble skills needed	<p>Instructor: I was leading the rope station for the scrambling rock field trip and working on the arm rappel with a single student. It was the second to last student of the day, and nearly all of the previous students were very comfortable with the arm rappel because of the practice they had had at the slab field trip. Students had been moving around all over the rocks during the arm rappel to test themselves. I failed to realize that the student was not doing that and was instead feeling off balance.</p> <p>The student started to lean perpendicular to the fall line, and suddenly fell, hitting the middle of their back to a boulder near feet level, with the force of their full body weight. Luckily, the student was wearing a helmet and backpack, and stated that they were not injured at all. If this fall had happened without a backpack (or even if it had not been a framed pack), a major injury could have occurred. I never emphasized that a backpack was required for the first attempt or until the students were comfortable. Each student was required to try the technique with the pack on, but not necessarily before doing it without a pack.</p> <p>Student: While doing the arm rappel exercise, I fell to my back on a rock directly behind me. I am not hurt as I had protection of my climbing pack as well as the extra jacket. I think the contributing factor is I didn't fully understand the skill and leaned on the rope and lost my balance.</p>	<p>Instructor: I should have reviewed the leader instructions more carefully so that I could strongly emphasize focusing on leaning downhill before each student begins the arm rappel.</p> <p>I should have focused on ensuring each student was feeling safe and comfortable at all times, instead of letting my guard down after many students seemed to find the technique easy.</p> <p>The field trip instructions could state that using a backpack on the first attempt (or all times?) is for safety. Rope station is the only station in the instructor packet without a "safety" section.</p> <p>Since the arm rappel was attempted at the slab night, maybe notes could be passed about students that need more practice from the slab night to the rock field trip.</p> <p>For students who do not find arm rappel intuitive, we may need to describe the direction of the force and how to avoid sideways forces. Some students pointed their shoulders or hips downhill to see better, but this caused them to naturally tend to lean backwards.</p> <p>Student: Probably a refresher of how this technique works right before the exercise and sparring would prevent any future accidents. The instructor requesting to wear our pack and the extra jacket definitely saved me from an injury.</p>
Apr-22	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - bruises, contusions	snow - non-technical	<p>My group and I were in the last .5 miles of our hike when one of the hikers in front slipped on some mud/snow mix on the trail and took a fall onto their left side/hip. They didn't hit their head or lose consciousness. The trail was mostly earth in this area which helped lessen the impact upon falling. They got up easily and sat on a nearby rock to relax and gain composure. I checked them out, asked questions and gave them time to be ready to move on as was their desire.</p> <p>We took about a 5-minute break and then they were ready to keep walking. They showed no signs of the impact as we finished the last .5 miles and they actually mentioned that the walking was helping them feel better. Once back at the parking lot they claimed to be feeling fine and mentioned they will possibly have some bruising but see no immediate or long-term issue. They took some of their own ibuprofen and said again they are okay.</p>	<p>We had been traveling on snow, earth and some ice most of the day. All hikers had micro-spikes and some had hiking poles. At this point on the trail, the snow was very intermittent and poles and/or micro-spikes were not necessary as it was a flat section. This was the case of a misstep and at the end of the day when folks are bit more tired.</p> <p>Perhaps, make a mention when we are in the last .5 miles to stay alert and mindful. And encourage folks to take a break if feeling tired instead a focusing on the end.</p>
Apr-22	Field trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	off-trail, cross-country	<p>At the Navigation Activity, I was scrambling through the woods, with many fallen trees in the way of the particular path the students were navigating on. I got on top of a fallen tree, and chose to jump down (maybe 1'), but landed wrong and slightly twisted my ankle. I was able to finish the day (as a rebadging instructor), with the group's instructor knowing what had happened, but tried to work thru it so it wasn't</p>	<p>I've lectured multiple times in both hiking and caving situations to *never* jump down. And of course, didn't take my own advice (it seemed so "safe"), and paid the price. Going forward I'll make sure that choice never happens again.</p>

								<p>apparent to the students. And it was a minor sprain (ankle has very minor swelling).</p> <p>One minor suggestion is to emphasize to students to not jump - always place your body as you maneuver thru the downed logs.</p>	
Apr-22	Field trip	Scrambling	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	gym, artificial climbing walls, sports area	<p>One of our students suffered an ankle injury when she fell off the ledge that runs along the bottom of the climbing wall on the south end of the Seattle Program Center/South Plaza. I am drafting this report at the request of the day-lead because I was the instructor responsible for the ledge station and was spotting the student at the time of her injury. This ledge starts only about a foot off the ground, with enough space to accommodate the width of a boot and with easy and distinct hand holds. As the ledge trends across the bottom of the wall from climber's left to climber's right (from the west to the east), one needs to step across the chimney feature on to a narrower ledge with less distinct hand holds. The ledge starts to get a little higher off the deck (the ground covered with rubber pellets for safety) and turns a corner where the best hand hold is an under-cling and the next good hand hold is a feature that is a little harder to reach with the outstretched right hand. The ledge continues to narrow, dwindling almost to nothing just before reaching this feature, but widens again right below it, and reaches a maximum height of about 24-30" before ending in a cluster of more distinct features. Beyond this is a more difficult "cliff"-like section with considerably smaller features (more suited for climbing than scrambling students). In other words, this last and most "difficult" section of the ledge is also effectively the end of the portion of the wall on which we allow our students to practice.</p> <p>The student had handled the earlier "scree" section of this same instructional unit well and had been complimented for maintaining the wide stance (stable spacing between the feet) that was a point of emphasis during both the scree and ledge stations. I had demonstrated some concepts and techniques to the entire group while working my way from climber's right to left (from the easier to the more difficult sections). The student was then either the first or second student to try the traverse across the ledge herself. I was keeping pace with the student as she worked her way along the ledge, occasionally suggesting particular holds or techniques. She successfully cleared the step-across of the chimney and had turned the corner on the far/right side, utilized the under-cling and appeared to have successfully secured a right-hand hold on the further feature. We may have been discussing her next move, but she was not indicating distress or requesting a more aggressive "spot," when she suddenly fell to the southeast toward me. I was able to break but not entirely arrest her fall as she twisted to land in the thick layer of rubber pellets, landing on the back of her pack and possibly the back of her helmet. Even though it was not a particularly forceful fall, I had some concern for her back and possibly her head and neck. However, she immediately became somewhat tearful and expressed that she had twisted her right ankle, which she stated had sustained a prior injury of some kind. (The student had not previously said anything about a prior ankle injury or requested any accommodation for one.)</p> <p>I helped the student up, said I was sorry for her injury, and briefly told the rest of the student group that if they felt insecure at any point they</p>	See above.

							<p>should ask for help and a more secure "spot"; if they needed to bail off at any point they should spring off the wall and try to land on both feet, absorbing the shock in their knees: landing like a cat, rather than trying so hard to complete a difficult move that they incurred an awkward fall. This was just a quick bit of direction since there were other students proceeding along the ledge to the more difficult area; it was in no way phrased or intended as a criticism of the injured student.</p> <p>I then offered to assist the student up to Goodman C, where there was a nexus of several instructors (and their various packs and first aid kits, as well as ice packs) and where the ankle could be assessed for swelling, pain, breaks, displacement, etc. The student, who was standing with weight on both feet by this point, specifically declined any assessment or treatment and wanted to continue on to the next station (friction slabs), even though she remained emotionally labile.</p> <p>As the students group was finishing up, I received a message from the day-lead via another instructor that I should report to Goodman C to assist with fashioning hasty harnesses (since no new group was scheduled to arrive at the scree/ledge station during the next time segment). Before heading up to Goodman C, I accompanied the injured student's group down the east length of the Program Center to the friction slabs. The student was able to walk bearing weight on both feet, although still appearing in some pain and evincing some understandable disappointment/frustration. I made sure the friction slab station instructor was aware of the injury and of the student's determination to continue through the exercises. The station instructor offered to make accommodation for the student's injury (and, I am informed, repeated this offer during the exercises), but the student continued to decline. I then joined the group of instructors in Goodman C.</p> <p>At the conclusion of the morning's workshop, I observed the injured student and the day-lead in an intense conversation out near the basalt columns. The student continued to appear emotionally labile and received comforting words and a hug from the day lead prior to departing. I am informed that the student stated that she was still feeling too emotional to provide any further assessment of the seriousness of the injury (beyond having been able to continue through the remaining exercises). As I understand it, there will be further contact over the next couple of days between the student and the day-lead (who is also the scramble chair and course runner) to follow up regarding the degree of the injury, any needed treatment, and any accommodation that may or may not be needed during upcoming course events.</p> <p>As best I can tell, the student had successfully moved her lead/right foot forward onto the wider part of the end of the ledge and had successfully reached out and secured a hold with her right/lead hand on the feature located on the wall above her right foot. I can only speculate that she then lost hold with her trailing or left hand, or that she moved her trailing or left foot to the thinnest part of the ledge, just left and "behind" the wider area supporting her right foot, precipitating her fall. She did indicate that her right foot got hung up and twisted during her fall, which suggests that she had her boot placed along the ledge pointing right with the inside or big toe side of the foot in contact with the wall above the ledge. This in turn suggests that her heel and toe became hung up against the face of the wall, rather than her heel rotating counter-clockwise (viewed from above) as would have been needed to free the</p>	
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								<p>foot during the fall.</p> <p>In hindsight, it would obviously have been better if I had given more detailed instruction about how "spotting" would work, how students should immediately communicate if they were feeling insecure or needed more aggressive spotting, and that if they felt like they were unable to stay on the ledge they should spring off of the wall and land in cat-like fashion, rather than risk a more awkward fall by fighting to maintain their stance on the ledge.</p> <p>These are of course all points we make before allowing students to work themselves up the four-six feet of "exposure" (from their feet to the deck) encountered at some of the practice locations during the Rock Field Trips at Mount Erie or at Dirty Harry's, but this had not previously seemed quite so critical at the Rock Workshop, given the thick covering of rubber pellets in the landing zone, the lack of any other obstructions below the ledge, and the rather minimal height-above-ground achieved, never more than 30" or around knee height of a taller person, and the absence of any injury history during this exercise. (I cannot recall any similar injury occurrence -- or any significant/painful injury at all -- in all the time that we have been using the South Plaza (that is, from some time shortly after 2006 to the present)). Obviously, however, now that we know that it is possible for such an injury to occur even in these benign circumstances, we do need to take these extra steps and supply these additional instructions.</p> <p>In all the later morning sessions, and in all of the sessions during the Rock Workshop held that same afternoon, we did make these revisions, without further incident. Because groups often contain six to eight students with only two to three instructors, more aggressive spotting means that fewer students can be progressing along the ledge at any one time. In the afternoon, the day lead made the further suggestion that more time would be available for (carefully spotted) student practice on the ledge if the scree instructional unit were recombined with the neighboring bouldering unit, leaving more time for practice on the wall/ledge as its own free-standing unit.</p>	
Apr-22	Field trip	Climbing	Minor	Logistics, equipment issues, party issues	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	snow - steep, ice axe, poles recommended	Don't know the exact order of events for the second person, but the first person stumbled in steep heavy snow.	<p>Observed that the one person who had a 1/2 cut on the calf could have benefited from more appropriate gaiters.</p> <p>Beginning climbers might consider dulling the crampon points or using aluminum crampons.</p>
Apr-22	Trip	Day Hiking	Safety Concern	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement		trail	Minor slip coming down the trail by one participant. No apparent injury.	Remind participants about mud hazards going downhill and that most slips happen on the return to the trailhead.
May-22	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	trail	Twisted knee from slipping on mud.	Ten essentials. Could use more classes in providing care after first aid, for injuries non-life threatening, and strategies for evacuation without outside responders.
May-22	Trip	Day Hiking	Minor	Slip, Fall, Capsize	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	trail	we have total 10 hikers in the team, the injured was in second head of team, I was behind last three in the team. so, when the hiker fell down and injured the knee, I hadn't watched exactly. I knew there is soft mud road that monument we hiked. Hike leader handle the incident well , directed team to help. injured got fast rescued.	

May-22	Trip	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	party split		Trail	<p>Somewhere around half-way to destination, leader suggested to the group that this was a good time for party separations. Leader suggested that the women continue up the trail for their "business" and the men off to the side and down the trail. Most of the women went up the trail, out of sight. One hiker and I stayed where we were but, after about a minute, I decided I better go ahead a take advantage of the moment and went up the hill, off the side of the trail from where we were. When I returned, no one was in sight. I thought that likely, the men had come back up and decided to head up the trail to join the women and they would all be waiting for me there. But they were not. It took about 4-5 minutes of fast hiking to catch up. It helped that they had come to a stream, and crossing it slowed everyone down.</p> <p>I don't think the woman I left standing on the trail ever mentioned to anyone that I had not come back down the side of the hill I had gone up. But, most troubling, the leader must not have done a count. To my knowledge, no one else was aware that I was not with the group as they continued up the trail.</p>	
May-22	Trip	Day Hiking	Significant	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	injury - sprain, strain, tear	Trail	<p>The "trail" was an old road that was abandoned but well-marked through the grass and sage brush. On the descent back to the cars a participant slipped on the mud and rocks in the trail and took a tumbling fall. P sustained several minor cuts on the top of head and dislocated ring finger on right hand. P was able to hike back to the cars with some of the party members where P notified me of the accident (I had returned to the cars ahead of P to catch up with two slow hikers that had turned back early to make sure they got back to the cars ok). I asked P to email me once returning from urgent care back in town. I got the following from P that evening at 5:39pm: "Hi, stopped at an urgent care clinic on the way home and they reduced the dislocated finger and cleaned and glued the minor scalp wound. All good."</p>	P is a scramble grad with several years of experience and the trail was low angled and not difficult to navigate. P was likely looking at the flowers and other attractions along the trail and just mis-stepped on one of the muddy rocks. In hindsight, given the 30-50 mph winds we had on the descent more focus on the trail and less on the flora might have prevented this accident.
May-22	Field trip	Scrambling	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Rock - non-technical, scramble skills needed	<p>One student slipped off a small vertical section of wet rock (raining all day at this scramble rock field trip at Mt Erie), fell only two to three feet onto a soft and non-exposed surface, but scraped left palm on rock during the slip resulting in a minor scrape/abrasion. This was immediately rinsed and bandaged, student used a glove on that hand for the rest of the day to protect the bandage, performed capably and maintained a good attitude. No medical follow-up seems at all likely. The incident only reinforced what we had already determined: to err on the side of caution on the wet, slippery rock, not encouraging students to get more than three or four feet off the deck, and closely spotting all students engaged in any actual rock scrambling.</p>	This was a simple accident which didn't really alter our approach at all, beyond again emphasizing to students that they should not attempt to cling to a hold that was failing but to release off the rock, land on bent knees like a cat, and count on their spotters to cushion their fall and protect them from any exposure in the general vicinity.
May-22	Field trip	Day Hiking	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Injury - bruises, contusions	Rock - non-technical, scramble skills needed	<p>Slip and fall on loose rock. The participant had a bruised hip the next day but no other injury.</p>	Importance of reminding participants that most falls happen on the way back down and to use due care.
May-22	Trip	Sea Kayaking	Minor	OTHER - Please describe in Incident Narrative.	injury/ illness - pre-existing condition	injury - sprain, strain, tear	Water - large bodies, fresh or salt	<p>A basic class student states they 'broke' rib at the lake session but did not report the injury then. Student believes it is a re-break of a lower rib experienced previously. Student disclosed the injury at the port gamble paddle but stated no need for medical attention and would be able to complete the paddle although it was sore. Student was able to breathe and move fluidly; the injury did not appear to restrict ability to perform. Student states rib injured while attempting to get on the back deck of kayak for a paddle float reentry. Student stated that there was nothing in PFD that impacted the rib; it was body weight onto chest that created the</p>	The motion that caused the injury is unavoidable in kayaking. The participant may have benefited from being in better physical condition, but other similarly moderately conditioned participants did not have same injury. Moreover, the participant indicates a prior injury to this location previously that was not from kayaking.

								injury. Student successfully completed the paddle and rescue exercises but stated at the end that the rib was very sore due to performing self and assisted rescues in this paddle. Student declined any aid.	
May-22	Field trip	Sea Kayaking	Safety Concern	Personal issues (conditioning, conduct, lack of skill) Water – large bodies, fresh or salt				<p>This event as basic sea kayak instruction. It included youth under 18. One of them experienced anxiety that prevented full participation and led to an early departure from the first day of the event. The anxiety was significant but not extreme; it did cause significant discomfort to some trip leaders however to be seeing it and feeling that they did not have the skill or interest to be dealing with it. Participant's parent was at the event and assisted in managing the participant including the early departure. Participant returned the following day and successfully completed the event.</p>	<p>Youth under 18 at this point may be inappropriate for adult programs if they have an emotional state where specific performance objectives require demonstration in a defined time period. This can be perceived as pressure, causing anxiety. Moreover, a teenage tendency to demand explanation for why certain things may be necessary for them to demonstrate may also cause significant distress to leaders/instructors who are unaccustomed to managing this kind of challenging response/behavior.</p> <p>In this case, a condition of participation was that a parent (an experienced kayaker) was required to be present at all times. That participation was ultimately essential in managing the participant who did need to leave the event early. While this parent has the skill of a trip leader, this situation on a trip could have been more complicated and have required either a turnaround or splitting the group. At a minimum, youth in adult kayak events probably should be required to demonstrate in advance a sufficient ability to manage anxiety, in controlled settings, before being allowed on any trip of any length. This course was an appropriate venue to assess that capability and ultimately the disruption was limited and affected only minimally one pod of 5. On a saltwater trip the impact would have been much more significant and disruptive.</p>
May-22	Trip	Backpacking	Significant	Slip, trip, fall	fall (travel a distance)	injury - laceration, abrasion, puncture	Water - stream, creek, river	<p>LEADER: This happened at the end of our 13.5-mile hike. We were about 5-10 minutes away from where we wanted to camp and had been on the trail for about 7:20 hours. The injured hiker had rolled ankle, reported sharp acute pain that went away in a few minutes.</p> <p>We had to do a creek crossing where water was moving, but it was mostly shallow. Careful foot placement on some rocks could almost ensure we kept dry feet. The creek had two small falls (added would make about 3-4 ft) that made it into a small section that made a deep pool (abdomen deep). The creek then went towards a bunch of branches, roots and a blow down that could make a strainer terrain trap.</p> <p>The injured hiker was the last one in the group to cross. After I crossed, a few seconds later I heard some people say "woah!" as I turned around, I saw the hiker partially floating on the deep pool, looking up ("sad turtle" position) and being dragged by the current. By the time I ran back to assist and prevent P from going into the branches, P managed to stop and stand up. P seemed shocked and took 30-60 seconds for her to actually get out. I, along with a person outside of our party, offered each an arm for help and pulled P out.</p> <p>The hiker had abrasion wounds on forearm which were bleeding. P reported pain in the arm and nothing else. P declined a request to change into dry clothes and rejected a space blanket due to our proximity to the destination. P wanted to set up camp and be treated there. 5 minutes later P reported feeling good, but feeling that P probably had small abrasions on knee as well. P elected to self-treat the abrasions and change into dry clothes while the party set up camp, as rain was coming soon. P cleaned forearm and put a bandage on it. When removing pants, P noticed two deep lacerations on shin. About 1.5cm/0.6 inch deep, and about 2cm long for the upper one, 1.5cm long for the lower one. P</p>	<p>LEADER: Creek crossing with a single pole. I think one pole provides a false sense of security with creek crossings; you cannot keep 3 points of contact at all times.</p> <p>This was a reminder for me that a patient cannot be trusted for self-reporting injuries. At least when the patient is/was in shock (in this case shocked by the accident and/or the cold water). The fact that we trusted the patient meant we missed the shin lacerations and they were bleeding for a few minutes. Fortunately, it didn't become problematic, but I'll remember in the future to do a full body assessment so that I don't miss significant injuries.</p> <p>I always thought that when needed I could improvise an irrigation system. A Ziplock with a hole or melting a hole on the tap of a water bottle. I thought of the ziplocks, but I didn't know where I could find a clean one. I didn't remember about a hole in melting the cap. In the future I will carry a bottle cap with a hole in it as part of my first aid kit. The weight is negligible and it would've helped to better irrigate the wounds. The less steps I have to take under stress, the better the result will be.</p> <p>Lack of evaluation of consequences when choosing terrain. When hiking in, we chose our footing while creek crossing based on how likely it was to keep our feet dry. In the incident site, we failed to analyze the possible consequences of a failure on our part. If we had thought of that, I'm sure we would've chosen a path where we could get slightly wet but avoiding a potential fall. On our way out I saw we chose our footing thinking about the consequences of a fall, not only about the probability of a failure and of staying dry.</p> <p>INJURED PARTY:</p>

							<p>presented a big hematoma in the area, covering half of shin; protruding a fifth or a fourth of calf width.</p> <p>Our first aid contact instructed P to let clean water flow on the lacerations to get them clean.</p> <p>The hiker was in distress due to the visuals of the wound and after seeing our face reactions when we looked at it. P was shivering but didn't report being cold. We instructed P to get into the tent and into dry clothes, which P reluctantly did once two separate persons brought it up. I put P in the tent, over a sleeping pad; gave P a sleeping bag and drybags containing clothes for the night. I proceeded to make a warm beverage for P. Once the hiker was warm, I cleaned the insides of the lacerations. Upon closer inspection I noticed fat tissue, which revealed it was a deep wound. I used a small spray antiseptic for this. Pressing strongly and from very close as to try to push any contamination out, in lieu of a proper irrigation syringe. I used 3M steristrips to bring the skin edges together, covered with a nonstick pad and taped with micropore.</p> <p>Lack of proper wound cleaning equipment (forceps, irrigation syringe) made me worry about a possible infection; and we didn't have any internal antibiotics for prophylaxis. The hiker has a history of an overactive immune system. The original plan was to set up camp and have a leisure day before hiking out on the 3rd day. However, faced with the possibility of an infection setting in and the hiker developing a fever by the 3rd day, I decided to probe for the possibility of hiking out on day 2. All members of our party seemed comfortable with the idea of hiking out without our leisure day in the middle, and I learned that the first aid volunteer had brought up the idea of evacuating on day two as well.</p> <p>Later on, when squeezing water out of clothes, I saw that P's sock was full of blood, and inner shoe was stained with red. While blood loss wasn't enough to become problematic, I saw that it was somewhat significant. The hiker was given NSAIDs from this moment until we made it out. P was in good spirits, although P was in pain while walking. I took part of the weight from P's pack and gave P one of my hiking poles. P had brought only one. I believe that using only one pole for creek crossings didn't allow P to keep three points of contact at all times, while providing a false sense of security that P had gear (the pole) for the crossings.</p> <p>On the way back, on two crossings that we deemed dangerous, members of the party tossed back a pole for P to cross safely with two poles as well (when they had crossed already). We visited the nearest urgent care after hiking out. The hiker didn't receive stitches as more than 16 hours had passed since the accident. The physician quoted studies revealing that after 16 hours, the probability of system infection is increased with stitching, especially if the wound wasn't cleaned in a sterile location. The physician said we did a great job cleaning the shin laceration. The arm abrasion still had some debris, but it wasn't deep, so topical antibiotics will be enough there. In an urban situation, prophylactic antibiotics are not given to young healthy individuals, so P's not on systemic treatment. However, I was reassured that evacuation was the right thing to do given the deep cuts; and the possibility of developing systemic infection, fever, shivering and the like; possibly making a self-evacuation impossible. P had a Tdap shot. Refreshers are given if the last one was ;5 years ago when patients present with wounds.</p> <p>INJURED PARTY: We safely crossed the last bridge and were almost at the</p>	<ul style="list-style-type: none"> - Two poles are needed for creek crossings, lesson learned. I will always carry two poles from this point forward. - When making decisions consider both the probability and the consequences. In this case the left route was low probability but moderate-high consequences (falling, getting hit by the rocks, getting wet, getting dragged by the current). The right route had high probability but low consequences (getting feet wet). - I will get a syringe to be used for cleaning wounds. - I always felt a bit out of the norm for putting all my stuff in dry bags even if rain was not in the cards. Friday I was really grateful for that. All my stuff was dry and I was able to change into dry clothes. - The fact that the party was kept together all the time was key here. I've been in other trips where members lose sight of each other and some are even left behind. I think that it could've been disastrous if I had been alone when I fell. - Don't assume that you didn't cut yourself just because your clothes are still intact. My pants were intact and I still ended up with puncture wounds. - Don't feel embarrassed of stripping down in front of other party members. I need to keep this in mind. I wanted to find a secluded place where I could dry down and change clothes. Nothing happened in this case, but I do know I bled without me knowing because my sock and shoe were red. - A full body assessment is needed every time an incident happens, no matter if the injured person says otherwise. They are in shock and full of endorphins, they are not to be trusted.
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							<p>campsites when the incident occurred. There was one creek crossing remaining. There were 2 different routes we could pick when I looked up to assess them. The one on the left had water running, with several rocks we could use to cross without getting our feet wet. The rocks were on the edge of a 2-foot fall that led to a sort of pool of about middle-back depth (I'm 5ft 8in tall). The crossing on the right had some murky half-foot deep water, with some precarious logs that we could use to cross. I was the last in the group and was the only one carrying a single hiking pole; the rest of my group had two poles. The other 4 members crossed safely using the left route. I hesitated a bit and considered going the right route thinking, "what's the worst that could happen, get my feet wet? But if I fall on the left route that would be much worse" Why then did I choose to cross on the left? I'm still asking myself that question... And so, I tried to cross using the left route, the same my group had safely used. I didn't feel secure and slipped halfway, tried to recover my balance, even if that meant getting my feet wet but couldn't recover. I fell forward and tried to bend my knees to bring my center of gravity down (it all happened so fast but at the same time I was seeing things go in slow mo). I hit the water, turned upside down and was trying to stand up but I couldn't place my feet. My pole had gotten stuck between two rocks and I found it while trying to grab onto something and used it to pull myself up and stand up. I saw the leader asking me if I was okay, and another two people from another party. The leader was prompting me to get out asap, but I had to take a minute to calm myself down and make sure I wasn't going to trip trying to come out; the rocks where I needed to step to get out were really slippery and I didn't feel secure. One of the other backpackers that was close by offered a hand as well, so with help I felt safe enough to attempt to get out. The leader asked me if I had hurt myself and I said I probably hit my arm because it was burning, and I felt I had hit my knee. The leader wanted me to change into my dry clothes asap but I felt the rain was coming and we were already there, might as well set up the tent and not put my dry clothes in risk of getting wet. We quickly hiked the last 5 minutes and I asked the leader to set up the tent so I could go inside while I changed into dry clothes,</p> <p>Uncovering my arm revealed a superficial but painful abrasion that I treated as best as I could (the angle was weird). When I pulled my pants down, I saw a big bump in my shin that really scared me and two deep (1cm deep, 2cm long) puncture wounds. I called the first aid contact to come take a look. I think the other members of the party were trying to give me some space as I was stripping myself down; I don't think they knew I had injured myself; I didn't even know it at the time. I saw first aid rep face and knew it was bad. The bump looked really big; there was probably a lot of blood pooled inside. First aid rep instructed me to use clean water to "wash" it. I had already used antiseptic and put pressure to stop the bleeding. I did as requested. The leader came shortly afterwards to take a look after setting the tent and asked me to get into the tent and finish drying inside; the leader pointed out I was shivering and we needed to avoid hypothermia. Once I was inside, I finished drying and the leader gave me a hot beverage. Leader did a full body scan to check if I had injured myself elsewhere. Leader proceeded to clean my wounds by using an antiseptic on a spray, using pressure to get any possible gunk out. Leader used some steri strips to try to close the wound, put a nonstick pad and used micropore to set it in place. Leader</p>	
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								<p>asked me if I wanted to hike out that same day, but I said I was tired and couldn't do another 14 miles. I really needed to rest. Leader then said we would hike out the next day and get me to urgent care asap. The first aid contact had already told me we needed to hike out the next day, as I would likely need stitches and there was risk of infection. I agreed though I wasn't mentally prepared to hike out the very next day with the wound, but knew they were right, I just needed to get in the right mindset and figured rest would definitely help. The leader went and talked to other members in the group and he came back to let me know everyone agreed and we would hike out the next day.</p> <p>Everyone in our party was really gracious and I deeply appreciate their kindness and effort to hike out the next day even though it wasn't planned and it would be a long tiring day. There was not another backpacking leader in our party so we all had to hike out.</p> <p>I took some strong NSAIDs at the start of the hike, and the leader helped out with a big chunk of my backpack weight and lend me one of his poles. I offered the pole back on each creek crossing. I think we hiked out in about 7.5 hours, which was pretty good; I know we were all very tired. The leader and I were carpooling and we drove to the closest urgent care we could find. The PA that looked at me said stitches were no longer a possibility as the wound was more than 16 hours old and the risk of infection was greater if we closed the wound. Oral antibiotics were not given because they aren't given to healthy young individuals, but topical ones were prescribed. The PA said we made a good decision to hike out as early as we safely could, since an infection would've likely made it harder to come out unassisted.</p>	
Apr-22	Field trip	Climbing	Minor	Slip, trip, fall	hit/cut - equipment, tool	injury - laceration, abrasion, puncture	Snow - steep, ice axe, poles recommended	Two people stabbed themselves with their crampons while descending a steep slope. One instructor was giving a lot of feedback and instruction while the student was descending when they spiked themselves. The other incident was similar.	Used better footing placement and asked the instructor to hold off on more feedback until I finished descending the slope as it was too much feedback to be able to focus on what my footing was.
May-22	Trip	Scrambling	Near Miss	OTHER - Please describe in Incident Narrative.	avalanche		Snow - steep, ice axe, poles recommended	As in trip feedback, we were attempting to glissade in obvious wet loose avalanche, and our party did trigger a good-sized slide that could have easily harmed someone below, with cliff bands, trees and terrain traps. Route choice was not the safest.	Leader/assistant should have addressed the terrain risk and made sure a smart group decision was made before individuals launched into the terrain and it was difficult to reroute. In group debrief, leader admitted to getting off course, and assistant leader to being a bit gung-ho about glissading without assessing risk. A near miss and lesson learned for all.
May-22	Trip	Backpacking	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Injury - bruises, contusions	OTHER - Please describe in Incident Narrative.	<p>Fellow participant (not me) was struck in the head by a log (less than 6 inches in diameter) that was being used to hold up a tarp as a rain shelter. Log fell as a result of a wind gust.</p> <p>Leaders were not present during event. Other participants helped assess injury and encouraged affected participant to apply cold compress. We collectively observed injured participant for a couple of hours until leaders returned from their day hike and determined she was stable. She denied needing additional first aid or support. Leaders were informed upon their return.</p>	<p>Designate first aid person in group at start of trip.</p> <p>If leaders leave group for a prolonged period of time, designate someone else as leader during their absence. Communicate location of first aid supplies / emergency beacon etc.</p> <p>Debrief incident as a group afterward to review lessons learned.</p>
Jun-22	Trip	Stewardship	Minor	Logistics, equipment issues, party issues	party split		Trail	At the conclusion of the day's activity when hiking back to the trailhead, the group became spread out. One very fit fast hiker went ahead but stopped several times to let the group catch up. The last stop H made was beyond but not in sight of the side trail we needed to take to return to our cars. As H was waiting, a very large elk appeared in the middle of the trail and began exhibiting what appeared to be aggressive behavior. The elk was blocking H route back to the junction, so H turned and ran down the trail in the opposite direction. When the rest of the	As the leader of this trip, I was most concerned in making sure Mountaineers knew how to handle the tools we were using and understood safe practices when working near chain sawyers. I assumed Mountaineers knew the protocol in staying together when hiking. Because there was a member of the group who was much slower than the others, I was the sweep and did not realize that the fast hiker was so far ahead (good learning opportunity for me!). I should have spoken with the fast hiker about waiting for

								party arrived at the parking area and H was not there, everyone became concerned. This trail has five side trails, all which lead up to the only access road. Assuming H had possibly missed the junction and after waiting in the parking lot for more than 30 minutes, we organized a plan for cars to drive to the other trailheads to see if H emerged somewhere else. After more than two hours of anxiety in rainy conditions, H emerged at the farthest trailhead, much to everyone's relief. H was apologetic and indicated H had a phone app which helped find way to the main trailhead, a distance of over 5 miles from the intended junction. This incident made for a very long exhausting day for everyone, including families at home concerned that we were overdue and there was no cell service to let them know what was happening.	the group more frequently at the first stop on our hike out. For H part, I believe H might have used better tactics in dealing with the elk instead of running so far. H could have doubled back after a short evasive run and would probably have arrived back at the junction at about the same time as the rest of us. Having a number of vehicles and volunteers available to cover all the exits was almost certainly what led to the positive outcome because if H had emerged where H did and needed to walk the road to get back to us, it would have been dark before H could have reached us (that distance was much more than 5 miles). The ability to communicate with radios or walkie-talkies would have made this situation so much easier.
Jun-22	Trip	Day Hiking	Significant	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Trail	While traveling on trail a hiker slipped on a tree root and took a tumble. H hit face and left leg on some hard surfaces (rock and roots). There were minor lacerations and immediate swelling on left cheekbone. H remained down and assured us H was alright. We checked for potential concussion and all signs were negative. H was able to get up and discovered a bruised left thigh as well. H assured us H was okay and was able to continue. H has a serious shiner but decided to join us for an after-hike meal and was doing okay. As a precaution our hiker will head to urgent care tomorrow for an evaluation and possible x-ray of cheek.	It was a random slip and nothing was out of the ordinary.
Jun-22	Trip	Backpacking	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Trail	Incident occurred out of sight of the leader. 1) The student stepped on a rock that gave way under foot, causing the fall. Others had stepped on the same rock. 2) The WFA leader assessed H immediately after the fall. Because the student had hit chin, the WFA leader's assessment included some basic checks for concussion that indicated a negative result. After a brief pause, the student self-reported uninjured except for some scrapes. 3) The student declined treatment of the abrasions at the scene because we were only a mile away from the trailhead and were trying to expedite our departure due to an approaching thunderstorm. The student self-administered first aid to the abrasions after we arrived back at the trailhead.	This was a random slip
Jun-22	Field trip	Scrambling	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	injury - laceration, abrasion, puncture	Water - stream, creek, river	Crossing Bean Creek one student lost their balance on a wood debris "bridge" and slipped and fell backwards into the creek notwithstanding use of a hand line to steady balance. I was the instructor supervising the crossing, saw the event, and immediately stepped in to assist. Immediately after, the student reported wet feet and some discomfort in the tailbone but elected to proceed. Student successfully completed the field trip with the other members of their instructional group (Approximately 6 more hours of scrambling/hiking). No medical assistance was requested or sought. The next day the student wrote to say: "My tailbone is feeling better this morning (thankfully!). I took an ice bath immediately after coming home so that must have helped. My feet are fine too."	Stream crossing by its very nature involves slick surfaces. However, this incident confirmed the appropriateness of safety measures already in place: Explain the hazards of stream crossings to each student, set a hand line, and have an instructor monitor each student as they cross. These measures contributed to a positive outcome under the circumstances.

Jun-22	Field trip	Scrambling	Near Miss	Slip, Fall, Capsize	ice axe arrest needed / attempted		Snow - steep, ice axe, poles recommended	<p>We were downclimbing a steep snow slope and transitioning to a traverse on a snow-covered hill next to a large rock face. All party members were using ice axe self-belay technique. P lost footing, likely from soft snow sliding out from under feet. P slid on stomach feet down, approximately 15 feet down the slope over a snow-covered rock and into a set of dense trees. I and one other member of the party yelled "Arrest!" several times when we saw P start to slide. However, P was sliding fast and was not able to self-arrest before running into the trees.</p> <p>The trees stopped slide but P was then wedged in between the tree branches on top, and the snow below. P said they were OK but not able to move. Helper and I and reached P within a minute and were able to help unbuckle pack and free P from the trees. P was then able to use ice axe to climb back out and ultimately put pack back on. P didn't suffer any injury and was able to continue with the activity as planned.</p>	<p>I would suggest talking to P for more feedback on this one. Possibly a lesson about proper self-belay or walking in balance? P says that when P slipped, the ice axe was planted, but it pulled out of the snow and therefore P was not able to self-belay.</p>
Jun-22	Trip	Climbing	Minor	Hit, Struck, Cut	hit/struck - natural object	injury - laceration, abrasion, puncture	Rock - non-technical, scramble skills needed	<p>On the descent from Upper Castle Rock, an intermediate student walked into the rock hitting top of head while watching footing. S sustained a minor contusion and a scalp laceration that bled for several minutes.</p>	<p>Reminder that proper care should be taken on the descent - the climb's not over till everyone's back to the car, and that accidents can happen even at relatively safe, roadside crags. Some of the students and instructors continued to wear their helmets on the descent, which would have prevented this injury.</p>
Jun-22	Field trip	Scrambling	Near Miss	Hit, struck (or near miss by falling objects)	hit/struck - natural object		Rock - talus, boulders, scree	<p>A boulder was loose and came down on the way to the summit and almost hit one of the team members. Rock was yelled and it missed P who got out of the way.</p>	<p>Avoided that section where a lot of loose rock was.</p>
Jun-22	Field trip	Climbing	Minor	Slip, trip, fall	equipment issues	injury - bruises, contusions	Snow - non-technical	<p>Co-leader: We started working on crevasse rescue scenarios around 12:30 PM. The scenario involves a group of three students tying into the rope as they would on an actual glacier climb. The 'fallen' climber is attached to both the climbing rope as well as a secondary safety line which terminates to a munter hitch attached to an anchor tended by an instructor. The fallen climber is then lowered over the edge of the snow cut, simulating a crevasse fall. One of the students acting as the fallen climber fell from the top of the snow cut to the roadway - a distance of 12-15 feet, landing on their buttocks. The student's climbing and safety lines became entrenched during the fall, somewhat slowing the fall. The student called out for aid which was eventually relayed to the rest of the group by other students acting as fallen climbers.</p> <p>Instructors immediately halted all activity once they were informed of the fall. One of the primary instructors (a Nurse Practitioner), assisted by a student (a Registered Nurse) attended to the injured student while the remaining instructors met to investigate how the fall occurred. The following deficiencies were identified: 1) Instructors were not provided a demonstration of the training scenario, including station setup as well as roles and expectations of instructors and students. 2) There was too much slack in both the climbing and safety lines utilized by the injured student. 3) Students were not provided a demonstration of the training scenario including roles and responsibilities as well as how to execute the scenario safely.</p> <p>After meeting internally, instructors met with the students to discuss the incident and how to proceed with the remainder of the day. Instructors then met to re-build each of the five crevasse rescue stations, ensuring every instructor was on the same page with respect to station setup and proper rope lengths for the student acting as the fallen</p>	<p>Co-Leader: Course leadership as well as the field trip instructors met following the incident and identified the following lessons:</p> <p>Over-reliance on prior experience. There was an assumption that all instructors understood how to set up and safely manage the crevasse rescue station to which they were assigned. To mitigate this deficiency in the future, we will:</p> <p>Standardize and document setup procedures for student stations where a lapse in safety could result in an injury (for example, rappelling from the North wall at the Seattle Program Center, crevasse rescue stations at Baker during the snow module) Cover station setup and instructor expectations as part of the instructor review session(s) during the run-up to the course. Require a senior instructor to inspect student stations before they are used by students.</p> <p>Student: Better communication at the outset, along with a demo, and perhaps seeing how the first "fall" goes to pass on any info to subsequent teams Assure that the backup rope is taut and secure Recognition that incidents can happen even in "safe and controlled" environments</p> <p>As an aside, I am very impressed with the Mountaineers emphasis and focus on safety, which is well beyond anything I've experienced elsewhere. Safety was easily the most important message that the instructors communicated during each of our</p>

							<p>climber. Instructors then provided a full demonstration of the crevasse rescue scenario to the student group, including a thorough explanation of the lowering process for the student acting as the fallen climber. Students then launched into the crevasse rescue scenario for the remainder of the day. Students were provided the option of utilizing loaded backpacks in lieu of themselves as the fallen climber, however all students were comfortable performing the scenario with each other as the fallen climber.</p> <p>The injured student was able to walk under their own power from the roadway to the snow field where the scenario was taking place. The student was also able to walk under their own power - instructors carried the injured student's pack - to our primary assembly point at the road cutout once the crevasse rescue scenario work concluded for the day. An instructor drove the injured student home that night so they could visit their primary care provider for imaging.</p> <p>Student: During crevice rescue training, I observed a student being lowered off a snow cut/bank about 15 ft high above an asphalt roadway at the Baker ski area. Among other issues, the primary and backup ropes were somewhat slack, so the student rapidly descended and landed on buttocks fairly hard, causing what I believed to be significant muscle and/or bone bruising.</p> <p>An instructor, I, and other student (who was a nurse), assisted the student. The instructor performed a standard evaluation and concluded that there were no pelvis issues or other injuries beyond the butt area. The student was administered 800 mg of ibuprofen, and was able to walk, though slowly and with some pain and limping. S was later driven home by an instructor that evening.</p> <p>The instructors were candid and thorough in explaining what happened, and training was modified to mitigate the potential for a similar incident to occur.</p> <p>While I'm sure the instructors will provide their own assessment, it appears that multiple factors contributed to this incident:</p> <p>Insufficient communication: While we practiced the technique at the Program Center, a demo was not given prior to beginning the exercise at Baker, which the instructors noted during our debrief</p> <p>There was one less lead instructor who was unable to be present at Baker. Not sure how important this was, but we did have five teams going at the same time</p> <p>Both the primary and backup ropes had too much slack for the available distance to fall</p> <p>The student literally turned and jumped off the edge, vs sliding down, which given the dynamic stretch in the ropes and snow entrenchment, obviously should not have been done.</p> <p>By comparison, I "slid" down as slowly as I could a few minutes earlier and ended up with my feet almost touching the ground, and after a few minutes, my butt was on the ground due to snow entrenchment and anchor placement by the "rescuers". It was difficult to communicate my situation, as I could not hear my "rescuers", nor could they hear me, so no one had any idea that I was basically on the ground during my "rescue", or realize how easy it was to travel 15 ft in the conditions we</p>	<p>nine days together, so it was disappointing and surprising to have an incident.</p>
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Jun-22	Trip	Day Hiking	Safety Concern	OTHER - Please describe in Incident Narrative.	equipment issues	illness - environment cold related	Trail	Hypothermia concern. A hiker got very cold and shivery as we approached the summit of Mount Washington on a wet June day-- temperature in the high 40s. H rain jacket and rain pants did not keep H dry. H didn't have any dry gloves or extra dry clothes in pack. Another hiker loaned wool socks to replace soaked gloves. We took an abbreviated lunch break (15-20 min) and started down. The rain stopped and another hiker helped H remove wet jacket and rain pants. H warmed up as we descended and was fine.	We did not check whether everyone had enough extra clothing at the start. When the hiker was shivery, we did not ask other hikers if they had extra hats or other dry clothing they could share. Sharing dry socks for mittens and helping get wet raingear off helped keeping cold from going to hypothermia. Shortened lunch break helped.
Jun-22	Field trip	Climbing	Significant	Hit, Struck, Cut	hit/struck - natural object	injury - fracture	Rock - technical, rope & protection needed	<p>Leader: On the way to the base of the route, as a party of four (two instructors, two students), two climbers followed the faint climbers trail a little beyond where they needed to traverse to the left to get to the base of the route. I traversed to the base of the route with one of the students and confirmed to the two climbers who had gone too far that I had located the route and they should make their way over to me.</p> <p>The two climbers who had gone too high will be referred to as Climber 1 (student) and Climber 2 (instructor). The second student, who was with me at the base of the climb will be referred to as Climber 3.</p> <p>Climber 1 and 2 traversed across the slope but stayed high. They came to a rock outcropping and I told them they should descend to go around it. While scrambling down to go around the outcrop, Climber 1 dislodged a large boulder. I did not see exactly what happened initially, but I heard rockfall and turned to look. I saw the boulder falling and yelled rock. I also saw climber 1 tumbling down hill, probably coming to rest about 8-10 feet below. I saw that climber 1 remained on the ground where they fell. Over the radio Climber 2 told us Climber 1 was ok for now. Climber 1 remained on the ground for at least 5 minutes. Climber 2 radioed to tell us they were going to sit for a few minutes to calm down (not a direct quote, but something to that effect). Since I heard they were "ok for now" and climber 1 wanted to "calm down" I didn't bother them with additional questions over the radio. Eventually Climber 2 picked up Climber 1's pack and they both slowly scrambled down to a faint climbers trail leading to the base of the route.</p> <p>Climber 1 and Climber 2 eventually made it to the base of the route where we could discuss what happened and find out more about how Climber 1 was doing. It was at this point that I learned that the boulder had come from right above Climber 1 and had been dislodged when C1 put a hand on it for support. As the boulder slid it hit their leg. Climber 1</p>	<p>Incident 1: stick to established climbers trails as much as possible when in loose terrain, even when that means backtracking to get back on track. In this situation, the climbers trails were very faint so it's not like there was an obvious better way from the vantage point Climbers 1 and 2. Also, default to turning around when a fall happens and recognize that the full extent of the fallen climbers injuries are likely not to be quickly recognized.</p> <p>Incident 2: Lie-back moves can be very secure, but if your feet slip then you have nothing. Things that contributed to Climber 3's falls: 1) very wet rock, 2) not wiping shoes on pant legs when taking off in order to clean off the sand/grit from the base of the climb and 3) not keeping the soles of the climbing shoes clean and dry before the start of the climb (by using a ground cloth, pack, etc. to stand on). Main lesson learned--do not underestimate the hazard posed by wet rock.</p> <p>participant: Always wear a helmet. Just because it's a large rock doesn't mean its stable.</p>

							<p>showed scrapes on shin and chest. Climber 1 was debating whether should try and climb (the route we were going to do is a 3 pitch 5.6, which we planned to link up with another 4 pitch 5.6 up above). He reported that leg hurt where the rock had hit it. I gave C1 some ibuprofen from my first aid kit and suggested rest while Climber 2 and Climber 3 start up the route. I suggested that if Climber 1 wasn't feeling much better in a few minutes then I would hike back to the car with them. However, we ended up continuing to talk about what happened and get a better sense of how Climber 1 was feeling and decided that they should go back to the car and not climb today. At this point, Climber 2 (other instructor) suggested that I climb with Climber 3 and C2 would hike out with Climber 1. After some discussion, we all agreed to this plan. Climber 1 and 2 stayed at the base of the climb while Climber 3 and I got ready for the first pitch. The following day, we learned from Climber 1 that the rock had actually broken their fibula.</p> <p>At this point a second safety incident report begins.</p> <p>Climber 3, as the student learning to lead, took the lead on the first pitch. The first moves on this route are lie-back moves and the first 10' to 15' of the route was very wet due to rain the day before. It was about 10:30AM at this point. Climber 3 put their first piece as far up the route as they could reach from the ground. They started climbing and clipped the first piece, but since it wasn't high enough to protect from a ground fall, I was spotting them rather than belaying. Climber 3's feet slipped and they fell. I partly cushioned their fall, at least keeping them from falling over and tumbling but they did land on their feet. They probably fell from 6 feet. Climber 3 didn't seem to be hurt. After discussing lie-back technique and determining that this was still the easiest start to the route despite the wet rock, Climber 3 decided to try again. I advised putting in a second piece about three feet above the first to protect against the ground fall. Climber 3 put in the second piece, a #5 C4 cam, but fell again when trying to clip it. Again, since Climber 3 hadn't yet clipped the second piece I was spotting them rather than belaying. Climber 2 had joined us at the bottom of the pitch to also spot Climber 3. Climber 3's fall was controlled by the spot such that they didn't fall over (or off the ledge) and instead landed on the ground with their feet. They probably fell from 8 feet up. I should note that I was tied into a belay anchor while spotting.</p> <p>Climber 3 seemed to be ok again except for a bit of heel pain. They figured it was just bruised and wanted to continue climbing if we could find a way past the first moves on the route. I believed that part of the reason Climber 3 fell was poor lie-back technique and not keeping enough counter force on their feet. Since the moves are relatively low angle, I believed I could get past this first 10-15 feet of wet rock and the rest of the route looked dry and in the sun. So, we switched roles with Climber 3 belaying and I led. I had no problems with the moves and the rest of the pitch (and the next six after that) went by without incident. As I was belaying climber 3 up the first pitch, I saw climber 1 and 2 hiking out. They were moving slow but steady.</p> <p>Participant Update: leg broken Fracture of proximal end of right Fibula On approach to Tree and Stump I got a little off route of the climbers trail. I put a hand on what I thought was a huge stable rock. That's when the rock broke loose catching my right knee and pushing me tumbling down a 15ft drop off. Lucky there was one tiny bush/tree that I hit and was able to hold on to just before a 20-foot cliff that would not have</p>	
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								ended well. Luckily my climbing friend was close and kept me calm as the adrenaline hit me hard and almost lost my breakfast. I laid there for a while thinking about how much worse it could have been. Once I gathered my wits, I was able to walk about 100yds to the start of the route. I decided it wasn't a smart idea to climb as my knee was pretty sore. Yes, I could have gotten up but I was worried about getting down and putting weight on it as it was swollen, stiff and painful. So, I scrubbed the climb saw my buddies off on their start which was a bit tricky with some still wet rock. I was able to make it back to the car using a stick as a crutch (next time will bring poles). No matter the size of the rock it may not be stable, always wear a helmet even on an easy approach, and know who is below you. Thankful for friends and quick action.	
Jun-22	Trip	Climbing	Safety Concern	Slip, trip, fall	hit/struck - natural object		Snow - steep, ice axe, poles recommended	On the descent there was a steep snow roll over (60°ish) which required face in downclimbing to descend for 10'. While most descended one at a time, some students started to descend while a climber was still in the line of fire. A number of people were hit by small pieces of snow/ice. This particular area was situated over a steep area with high consequences for a fall	It's a good reminder to folks to descend one at a time or in a traversing fashion to prevent ice fall or a potential friend fall from taking out a partner
Jun-22	Seminar	Sea Kayaking	Near Miss	Slip, Fall, Capsize	lack of skill, preparation, conditioning, fatigue		Water - large bodies, fresh or salt	During the later portion of an Introduction to the Surf Zone kayaking clinic, one participant was paddling in the "soup" and flipped over. P was initially unable to remove spray skirt. P was able to hold head out of the water using paddle as a prop and was able to remove skirt just as I arrived (I saw P flip and I was wadding out to P during the event). Post event, I removed all participants from the water and we had a debriefing of what happened and how to prevent it.	We had an incident management clinic the previous day, where we described two ways to remove a skirt. I should have had the students practice this again in the surf zone (soup) with an instructor or assistant at their sides. Also, students should practice removing their skirts while being forced into a lay-back position by the local currents in the surf zone.
Jun-22	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)	hit/struck - equipment/tool		Snow - technical, glacier, rope needed	<p>After reaching the summit, we began our descent of the steepest part of the climb, the 30-degree wall, at approximately 10:00am. The snow was icy and it was sunny, but windy and cold. Below us were four un-roped climbers/skiers, a team of five roped climbers, and a team of 3 roped climbers/skiers. Above us was one climber who was going to ski down the glacier, but at that time our team was unaware of solo climber presence above us.</p> <p>We were about halfway down the wall when the climber on skis started descent and shortly afterwards crashed. A cell phone flew out of climber's pocket and straight towards one of the climbers on my rope team. I heard the crash but did not see the phone, but a few other climbers did see the phone but didn't know what to say (not a rock) so they just watched the phone flying in the air. Fortunately, the climber on my team saw the phone flying in the air towards us and took evasive action by quickly moving. Our climber later told me that it would have hit face if they didn't move.</p> <p>After the cell phone went down the slope, shortly afterwards one of the skis came sliding down the slope towards us. This time one climber yelled "heads-up watch out" and we all moved out of the path of the ski.</p> <p>Afterwards I retrieved the cell phone and one of the un-roped climbers retrieved the ski, and another un-roped climber went back up to give the gear back to the owner. We continued down without any further incident.</p>	<p>I find this situation to be interesting, because no one yelled out that a phone was flying in the air like a rock, which almost hit someone on my rope and could have caused a fall and further complications. I believe that because it was not a rock the climbers that saw it didn't yell "rock", but if they would have yelled "rock", the response from all of the climbers on the wall would have been the same, which is look up and avoid the object.</p> <p>So, I believe that the only additional action from my team should have been to yell out "rock" when the cell phone was airborne and headed towards us.</p> <p>Additionally, if possible, climbers should time their breaks and start/leave times to avoid heavy traffic on that section of the climb, which is steep and icy, and is an accident waiting to happen when it becomes a bottle neck.</p> <p>Also, early season on this route watch out for skiers who pass you without warning, and lots of un-roped climbers. We even saw a glacier runner, a guy running down the mountain with an ice ax in one hand and crampons on. I have never seen that before!</p>
Jun-22	Field trip	Day Hiking	Minor	Illness	lack of skill, preparation, conditioning, fatigue	illness - environment heat related	Trail	See my trip report--one person in our group appeared to have some heat exhaustion. Once P said they weren't feeling well, we stopped, gave electrolytes, helped P cool down and made sure P was fully hydrated and rested. This occurred just shortly before the end of the hike, near the	Not sure we could have done anything differently, when we stopped the leader always asked if everyone was doing okay and P always said OK.

								end of the trail. I thought the leader handled the situation well and everyone pitched in to make sure P was okay before we completed the last little bit of the hike.	
Jun-22	Trip	Climbing	Significant	Hit, Struck, Cut	hit/cut - equipment, tool	injury - laceration, abrasion, puncture	Off-trail, cross-country	<p>The climb leader was supervising arrival of students at the ledge following the short scramble section on the approach. Unfortunate positioning meant that my face was in the path of a swinging ice axe which somehow contrived to get under my sunglasses and hit me in the eye.</p> <p>Fortunately, the area struck was the eye-white rather than the vision components. a small amount of blood was visible; one of the participants was a doctor (though not an ophthalmologist), and it was dr's opinion that due to vision not being affected at that time, it was not a current critical situation, though it should be checked out by an eye doctor as soon as possible. The other rope leaders conferred with the physician and delegated the actual decision to me. I was comfortable with "watchful waiting", meaning in my case, we would proceed onwards to high camp, see how the eye felt there and make a decision at that time. This evaluation was repeated the next day during the alpine start, and during the course of the climb.</p> <p>I experienced no pain in the eye, and my vision was unimpaired at all times. Other than some stinging in the eye, and swelling around my eyelid, I had no symptoms other than looking like I'd been in a bar fight. The climb completed uneventfully. I will visit the eye doctor first thing tomorrow, since although the eye feels fine, the eye white looks ugly still.</p>	<p>Be more careful of positioning in confined places with ice axes.</p> <p>We (the leaders) were very grateful to our climber-doctor for assessment of condition and knowledge to assist our decision making.</p> <p>In a future world, a spot-like service might be available to upload pictures/data to get an informed medical opinion even in the absence of a doctor on the party. We can hope.</p>
Jun-22	Trip	Sea Kayaking	Near Miss	Slip, Fall, Capsize	water incident - capsize, immersion		Water - large bodies, fresh or salt	<p>During recuse practice two paddlers in the water attempting to do paddle float recuses. We had been about 1 nm above a fish pen in the middle of Port Gamble Bay we thought we were far enough above the pens that it wouldn't be any issues. But that was a mistake as the current on the flood tide and wind in combination had pushed us to within 100 feet when I had realized we were going to run into the pen. I hooked up the kayak with my short toe and paddled north against the current but it was stronger than I could overcome. So I called out to the assistant leader letting them know that we were having trouble very loudly which woke them up they were also in danger of being swept into the pen. The P that was in the water had performed self-rescue and was in kayak and was unable to avoid the pen so reached up and grabbed ahold of the catwalk and kept upright and no harm came. I had in the meantime been continuing to ferry sideways drifting over a cable that was approximately 1 foot under the water surface my student who was attempting to do a paddle float self-rescue had not been able to perform it but was on the stern of kayak and I informed S to drift over the cable and then I went over the cable and I was able to paddle horizontally and ferry out of the way of the pen. I instructed S to abandon self-rescue and I did a T rescue and got S back in kayak and got S and two other students to raft up and remain together until we returned. After that I paddled back to the pen, we had drifted approximately 1/8 mile below the pin. I was able to paddle back to the pen against the current now that I wasn't towing anyone. By then my assistant leader had S kayak in tow. AL had succeeded in pulling S out of the direct path of the pen but miss judged the distance and was headed back towards the pen when I arrived and grabbed the paddler that was in the water. I had S hang on to my stern</p>	<p>We then gathered all of us together ceased performing recuse practice. We then proceed over to a lunch spot. During lunch we discussed with our group what had occurred and what could we have done differently. What had they learned and I told them that I was going to report this as a near Miss. So that others might avoid making the mistake we had made and hopeful other could learn to be careful when wind or current are present to be very careful regardless of how far away it looks it was unbelievable that we had drifted in such a short time over a mile to those pens very very scary fortunately nobody was hurt no damage to anybody's property just a very good learning lesson being aware of your surroundings not so concentrating on what you're doing and also paying closer attention to your surroundings plus what you're doing at all times and group etiquette watching out for each other working as a group. Me having shouted out loudly that I required help from others alerted the group to the danger that was rapidly developing. That notification help avert serious injury.</p>

								and I paddle S out danger. The assistant leader brought the kayak alongside and we did a tee rescue to get S back in kayak.	
Jun-22	Trip	Sea Kayaking	Assistance Provided	Slip, Fall, Capsize	water incident - capsize, immersion	illness - environment cold related	Water - large bodies, fresh or salt	Hobie Cat capsized near boat launch. Our team witnessed the capsize as we were returning to our launch point at the end of our student paddle. We watched the boat to see if the sailors could self-rescue. They were unable to, so we decided as a team to paddle to them and provide assistance. Leader and student1 volunteered to exit kayaks and assist with righting the Hobie Cat. Two more students held on to the empty kayaks. Leader and S1 worked with the sailors to get the Hobie Cat upright for ~20-30 minutes. We got pushed farther out to deeper water. Once the Hobie Cat was upright, Leader fetched student from Hobie Cat and brought S to kayak. Another participant towed Leader's empty kayak to shore. Leader stayed on the Hobie Cat and sailed the two sailors back to shore. We did not need to tow the Hobie Cat. If it were a cold/cloudy day, the two sailors would have likely been hypothermic. They were not wearing proper immersion equipment and only had a cell phone to call for help. I'm glad this team of kayakers were able to provide assistance.	Kayak team should have communicated a plan before taking action. Leader and S1 immediately volunteered to get out of kayaks and help the sailboat without talking it through. Other students took care of empty boats to let them provide assistance. If it were a smaller group of kayakers, not sure what would have happened. If none of the kayakers had a tow rope, not sure what would have happened. If none of the kayakers had a VHF radio, nobody would have been able to call Coast Guard for help. I learned that I need a tow rope and I need a radio.
Jun-22	Trip	Day Hiking	Minor	Illness	lack of skill, preparation, conditioning, fatigue	illness - environment heat related	Trail	Heat stress/dehydration incident: Our group of six set off from trailhead and made good progress up to the junction, and then the trail became faint and severely overgrown. We returned to the junction and weighed our options for continuing the hike. I knew that the views from summit were not particularly exciting and the group agreed that we weren't up for completing the entire loop. We lunched near the upper trailhead, reviewed paper and electronic maps, and agreed to take a different trail back to the cars. The descent was steep and also severely overgrown in spots, and the day was getting warmer. We found ourselves in two groups of three, with the faster group stopping frequently to rejoin the slower group so we didn't get too spread out. Within a quarter mile of the cars, one of the hikers in the slower group experienced dizziness and weakness. Another hiker carried their pack and encouraged them to drink more water, and we decided to take an extended break in the shade to allow them to recover from what appeared to be heat stress. Apparently, they had consumed less than a liter of water over six hours of moderate hiking. We fanned them, applied a wet bandana to their neck and soaked their cap, and had them chew some electrolyte tabs and sport jellybeans. After 15 mins. the hiker felt well enough to continue. Their carpool driver went ahead of the group to start the vehicle's air conditioning and they proceeded home without further symptoms.	I may have seen the symptoms developing earlier had I led from the rear -- something I'll consider in the future when hiking in hot weather. I felt really good about the group response -- everyone had a part in cooling the hiker off and getting them back to the trailhead safely.
Jun-22	Youth activity	Day Hiking	Minor	Illness	injury/ illness - sudden onset	illness - general, nausea, vertigo, flu	Developed spaces, campgrounds, fields	An 8-year-old, suddenly developed a swollen, tearing left eye. C did not know why this occurred and did not report pain, a sting, etc. Parent checked eye and did not find a foreign object or any sign of injury. Another party member had child dose of Benadryl which was given by parent and the swelling and tearing reduced according to the parent. It was dark and I did not see it after the initial exam. The cause was never known.	Bring child dosage for Benadryl on family hikes.