

MOUNTAINEERS

INCIDENT DETAIL

Month Year	Trip	Activity	Incident Severity	Incident Category	Incident specifics	Terrain	Incident report	Lessons-learned
Apr-24	Field trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)		Rock – technical, rope & protection needed	I was belaying a climber who had made it to the top of the route. They called out to lower, and I began to lower the climber. As they began to position themselves to be lowered a small rock fell down towards the group. I called out "ROCK" as I saw it, so others were aware. Thankfully the trajectory went above our heads and behind all of us missing an actual hit. The climber was still at the top and had not lowered, and another rock was kicked out from underneath their feet. I once again yelled "ROCK", and thankfully it also did not strike anyone but fell to the side. Both rocks were about nickel to quarter sized. One of the instructors called up to suggest watching the placement of their feet to avoid kicking the loose rocks, and the climber was able to lean back to be fully lowered. No more rocks fell after and the climber was safely lowered to the ground, and the belayer (myself) was unharmed.	Seeing as this was the climbers first experience climbing outdoors, perhaps maybe some reminders of best practices when climbing would have helped. Or after the first rock got kicked, to remind the climber to try and move their feet around the loose rocks to avoid them kicking or falling down if possible. These were loose rocks at the top of the climb, so could have been avoided. I think as the belayer I could have asked them what the terrain looked like at the top and ask them if they had any other option for foot placement to feel secure to start the lowering. I also could have asked if they needed me to take up any slack if they felt they needed more tension and security to get a better foot placement or give them more slack if they needed more to safely reposition themselves.
Apr-24	Field trip	Scrambling	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	I did not witness this incident, but as day lead, learned about it back at the parking lot. Students in pod with two instructors were practicing self-arrest on moderate snow slope on the north side of Stevens Pass. As they progressed through glissade and the on the front self-arrest positions to the on the back, headfirst position, one student injured their non-dominant hand. They were unable to successfully demonstrate this particular skill. I have since learned from the student that they were seen by medical help during the week after the incident, not at ER that day. There was no fracture but a sprain, and the student was recommended to avoid any strenuous activity to that hand for 4 weeks since the date of injury.	I am not aware of what aspects may have contributed to the hand sprain.
Apr-24	Trip	Day Hiking	Minor	Slip, trip, fall	injury/ illness - self-inflicted, caused by movement	Rock - talus, boulders, scree	One of the participants, slipped while going back down to the trailhead. It was a steep section with sand and rock. I was ahead with the two other participants when we heard P shout out for help. We went back to check, found P sitting on the ground and asking for a few minutes to catch breath back. P mentioned that P fell and hit ribs against the rock. P didn't let me check the area for bruises. P mentioned that P could breathe and walk normally, and that P would probably be sore tomorrow. I remained at the back of the line (there was less than a mile to get back to the trailhead) and P seemed to walk fine. We were talking and P breathing/talking sounded normal.	When I was in the back with P, I could have asked again to have the area checked (since the other participants were further ahead). Since P was behind from the group from the beginning, I had asked P to lead us back to the car. P was not interested. I might consider being more assertive when asking for a group arrangement, especially with such a small group.
Apr-24	Trip	Climbing	Near Miss	Logistics, equipment issues, party issues	equipment issues	Rock - technical, rope & protection needed	At a crag climb, a participant was lowering a climber with an ATC after the climber had finished a route. The climber had yelled take and lower, then experienced a fast descent before the rate of descent was slowed to a normal speed and the climber reached the ground without injury.	The participant may not have heard the climber yell take and lower before the climber leaned back. Also, the participant may not have been maintaining proper hand positioning for belaying while the climber was topping out on the route. Regardless of the cause of the fast descent, an assisted braking device likely would have prevented this fast rate of descent.
Apr-24	Field trip	Sea Kayaking	Safety Concern	Boat/kayak mishap		Water - large bodies, fresh or salt	We were teaching 8 groups in the shallow area of the pool. There was not enough area to maneuver the boat both sideways and along the area we were supposed to stay in, so the boats were moving around between the groups. It was difficult to keep an eye on everything. Once, the bow of the boat my student was using bumped the head of the instructor coming up out of the water near us. Even though we held the boats to keep them controlled, there just was not enough space for us to work safely.	More space needed to work safely.

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Apr-24	Trip	Youth	Minor	OTHER - Please describe in Incident Narrative.		Off-trail, cross-country	We were picking up garbage as part of Ocean Savers beach cleanup and one participant picked up a beer bottle that was broken and it cut finger. It was treated by assistant leader by letting it bleed briefly, cleaning with alcohol swab, and bandaging. Advised to check soon and apply antibiotic cream if needed. Participant was not in distress.	Be more consistent with wearing gloves for this event. Participant did not have first aid kit---I could have emphasized the importance of this even on a front country event like this.
Apr-24	Field trip	Day Hiking	Significant	Slip, trip, fall	fall (travel a distance)	Off-trail, cross-country	<p>Co-leader: primary leader, was stepping through the driftwood to head back to the main trail (there is a trail through the driftwood) when L tripped and fell. L had been carrying a couple of bags of trash that may have thrown L off-balance. A participant who was following L also had first aid and immediately took charge of the situation. P helped L sit up and began cleaning in scratches and small cuts. We let L rest, but L wanted to get out of the way so walked into the camp area to sit on a stump and rest. The group dispersed trash bags and L was able to hike out with pack. Several people stayed with L if L ran into any trouble. L was able to get home and go to urgent care for treatment and x-rays.</p> <p>P1: One of our leaders fell and hit face. I didn't see it. L had a cut on the left side of nose and left eye swelled up. L was able to hike out. L stayed at the Resource Center overnight and had a plan to get home without driving.</p> <p>P2: After the beach cleanup, the person ahead of me fell forward on the trail where the beach transitions into the woods. Le hit right brow ridge, cheek and upper teeth. The cuts and scrapes were minor. I was directly behind L and was able to help clean up wounds and assist L to a clearing to wait for the rest of our group. After L blew nose, a goose egg popped up under right eye and eye was halfway or more swollen shut. It was about 30 minutes before L was able to walk up the incline on the way out. After we reached the flats and went about a mile L's pace picked up and L had more energy. I think L caught left foot on a root. L's left big toe joint was sore. L wore hat and sunglasses. I don't know if the low light from wearing those was a factor. L was carrying a lot of weight and had been for several miles.</p>	<p>Co-Lead: it was an honest trip after an exhaustive trip cleaning the beach with an extra burden of trash bags. The lesson we all learned is that if you injure your ocular cavity then blow your nose, the cavity will fill with air and make the eye look swollen. We were all surprised when that happened, but then through research learned that it is normal.</p> <p>P1: Nothing to change what happened, P tripped. Having people there who had taken the wilderness first aid was comforting. P had someone with him at all times.</p> <p>P2: For me, I wouldn't wear sunglasses in cloudy conditions, since I need more light to see details, but I don't know that is the same for him or other people.</p>
Apr-24	Trip	Scrambling	Assistance Provided	OTHER - Please describe in Incident Narrative.	injury/illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	<p>During descent, our group of nine encountered a large group (18 people with a mix of adults and teenage boys (referred to below as Party 2) with an injured person about 300 feet down the chute (about 100 feet down from the steep upper entry to the chute)). I was the first descender in our group, and "leaders" of Party 2 told me twice that they did not need help, did not need anything to get the injured party off the snow. They said they had an In-Reach they were using (TS: 1445). I descended to a previously identified hole in the chute to have our group stop glissading before the hole. I also radioed to our group to be sure to go slow and walk past the group with the injured party. After two of our group of nine had glissaded down past me to the bottom of the chute, Party 2 accepted help from a woman in our party. (Maybe by this time they realized the gravity of their situation, or the woman from our party was better at getting them to accept help or a combination of the two.) The remaining six members of our party who were in the upper chute began to help lower the woman on a makeshift gurney made of two sticks that were tied together with jackets, which Party 2 had assembled.</p> <p>I reascended the chute and helped the woman from our party take care of the injured person. The injured person was a middle-aged woman who reported jamming her leg in the glissade chute and hearing a loud pop. She said her lower leg would go to the side, or her knee would bend backwards when she tried to stand on it. (I do not know if a scan for other injuries was completed.) She was given Tylenol and reported that the pain was not bad. We put a warm winter puffy on her and put her lower body in a bivy sack and then used a 4-inch wide self-adhesive bandage wrap to wrap her legs together. The bivy sack could not be</p>	<p>(1) Someone taking clear command of the situation and assigning a clear MOFA person to the injured party. I think if we had done this, our help wouldn't have been accepted and the injured party would have suffered without our support.</p> <p>(2) Taking the time to reconfigure the gurney and get the bivy sack up to the injured party's armpits (we needed to get our arms through her armpits to keep her from sliding off the gurney).</p> <p>(3) Lowering the injured party from snow anchors. This would have significantly lowered the possibility of someone hurting someone else or the injured party with their crampons. If we had a ski rescue sled/tarp and had lowered from a snow anchor, we may have only needed one or two people with the injured person and could have avoided having people on top of each other.</p> <p>(4) During lowering breaks, someone could have put warm hands on the injured party's back to provide skin-to-skin warmth.</p>

						<p>pulled above her waist due to the makeshift gurney. We also put over-mittens with hand warmers in them over her gloves.</p> <p>The members of Party 2 remained the rescue leads and would occasionally take our advice. (The rescue lines of communication were not clear.)</p> <p>For example, we asked if they had notified SARs, and they said they had. Another member of our party later determined that Party 2 had not contacted SARs and she called 911 and initiated the SARs response, which was around an hour after we first encountered the party.</p> <p>Party 2 purchased a 100-ft static rope from a group of skiers for \$100 (yes, a \$100 bill changed hands for what appeared to be a non-climbing rated rope to lower an injured person.) This rope was tied to the two gurney branches and was then strapped to the harnesses of two teenage boys in crampons to act as anchors above the injured party, as four people helped the gurney slide downhill, while keeping the injured person on the gurney.</p> <p>Without receiving permission from Party 2, I tied butterflies into the rope between the gurney and the human anchors. People, including myself, then used the butterflies as handholds and would put our ice axes through the loops as snow anchors during pauses in the descent. The gurney would scrape away most of the loose snow. The boys were not trained on how to downclimb facing in and kicking their toes in; as a result, they slid out repeatedly above the gurney and had to self-arrest. One of our party had a very close call with injury from a falling Party 2 member's crampons, followed by a brush below their eye from the person's ice axe; it could be argued that the entire 3-hour lowering process was a close call.</p> <p>A member of our group was getting very cold, and another waiting below had Reynaud syndrome, so the trip Leader and I decided she should take five members of our group to the TH since they were not needed; the remaining three of us helped with the lowering.</p> <p>An OSAT team with a 60-meter rope and crevasse rescue gear arrived as we entered the middle steeper section of the chute. They offered to help, and Party 2 declined. (The OSAT team remained observing until we had lowered her to the bottom of the chute.) I suggested we use the 60m rope to lower the gurney from snow anchors, and Party 2 responded that they liked the method in use.</p> <p>I switched over to aiding in the lowering of the gurney and found the injured person's jackets were riding up, and her lower torso was sliding on the snow. She reported it was okay, but during breaks I would have her sit up and get her jackets down. It was very physically taxing for the four people helping to lower the gurney, while avoiding hurting anyone with their crampons.</p> <p>When we got her down, another 4th party had set up a 3-season tent and had a 15-degree sleeping bag (TS: 1745). I put my winter inflatable sleeping pad in the tent and provided full zip puffy pants to put on her. She reported to be very warm with some discomfort as her backside and lower back warmed back up. We also gave Party 2 some headlamps.</p> <p>We then suggested that most of Party 2 hike out, as it would be getting very cold pretty soon. Our group of three then left for the TH.</p> <p>On the way to the TH Jerry Logan, a Kitasp climb leader and Olympic Mountain Rescue member, called me to ask about the rescue details and let me know they were en route.</p> <p>We reached the TH and met the rest of our group at 1815 and saw Mason County Rescue Ops driving up to the TH.</p> <p>Jerry Logan reported that they found the woman warm and comfortable and had her back the TH at 2330, and that most of the party had hiked out earlier.</p> <p>As you can likely tell from above, there were some other weird human dynamics that were uncomfortable. One of their "leaders" talked about giving partner a black eye when got home in earshot of numerous people, including teenage boys. Our leader did not escalate</p>	
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							<p>the situation but let him know that was not acceptable. Per an email from our trip leader, "I'm incredibly proud of our team and the training we get in the Mountaineers. Everyone responded with the right combination of compassion and no-nonsense/can-do/coordinated response. We also lent out about \$1200 of gear that we may never see again (hopefully we will; Nate got phone numbers), but it probably kept her from going into shock before she got to that tent. I'm also grateful that the Ms have a zero tolerance for the kind of misogyny the guy was spouting. Even if it feels slow, our DEI work has made that unacceptable in our circle, and everyone on our team expressed gratitude for that. Party 2 did express gratitude for our help and the injured party was a very easy patient. I hope that she heals quickly.</p>	
Apr-24	Trip	Scrambling	Minor	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	<p>One participant hurt their right chest or shoulder muscle after slipping while descending on snow. We were on a steep descent in a gully on somewhat loose snow (at least the top layer). All participants were wearing snowshoes. The participant reported afterwards that P had felt muscles being tight on the ascent. I did not see fall, but P slipped to the ground at some point near the top and hurt herself. P was unable to use right arm with ice axe effectively after falling so she continued down with the ice axe in left hand. This slowed ascent, but P was able to make it down the step section without aide. After reaching a flatter section P took some ibuprofen. Following that P was able to keep pace with the rest of the group. I reached out to P after the trip and stated that P felt okay but was a little sore, so P seemed to have escaped any significant injury.</p>	<p>We could have been more careful not to slip on the steep, loose snow. Also, I could have been more proactive in checking in with participants - maybe that would have caught the tightness that led to the injury later one.</p>
Apr-24	Trip	Backpacking	Minor	OTHER - Please describe in Incident Narrative		OTHER - Please describe in Incident Narrative.	<p>Backpacker choked during breakfast. Needed back blows to help clear obstruction.</p>	<p>Backpacker choked on breakfast. B attempted to separate from group. Multiple people asked B not to go far. First aid leader kept Br from going onto boat dock. First aid leader administered back-blows to help clear object.</p>
Apr-24	Field trip	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues		Water - large bodies, fresh or salt	<p>Students in our Basic Kayak course are required to provide a drysuit for our Open Water clinic (as well as all future paddles). They either own one or rent from a 3rd party supplier who delivers to the lake. We talk a number of times in the 4 weeks leading up to this event talking about the neck (and wrist) gaskets (how tight they are, how you may feel like you are suffocating, how you need to have an instructor help you the first time you put one on so you don't injure yourself). The student had their own suit, that they have worn before, so they may not have paid attention to these discussions, and they did not have an instructor help them put it on. They were in the water for a while trying to execute a self-rescue when they started to appear to be super cold. They were in shallow water so walked out and it was discovered they had water pooling in the legs of their suit. We were able to provide extra clothes from instructors, had them change and sit in their car about half an hour to warm up. They came back out and ate lunch with the group. An instructor happened to have an extra drysuit with them and student was able to participate in the afternoon paddle lessons.</p>	<p>Only thing I think will help is to insist that students bringing their own gear allow us to inspect it. We will only be able to visually inspect that the gaskets actually exist and that they are not ripped or very stretched out, no way *we* can actually water test the suit. For dry suits we can have them bring them to our first in person class or our pool session (we are also considering requiring them to bring kayaks to the first class as well but not sure that is practical). We already remind them to check the gaskets when they first register and also provide info about how to have them replaced if needed so they have plenty of time to do so. We provide a video that talks about how tight they should be, I talk about how hard it is to put on a neck gasket on one of our Zoom calls and provided a manufacturer video about how to don one in the days before the session. I can see though how a student that already owns and wears a suit might tune all this out. I will make a bigger deal next year to stress if they arrive with equipment that doesn't meet the standards, we communicated that they won't be allowed to continue with that session and that there are no make up sessions available.</p>

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Apr-24	Field trip	Climbing	Minor	Logistics, equipment issues, party issues	equipment issues	Rock - technical, rope & protection needed	During Rock 2 field trip at Alphabet rock as I was being lowered from a climb on top rope another student using a grigri lowered with the grigri and slowly ended up with the lever wide open causing an accelerated lower to the ground causing a slight decking to occur. The accelerated portion of the lowering started around 10ft off the ground and was caught right as I was coming to the ground causing a shock load. The injury did not show up until the next day with a sore lower back that made climbing difficult.	I should have first made sure to have the student use an ATC. I could have also checked to make sure the student was comfortable with a grigri outdoors and knew the differences between a gym and outdoor lowering. After the incident I did explain to the student that a gym uses metal bollards for anchors and wraps the rope 2-3 times which adds friction when lowering in the gym. I do think that could be mentioned in general to students before the field trip as many students take to the gym to get climbing experience before Rock 2. Students should know that there will be a difference in the friction for lowering outdoors compared to a gym setting.
Apr-24	Field trip	Scrambling	Minor	Logistics, equipment issues, party issues	injury/ illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	While demonstrating safe runout, I asked students to slide down on their backs without arresting. We had two chutes and due to poor communication, the sliding was uncontrolled. One student went too fast and fell onto a hardpacked snowy road. S injured head and neck. Another instructor escorted Sr to the lodge. S joined us for a second day complaining of a sore neck.	communicate with instructors on the plan, send students one at a time, ensure the runout is in fact safe
Apr-24	Field trip	Climbing	Near Miss	Logistics, equipment issues, party issues	fall (travel a distance)	Rock - technical, rope & protection needed	A student climber was being lowered after successfully climbing a route. I believe S was lowering directly off the anchor chains as S was the only one climbing the route. When S was about a foot from the ground, the belay rope slipped through the belayer's brake hand and GriGri. S was dropped a foot and suffered no injuries whatsoever. There was no knot in the end of the rope.	Always Always Always tie a knot in the end of the rope. When walking up to an active climbing scene, check a knot is in the end of the rope - maybe the climbing team forgot to do that.
May-24	Clinic	Sea Kayaking	Minor	Illness		Water - large bodies, fresh or salt	<p>Leader: participant performed a wet exit with spouse in their tandem kayak as part of the training day. Upon surfacing we noticed P was unresponsive for no more than 10 seconds, P was face up and laying on back during this time. The group started shouting and P came to and remembered coming out of boat then hearing name at which time was fully conscious. After consultation, P was able to participate fully with the rescue and the remainder of the day with no issues, however, we ensured P did not enter the water again. We were close to the beach all day so emergency services were close to hand if needed. We discussed at the debrief and P will be seeing a doctor before paddling again.</p> <p>Participant: this is my first incident report, feedback is welcome! Incident Timing: Just before our lunch break. Approximately noon Incident Location: In the water near the restrooms/picnic shelter; the offshore float Conditions: We were in fairly calm water during the incident. Water temp for the day was around 54 degrees F according to DeepZoom that morning. Persons directly involved: 1 person (myself). Several other leads; assistants were present to observe and assist. Persons mentioned in the below incident narrative: * Activity Lead (person assisting the planned kayak recovery demonstration) * Tandem Kayak Partner (seated in the front cockpit of the tandem kayak being recovered) * Myself/I, who experienced the incident and was seated in the rear cockpit of the tandem kayak being recovered</p> <p>Brief summary of the incident: During a supervised demonstration of a wet-exit; recovery of a tandem kayak, I was performing a planned wet-exit when I briefly lost consciousness/fainted. I recovered to people calling my name, and after verifying my well-</p>	<p>Leader: As P had never experienced this before we had no way of mitigating.</p> <p>Participant: Actions that Contributed to Positive outcome * We were actively practicing wet-exits and recoveries, so all parties involved were aware of and following best practices and it occurred during a recovery demonstration. * we were dressed appropriately for submersion in the water (drysuits, layers, PFD, etc.)</p> <p>Possible Mitigating Steps Research indicates there are some additional steps I can take to reduce the likelihood of light-headedness and syncope, including: * be sure to manage hydration and blood-sugar levels * prepare for a planned immersion when starting from rest, such as applying cold water to face/nasal triangle area and getting blood flowing in appendages and core. * ensure proper fit of dry suit & neoprene hat (carotid sinus receptors can be stimulated by a wet or drysuit hood that is too tight, which affects blood pressure:</p> <p>Additional management and follow up: * ensure my tandem kayak partner is aware of this past</p>

						<p>being we were able to continue the kayak recovery as well as the remainder of the training session.</p> <p>A more detailed summary of the incident follows: Background: We had been practicing wet exits that morning, focusing on learning how to instruct students new to sea kayaking, and so I had already performed several wet-exits that morning, without issue. My Tandem Kayak Partner and I had also discussed performing a tandem kayak recovery with the Activity Lead. The Activity Lead volunteered to assist in our wet-exit and kayak recovery. I was comfortable and warm, wearing a drysuit with wool base layer, mid layer and fleece jacket, neoprene hat/gloves/booties and PFD. Incident detail: The Activity Lead announced to the group that we were going to perform a tandem kayak wet-exit and recovery. My Tandem Kayak Partner (in the front cockpit) and I (rear cockpit) coordinated on tipping our kayak over, and we submerged. I was wearing a nose-plug, but no glasses or goggles. After submersion, I opened my eyes and followed the standard procedure of tapping the bottom of the kayak 3 times, releasing the spray skirt and pushing off the coaming near my hips to exit the kayak. However, following this push-off I briefly lost consciousness/fainted. I awoke to hearing my name being called and finding myself floating in the water without any memory of fully exiting the kayak. While no physical intervention was required from others to recover from this incident -- I was completely free of the kayak, PFD was in place and I responded when people started calling my name -- but for a few seconds I was floating face up on my back (according to others). From my perspective, I awoke to the sound of others calling my name and was surprised to find myself having no memory of what occurred after having released my spray skirt and having pushed off the coaming during the wet exit. I moved to the Activity Lead's bow and grabbed their kayak's deck line; verified that someone had recovered my paddle. After additional verbal checks from the Activity Lead, my kayak partner and others to confirm my good physical and mental state, we proceeded with the supervised recovery and successfully drained, recovered and re-entered the kayak. The Activity Lead suggested it would be prudent for me to not perform additional wet exits for the day. I followed the Activity Lead's direction and otherwise fully participated in the rest of the day's activities. After an on-shore lunch break, we completed the day on the water, going over various strokes and skills that students would be learning in the upcoming Lake Instruction Session and returning to Concrete beach at the end of the session. My hypothesis on what occurred: I have a healthy, but low resting heart-rate, and believe what occurred is that upon holding my breath and submersion of my face in the cool water during the wet-exit, that I experienced a further lowering of my heart rate due to the mammalian diving reflex, and the combination resulted in a momentary loss of consciousness. As part of my annual physical within the last year, a cardiologist performed a proactive series of tests related to my low resting heart-rate, and ruled out various possible cardiovascular issues & indicated instead that a low heart rate is somewhat common among endurance athletes (I regularly run half-marathon distances and am currently training for a full marathon), and the doctor encouraged me to continue this active lifestyle. However, bradycardia can under certain circumstances (e.g. jumping up quickly from a seated position) lead to light-headedness:</p>	<p>experience and that we have discussed to verify awareness following a wet-exit * make group members in my kayaking activities aware of this past experience and discuss verifying awareness following a wet-exit. * I happen to already have a cardiologist follow up scheduled and will go over this event with them.</p>
May-24	Field trip	Climbing	Safety Concern	OTHER - Please describe in Incident Narrative.	Rock - technical, rope & protection needed	<p>One of the instructors I followed on a couple of routes built an anchor that was solid, except I noticed there was only 1 locking carabiner as the main anchor point for the rope to travel through. We were taught to have 2 locking, opposite and opposed so the anchor would be redundant, but this anchor was not. The instructor had this anchor preset up for easy set up, and so was used a couple of times for top rope. There were no incidents or issues, the carabiner remained locked both times with no trouble. This instructor was very experienced and knowledgeable, so it may have been that</p>	<p>I think in hindsight I should have just mentioned something in the moment to the instructor that I had noticed it wasn't redundant and would have felt more comfortable adding a carabiner to the anchor point for the duration of the day. I also could have asked them to describe the anchor they were setting up, as a way to check I was okay with it and also continue learning.</p>

							they just didn't realize or overlooked that a carabiner was missing from that main anchor point. Obviously if something had happened, and that carabiner failed somehow, it could have resulted in a major injury.	I also could have mentioned something to another leader to ask if it was okay, or to mention that a carabiner was missing from the anchor.
May-24	Trip	Photography	Major	Slip, trip, fall	fall (travel a distance)	Trail	<p>This trail should not be hiked in the rain - the mud becomes a silty clay that sticks to boots and shoes. That mixed with the slick consistency of the mud makes it very treacherous and falls will occur. It was showers and rain all day. On our way up the trail, we reached a 50-yard stretch where the trail had become muddy, and our feet slid often. We rested, 3 of us hiked another 1/2 mile up and back (1 mile total) while the 4th stayed at the landing with our extra equipment. Between our rest break and excursion, we may have been only an extra 45 minutes before heading back the trail. I was concerned about the mud, but after looking at the map and deciding our best option was to stay on the trail (we were looking to see if there was a convenient way back to the cars via surface roads but the map showed we would need to walk back into Wenatchee than our way back up to the cars). We reached the area of mud that we expected but it extended farther nearly the whole way on our return trip. Two party members were frightened of uncontrolled falling on the traversing trail (not just falling but falling and rolling out of control to the bottom. The two of us who were not as frightened, continued giving advice to help them such as walking in the grass on the side of the trail and using trekking poles for steadiness. We got to an area that wasn't a treacherous (flatter and sandier) and we began to feel relief as we were about a half mile from the cars. Then we started downhill again with slick mud along a much steeper traverse. The two participants who were having difficulty previously were already exhausted and filled with dread. We advised that they sit down on the trail and slide down. As the ordeal continued, the wall of fear rose in both participants where they couldn't move forward even though we could see our cars in the parking lot. Finally, one asked if I could call for help. I tried to explain that there wasn't much search and rescue could do as they would be in the same predicament as we were. Again, they asked me to call for help. I called the police, and they sent me over to the fire department. I talked with them about my concerns - that I needed help getting my group off the trail, that two had been sitting in cold mud for more than 30 minutes, and I was worried about the core temperature in all of us. Three firefighters arrived in very short time and were able to add support to our exhausted participants and helped them off the trail.</p> <p>There were no injuries, all of us fell and had residual soreness the next day. I do want to commend our safety lead, who valiantly offered encouragement and ideas to help the two participants down as far as they were able to go. SL will make a fine leader if SL becomes inclined to do so.</p>	<p>We were not prepared for the conditions the trail would exhibit in the rain. I had hiked this area several times but never in the rain. We were prepared for rain but not treacherous mud. How does one prepare for conditions like this when you don't even know that there could be conditions like this? I've hiked in all sorts of mud before, but never mud that as soon as you stepped you began to slide down the hill - absolutely no footing except in the fragile meadows and even then, your mud-covered boots slid. I only hope that the reports I file, will inform and better prepare future hikers.</p>
May-24	Field trip	Climbing	Minor	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	<p>One team of three and one team of two on a route. Team of two was climbing second with one instructor and one student. S took an approx. 5' fall leading a crack at the beginning of the 4th pitch. S recovered and climbed to the top of the crack to wide crack on slabby terrain. Given the fall, windy conditions, S radio getting off the correct channel and newness to route-finding, S requested assistance to complete the pitch.</p> <p>Leader rapped off two bolt anchor at top of route to S and put S on top rope. S was able to complete the climb by placing gear in crack and pulling up, primarily weighting right foot. After all parties completed the route and were on top, S was able to descend to the car unassisted but without a pack. S had a slight limp in gait. At the car S took some Tylenol and said they would be ok for ride home. L in with S by email on following morning, and S stated "I feel good overall. The ankle definitely needs some rest. Think I sprained some tendons."</p>	<p>1 - make sure all members of party have radios (all did), that they are on the same channels (they were) and that the radios are locked (S thought it was but may have become unlocked)</p> <p>2 - Students who are used to gym or single-pitch climbs are often unfamiliar with the challenges of route-finding in multi-pitch environment. Good to review the topo with them before they leave each belay (or before they leave the car to ensure have read and have all the right gear).</p>

MOUNTAINEERS

INCIDENT DETAIL

May-24	Trip	Backpacking	Safety Concern	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Road	One person was a little slow on the way uphill	
May-24	Trip	Scrambling	Significant	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	On our way down and while traversing, my uphill foot post holed into warm wet snow. Then on my next step the snow slipped out from beneath my downhill foot, and I fell over. The warm wet snow had a grab on my uphill leg when I fell over which tweaked my knee. I was able to make it down the mountain without further incident; however, my knee froze up as soon as we got back to our vehicles.	I could be more cautious and more actively try to observe weak areas of snow before stepping in them.
May-24	Field trip	Day Hiking	Minor	Illness	injury/illness - sudden onset	Trail	A student became ill during the first two miles of the hike. Symptoms included nausea, dizziness, some loss of sensation in limbs, weakness. A combination of factors was suspected to have contributed, including a lack of sleep the night before, insufficient hydration prior to and during the hike, minimal nutrition the morning of the hike. Leaders and other students provided support and eventually the student was well enough to complete the entire hike.	
May-24	Trip	Climbing	Major	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	<p>We started up to the base of the climb around 7:15 and waited to start until about 7:45 because another group was ahead of us. At around 12:30 we were all at the base of the crux pitch, a 5.6 crack, which I was leading. I had done this pitch before on top rope but felt ready for it. Before the crack though there is a very awkward move where you have to pull over an overhang and up onto a slab. I managed to get a cam into a crack in the slab. However, when I tried to pull the roof, I fell backward and down onto low angle rocks, eventually coming to rest about 10-12 feet below the roof.</p> <p>Our first aid lead was a Wilderness EMT and did an initial assessment. Luckily, the only significant injury seemed to be to my left ankle. The original plan was to top out and walk off the climb, but I knew that I was not going to be able to climb further. However, I felt I could rappel, and we had two 70m ropes, so we started preparing to self-rescue. At the same time, we deemed it prudent to alert emergency services that a situation existed, hoping that, at a minimum, they could prevent other climbing parties from going up and complicating our descent.</p> <p>I triggered the inReach around 1:15 and eventually began texting with 911 because data reception was good but phone reception was bad. I told them I had a foot injury and that we were going to attempt to self-rescue. We constructed a rappel but just before the first in our party was going to begin, 911 texted back and told us not to rappel, but to wait for SAR who would provide additional support. 3 individuals from SAR arrived to us around 3pm. One was a paramedic who checked me out, assessed that I had most likely badly sprained my ankle, and put me in a boot. They rigged a pair of static 300ft rescue lines. I was lowered with the paramedic to the base of the climb and my partners rappelled on one of the lines. Once at the base, I was able to walk back to the car with assistance and drive home. We were all back to the cars by about 5:30pm.</p>	<p>Things that Went Wrong</p> <p>I didn't communicate adequately with my belayer when I was about to try to pull the roof, so there was too much slack in the system. I also had placed a double runner at the base and fully extended it, which also made the problem worse.</p> <p>I built a foot loop to hang under the roof to assist with getting up. This was unstable and probably directly caused the fall.</p> <p>There was another party behind us waiting for us, which probably contributed to an undue sense of urgency. When asked if we should let them go ahead, I said, "Yes absolutely" but rather than pull the couple pieces I had and just wait for them to go, I was encouraged to get on the slab first and just wait--again, undue sense of urgency.</p> <p>I should have just asked my climbing partner to lead that section. I didn't remember how I got up it when I'd done it before but since I had led the chimney pitch before I wanted to do the crux crack.</p> <p>My phone was mostly charged in the morning and basically stayed in the pack. However, after the fall, the battery began draining rapidly due to the iPhone automatically turning up the screen brightness so I could see. By the time I reached the cars, my battery was at 20%. The external battery pack was in the car.</p> <p>Things That Went Right</p> <p>We weren't sure how long self-rescue would take or whether something else might go wrong, so we figured it</p>

								was prudent to start a parallel track, hoping we could get down and tell them to call off the rescue. However, when 911 told us not to rappel, that changed the plan. We all had radios and shared our channel with rescuers. This finally gave us clear voice communication capability with rescuers and helped mitigate the drain on the phone battery.
May-24	Trip	Climbing	Major	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	<p>I was belaying P from a ledge below at the top of the 3rd pitch. Since it was terraced and blocky I couldn't get the best view while belaying. Since it was the beginning of the pitch and not super clear how to begin, a bit more slack was in the rope to allow traversing on foot back and forth to decide how to get over a mantel/roof. Only one piece had been placed at eye level and P planned to use a second next to it and a double runner as an aid/foot loop to cross the crux. I was unaware P had stepped up and was going to go for the crux when P lost balance and fell back. I heard P yell as P fell and put P in brake on the belay device. I only saw final fall resting position against a boulder about 8 feet below the crux. I took it any extra slack and transferred safely the belay to P2 and climbed up to help assess P while still connected to the initial anchor. Did a rapid check for bleeding/head/neck/spine and more in-depth assessment for chief complaint of foot/ankle pain. No broken bones were felt and while strained mobility was present. First aid given was ankle support wrap with climber's tape. I decided to build a gear anchor directly next to us and transfer both of us to it before helping P2 climb up and join us to stay as one group with max gear. After sitting for a bit and further evaluations, it was decided to activate the inReach for further help. P attempted to call 911 but lack of service resulted in the operator not hearing us well and then hung up (we were told to call back when we had better service which we couldn't really do). Garmin inReach prompted us to text 911 and that was how we relayed more info to help.</p> <p>We then got a message back saying SAR was on their way and for us to not move. We messaged back agreeing and let them know we had radios and our channel. This was super helpful especially when they arrived to have early and consistent communication with rescue. When they arrived a paramedic further checked out P; provided a boot to protect leg as they planned to lower tandem with the paramedic. P2 and I rappelled down using rescue's ropes which was nice they had 300' ropes that took us right to the base of the climb.</p> <p>At the cars, I helped splint P's ankle with first aid kit (sam splint with ace bandage and padding) as well as gave P ibuprofen. We debriefed at the cars the day before departing. I followed up with P later that night to make sure P got home safe and the following morning.</p>	<ol style="list-style-type: none"> 1. If you need to be rescued, share your radio with SAR/Rescue Party. 2. The need for clear communication when trying a crux move and to not be afraid to ask for more slack taken in. 3. The need to practice Aiding on gear to know how it will feel and change your balance. 4. Use climbers' tape as an ankle wrap (a trick I know as a W-EMT) and then change into approach shoes if you have them to support/compression with swelling early on. Know how to use your gear as splints in the alpine especially when supplies are limited on multi pitch climbs 5. Alternative ideas for self-rescue had too much uncertainty that didn't sit right with us. Once it was confirmed rescue was coming and a rough eta, I am happy we stayed in place. Sometimes the best action is no action.
May-24	Trip	Climbing	Major	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	<p>Climber took a lead fall on the boulder problem. Contributing factors discussed in lessons learned.</p>	<p>Before:</p> <p>What went well:</p> <ul style="list-style-type: none"> - Group was supportive of each other, one climber just finished a hard pitch and did a great job. Team was focused on efficiency, learning, and growth. - Belay swaps to give a rest to different people (we had 3 party climbing group) <p>What didn't go well or could have gone better:</p> <ul style="list-style-type: none"> - Consider best belay station for new pitch (anchor was selected for belaying from above last pitch) - we could have moved our anchor to make belaying easier

								<p>During: What went well:</p> <ul style="list-style-type: none"> - Collaborative and supportive effort to make the climbing moves and look for solutions to the problem <p>What didn't go well or could have gone better:</p> <p>Person 1 (Climber):</p> <ul style="list-style-type: none"> - Could have communicated when they were going to make a move with 'watch me' or similar commands - Likely less risky approaches to the problem (clip directly into the cam when stepping up, use gear as aid/pull on the gear as stepping up) - Could have discussed/made plan with approaching climbing party (maybe let them pass) <p>Person 2 (Rest person):</p> <ul style="list-style-type: none"> - Potentially causing distraction to belayer in several ways. Talking to belayer, talking to another climbing party who arrived, standing in between belayer and climber (with good intentions of strategizing about the climbing move), but generally not focused on what issues could arise. - Let climber make decisions (suggested needing extension on the first piece, but was for later on not when making the move, resulted in first piece not being useful when climber ultimately fell) <p>Person 3 (Belayer):</p> <ul style="list-style-type: none"> - Similar as person 2, but not managing distraction. - Not managing slack *as well as they could have* but difficult situation and before incident climber was moving around quite a bit and required the slack - Potentially didn't have 'eyes on' at time of incident (goes back to anchor location and potential distractions) <p>After: What went well:</p> <ul style="list-style-type: none"> - Immediate decision that most medically trained person (belayer) would take a look at climber -- belay tie off was initiated and transferred to resting person - After immediate tend - built new anchor to secure belayer and medical provider - Eventually used inReach - Made decision to stay put for SAR rescue team instead of start rappelling the climbing route <p>What didn't go well:</p> <ul style="list-style-type: none"> - Didn't immediately use inReach - even if plan was to continue with self-extraction
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MOUNTAINEERS

INCIDENT DETAIL

May-24	Trip	Climbing	Near Miss	Hit, struck (or near miss by falling objects)		Snow - steep, ice axe, poles recommended	<p>No one was actually hit/buried in an avalanche but we wanted to document this nevertheless because the conditions got us by surprise and we didn't expect the reactivity of snow on a basic rock climb (this basic students competently handled to improvised plans).</p> <p>As we started to setup up the rappel down from the west ridge to get off on the snow to glissade/boot back down to the creek and then to the TH, the first rope lead noticed that the snow was very reactive. This was just past noon, and the sun was clear and hot. Dropping the extra ropes over the mote on to snow (and later testing with rocks) revealed ready to slide top layer. The leads had avy background, so we all improvised ways to minimize time spent under avy terrain, risk for triggering another slide onto another teammate (there were no other parties), fixed lines to protect runouts, etc. To mitigate the avalanche risk before the group would travel on the most reactive slope, we: chose a slightly different route down the snow slopes to avoid terrain traps and steep slopes purposely triggered a few avalanches before proceeding down the snow</p> <p>Estimates: human triggered, D1, only released on the steepest snow slope leading to the west ridge, zero burials</p>	<p>During our debrief, we agreed that the early season basic rock can get into borderline intermediate realm that can justify carrying extra gear like pickets (we already carried), avy gear (did not bring - perhaps the leads could bring avy gear to spearhead spicy terrain (then again we'd be getting into beyond what basic students can be expected to endure)). The group seemed satisfied with the choices we made after considering the situation and the available gear - we discussed options and chose the best of multiple plausible action plans.</p> <p>If we attempted this climb again early season, we may consider avy gear, picking a slightly cooler day and time it after more settled snowpack (the days leading to the climb temps stayed above freezing for a few days).</p>
May-24	Field trip	Sea Kayaking	Minor	Logistics, equipment issues, party issues		Water - large bodies, fresh or salt	<p>Leader: Student was in my group for the weekend. S drysuit flooded, the extent of which was not bought to my attention until lunch break, at which point S took off the suit and there was a lot of water in the feet and S was drenched. The only spare clothes available were from other participants and they did not fit S. We took S into the bathroom where to get warmed and attempt to dry clothing on the dryers and towels provided by other students. S did not have any spare clothing. We got S a replacement suit and S OK to continue the rest of day. Kayak Academy plan to pressure test the suit to see if it had leaks, all zippers were checked by instructor before students entered the water. During S first self-rescue S suffered a leg cramp and was escorted back to shore to get changed. S stayed on the beach until we were finished on the water and went home when class was finished on Saturday. In addition to the drysuit issue, S bumped head during a wet exit. The instructor with S was in waist deep water, which is typically enough depth for the wet exits and allows the instructor to pull the student upright should they struggle getting out of their boat. S exited just fine and told the instructor S bumped head, the instructor offered first aid which S declined. I also observed the abrasion on S's head and spoke to S about it. S seemed completely coherent and willing to continue.</p> <p>Student: several incidents:</p> <ul style="list-style-type: none"> - Was provided a defective dry suit (zippers had been inspected and all were closed) from Kayak Academy. My early concern about feeling water in my feet was not adequately addressed, so I spent 3-4 hours in cold lake water and an hour in the bathroom trying to dry/warmup using the hand blow dryers. - the first practice of a wet exit from a kayak was conducted too close to shore, so I struck my forehead on the rocks on the lakebed. No questions were asked assessing whether I had sustained a concussion / no concussion test given. I was only asked if I wanted a band aid to address the bleeding. Later in the day, I was told the lesson learned is to wear a helmet, which while true, wasn't exactly helpful. - I was given a new dry suit to continue the next activity of a self-rescue. As a result of being too cold, my leg muscles (both calf and hamstrings) severely cramped. This aggravated an old running injury, so I had to drop out of the course. 	<p>Student lessons learned:</p> <ul style="list-style-type: none"> - Increased attention to student concerns and questions. Catching the defective dry suit early would have resulted in a more positive outcome. - Instructors should have better/more first aid training, including knowledge of concussion testing for head-related injuries. Fortunately, I was aware enough (and the incident minor enough) to conduct a self-test (look for headache, nausea/vomiting, double vision, etc.). Ensuring that exercises are conducted in deep enough water would have also avoided this incident. - Instructors should let students know that stopping is an option and is okay. Feeling a sense of needing to "power through" could have led to a worse outcome. - Personally, I now know to err on the side of caution when using new or unfamiliar equipment or engaging in new/unfamiliar activities. "Being more self-reliant" is not the lesson I wanted to take away from this weekend.

MOUNTAINEERS

INCIDENT DETAIL

May-24	Field trip	Day Hiking	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Developed spaces, campgrounds, fields	<p>Leader: Backpacking participants and instructors were gathered around two uncovered picnic tables at the group campsite, with several students and two instructors sitting in backpacking chairs. Although several students and instructors were sitting at the uncovered picnic tables, I had scanned the area above sitting area for loose debris, because there had been some slight wind, rain, and cloudy weather prior to us arriving at the group campsite. I scanned for large hanging objects, not seeing any that it was safe to sit out in the open.</p> <p>We all sat in a circle having a group chat before making dinner. All of the sudden there was a sharp fast wind gust that knocked loose a 1 foot long bare foot long stick (no twigs attached - no leaves)- no bigger than 1 inch diameter onto the table. There was a sharp - loud- noise and a horrible thud on the table - with it hitting straight down. The stick shattered on impact. It landed on- or came into contact with P's fingers. Right hand: index and middle fingers were impacted. They have mild inflammation and a bit of slight bruising. We assessed the situation and checked P for further injury. P said they did not need medical attention. At this point we all determined it was time for dinner and debriefed under the cover of the other covered picnic tables.</p> <p>The next morning, we reassessed P's fingers and they were tender and did not need further medical care/evaluation. We frequently checked in with P to see if she needed further evaluation. Before we left the parking lot at the end of activity, I told P if in need of further care or if fingers get worse to please contact me.</p> <p>Participant: Our entire group was sitting on or near a pair of picnic tables talking. There was a light wind and a small branch fell, striking the picnic table where I was sitting and also slightly striking the hand of one of the students. There was no sign of injury, but S said that S could feel where hand was hit. Afterwards, we all moved under the shelter to ensure any other branches didn't hit someone.</p>	<p>Leader: This is the first year that - as far as I know- where we have sat at the two uncovered picnic tables. For future safety, especially after rain or winds, we will have our group chat/meet and greet under the covered picnic tables instead of the two that were uncovered.</p> <p>Participant: You can never be too careful, even in an area that looked relatively safe.</p>
May-24	Field trip	Climbing	Minor	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	<p>STUDENT selected route to lead, a route they thought they had mock led the weekend prior. Unfortunately, they started up an adjacent route that looks very similar from the ground. Midway, when STUDENT reached the crux of the route, they took about a 10' fall and impacted on the lower angle portion of the route. STUDENT took a moment to self-assess and indicated that they were fine and wanted to take another shot at it. I was running an anchor clinic at the base of an adjacent route and witnessed the first fall. STUDENT proceeded upward to the same spot, fell again and was lowered to ground. INSTRUTOR climbed the route to set a top rope anchor needed to clean STUDENT's gear. When they reached the top of the route, no bolted anchors were found. STUDENT mentioned that it seemed a lot harder than they recalled. In reflection, INSTRUCTOR realized this was not planned route, but an adjacent route with a very similar overhead blocky feature. An hour later, STUDENT was noticeably pained with limitation with overhead arm mobility.</p> <p>Root Cause: misidentification of route</p>	<p>If a hard impact is sustained in a fall, it would be best to immediately lower the subject and conduct an examination. It's likely the high of adrenalin initially masked the injury STUDENT sustained.</p> <p>The fact that the route seemed harder than they recalled should have been a red flag that this wasn't the same route</p>
May-24	Field trip	Sailing	Minor	Boat/kayak mishap	injury/ illness - self-inflicted, caused by movement	Water - large bodies, fresh or salt	<p>We were on board the 30' sailboat for a training sail. The trip leader stepped on the hand of one of the students while moving about the vessel. I immediately realized I had stepped on S hand, which was lying flat on the cabin top for steadying. I checked right away and asked S if it was injured and if there was any first aid S would like, but S said it was not seriously injured. S participated in other activities for the duration of the rest of the class sail. S made no other comments after the class sail.</p>	<p>A boat is the small place and there are often near-misses and minor injuries can occur, especially with new students who are unfamiliar with the close quarters and shifting environment. I should also watch where I'm walking. I wish I had the foresight to follow up before the class ended. I sent a follow-up email to confirm if S had any continuing issues.</p>

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INCIDENT DETAIL

May-24	Trip	Day Hiking	Safety Concern	Logistics, equipment issues, party issues		Trail	Three of us reached the turnaround point on trail. The first person went 100 feet back down the trail and stopped by the side of the trail. They dropped their pack 2 ft off the trail in a clear area. The second person stopped and dropped their pack nearby. The first person went 100 ft down a boot path to look for a better view. The second person followed behind, and then turned around and went back to the packs. We expected to see the third person, but they were not at the packs. We called out the 3rd person's name, with no response. We decided to wait 5 minutes to see if the 3rd person showed up. When they didn't, we talked about our option. We decided to split up and search for the 3rd person. We gave ourselves 15 minutes to look. One person went forward on the trail and the other went back. We would meet up at the point where we had dropped the packs. We both returned after being unsuccessful finding the 3rd person. We started discussing the next step, when the third person showed up. The third person had hiked 0.5 miles down the trail trying to catch up with the other two. After a while the third person realized that they probably passed the other two, and returned to see if that was true.	The third person thinks they might have been looking at their phone and didn't see the packs by the side of the trail. The other two persons should have waited for the third person to come to the packs before they started exploring the boot path.
May-24	Field trip	Day Hiking	Safety Concern	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Trail	Trail extremely steep with loose rock/soil. worse when wet. Fortunately nobody in my group fell, but it was nerve wracking to watch participants descend.	Have actual personal experience. I did try to scope out the trail beforehand but had to turn around due to too much snow. I would have more clearly defined steep trail in trail description.
Jun-24	Field trip	Climbing	Safety Concern	Logistics, equipment issues, party issues	equipment issues	Rock - talus, boulders, scree	On a field trip, I paired with an instructor second day, and I led the second pitch. After I built anchor, set up belay and the instructor took down the anchor of first pitch and started climbing. While I was belaying, I realized that the belay device was set up incorrectly. Long story short, the belay device wasn't in auto-locking mode, and won't hold a big fall. This put my follower in great danger of a fall. To provide more context of the situation, we had a bit of communication issue during the climb: the traffic is loud, radio was working weirdly etc. I decided to let follower keep climbing while wrapping the braking strand of the rope around me body so that if follower fell, I could still hold break. Luckily the route was chill for climber who finished the climb pretty quickly.	For outdoor climbing, it's worth the time to go slow and go through some form of safety checks. (radio, anchor, belay, rope etc.).
Jun-24	Field trip	Scrambling	Minor	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - talus, boulders, scree	During travel on a relatively steep slope of mixed scree, rock, and dirt/vegetation, a student stepped over a downed log with one leg and as they picked up the other downslope leg, the log started to slide and roll. The student slipped and fell to the ground but was able to avoid having the log roll over them or being carried down the slope by it. The student sustained two minor lacerations, one on the hand (palm below the thumb) and a smaller one on a finger. The hand laceration was bleeding significantly enough to result in dripping blood on clothing and on the ground. The designated First Aid leader responded promptly with assistance from others in the group and applied pressure with a gauze pad to stop the bleeding. The wound was then irrigated with water and a gauze roll was wrapped around the hand and over the wound. I believe a band aid was applied to the cut on the finger. The injured student put a glove on over the gauze wrapped hand and although they were experiencing some pain, they indicated they were Ok to continue and were showing no other signs of compromised ability other than some fatigue which was observed prior the incident and may have contributed to it. The student was able to continue and, after ensuring there was no further bleeding visible on the gauze wrap, able to successfully practice and demonstrate self-arrest skills later in the trip. No further medical attention or other impact was required based on a follow up two days after the incident. The student indicated the cuts are healing as expected.	Clearly communicating to students/participants that objects other than just rocks are susceptible to moving (sliding or rolling) on slopes and advising them to cross over or around them with care and being prepared to make a controlled evasive move if required. This is especially true for individuals that are showing some signs of fatigue. It is notable we had slowed the pace of the group somewhat prior to the incident to address initial signs of fatigue and I believe the fatigue may have been a contributor but not cause of the incident. I believe the bigger lesson learned in this instance is the near miss of a much more significant injury if the log had rolled onto/over the student or carried him down the slope. This log was of significant size (see attached photo) and did not move very far but could have and one end moved an estimated 10-15 feet as it slide from a horizontal (perpendicular) orientation across the slope to a vertical (parallel) orientation with the slope.

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Jun-24	Field trip	Scrambling	Minor	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Rock - talus, boulders, scree	We were walking as a group over boulders and rocks. I heard S call out. S fell and appeared to be in pain. After a few moments S explained that S had slipped on a rock and ice axe had fallen out of hand and ricocheted. The shaft hit left cheek, leaving a bruise but not breaking the skin. S also hit a knee on the rock when S fell but it wasn't bleeding, and S was able to walk out without any issues. I gave S Tylenol and we started to walk out to the trailhead with another participant. We walked out to the trailhead together.	
Jun-24	Trip	Sailing	Minor	Boat/kayak mishap		Water - large bodies, fresh or salt	On a student sail practicing tacks and jibes, at one point, the trip leader stood just inside the arc of the boom's path of travel during a jibe and as a result was grazed by the boom, resulting in a small cut on the eyebrow and subsequent bruising (black eye) in the days following.	Trip leader needs to increase margin of safety to avoid a subsequent incident.
Jun-24	Trip	Global Adventures	Significant	Illness	lack of skill, preparation, conditioning, fatigue	Water - large bodies, fresh or salt	I was on a multi-day global adventure trip and had an ear infection which got worse to the point where my ear drum burst.	I told the leader that I needed to see a doctor and asked for help on our day off. L did not express any concern or help and made me feel like my injury was not significant. I was in significant pain and distress and, in a foreign country, did not know how to find a doctor on my own. L's lack of concern made me feel that maybe my ear infection was not as significant as I thought it was or could be. I was scared and in distress and maybe not using the best judgment. In hindsight, I should have called the equivalent of 911 and found medical attention.
Jun-24	Trip	Day Hiking	Minor	Slip, trip, fall	fall (travel a distance)	Trail	Tripped over a root and sprained ankle. No need for medical assistance. Advil at time of incident and ice back at the car (only .5 mi. away). Now it's time for R.I.C.E.	
Jun-24	Trip	Climbing	Minor	Illness	injury/illness - sudden onset	Snow - technical, glacier, rope needed	Student exhibited signs of altitude sickness at 8000ft. Lightheaded, feeling like puking, hard to breath, high heart rate. This was after about 1500ft gain on easy terrain. Possible that lack of conditioning played a factor but the physical effort for hiking out of camp that short a distance with a day pack was pretty minimal. Had a rope lead stay with S and took S back to camp and when the group came back checked S and had a rope lead walk S out ahead of the group at a slower pace. S condition improved by returning to camp.	Nothing, positive outcome.
Jun-24	Field trip	Climbing	Significant	Slip, trip, fall	fall (travel a distance)	Rock - talus, boulders, scree	Subject: Returning from climbing on climber's trail. I was walking down a slab when feet slipped, and I slid down. One foot stayed in place while rest of body fell. Felt a "pop" and pain in right ankle that had been injured previously that year. Sat for a bit and checked for mobility. Hiked out with help of poles for stability and weight distribution and had others help take some weight from my pack. At the cars I assessed the ankle more and found it swollen and difficult to move. Took Advil and compression wrapped and iced it before driving home. Followed up with Urgent Care the next day and got an X-ray. No fractures or dislocations, doctors suspect more serious sprain. P1: We were descending the climbers' trail, which is mostly made of rock and dirt but had some snow cover in certain sections. The terrain was challenging -- we were frequently post holing on the snow-covered sections, and the rock was frequently wet due to melted snow	Subject: it is important to still be focused and have enough energy to be alert when returning from a climb and back on trail. Extra caution when moving between snowy/slick terrain and rock. P1: I don't think anything would have prevented the slip and fall. We were all wearing mountaineering boots and taking care with where we stepped due to the snow and wet rock. It was just challenging terrain and bad luck. I appreciated the response of the group to (1) take a break to allow the injured person to assess themselves and recover somewhat; (2) take gear from the injured person to reduce

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Jun-24	Field trip	Day Hiking	Minor	Illness	injury/ illness - sudden onset	Trail	<p>One of the hikers during the first quarter of the ascent drank water too quickly and had to throw up. Afterwards, they felt fine (no headaches, dizziness, or further nausea) but were very fatigued and having difficulty on steep sections of the trail. Over the next hour, we took three unscheduled five-minute breaks for them to rest, re-hydrate, and eat. The hike leaders put together a contingency plan in case they were not able to finish the hike, but within that time they were feeling better. We got to the lake, had lunch, and by the return trip they were back to 100%.</p>	<p>Before we even discussed it, the hiker realized their mistake and planned to get a water bladder with a tube to hydrate more gradually in the future. The presence of hike leaders was crucial in managing the situation. Fearing they might let down the group, the hiker would likely have pushed themselves too far. It was important not to solely rely on the hiker's assurances of feeling fine; instead, an assessment was made based on observations and expertise. This proactive approach prevented a potentially more severe outcome. Had the condition worsened, the leaders were prepared to overrule the hiker's self-assessment and initiate an early return to ensure safety.</p>
Jun-24	Field trip	Day Hiking	Minor	Illness	injury/ illness - sudden onset	Trail	<p>At the beginning of the hike, P kept a good pace. About one-third into the hike, P's pace slowed drastically, and P moved from the front of the group to the back. While changing positions within the group is not uncommon, P pace decrease was noticeable. That change alerted co-lead that something could be going on with P. Suddenly, while on the trail, P collapsed. CL yelled, and I turned around and saw CL holding P. P's body looked limp. Others held P while CL removed backpack. Someone got P's poles out of pack. P said that when this happens, P's legs wobble. We took a moment or two to allow P to gain composure. Several walked with P to make sure P was able to stand up and walk. P walked with a severe head tilt, but speech and facial movements seemed fine. Then P disclosed personal medical information at the trailhead but made it sound that doctors were aware and comfortable with this level of physical activity. I asked P if okay to hike, and P said yes. After this incident, we shortened the hike and took plenty of breaks.</p>	<p>I learned the importance of leaving participants' notes. Later, I discovered that this hiker had been on a recent trip where P had to turn around. If I had known that I would have handled things differently.</p>
Jun-24	Trip	Day Hiking	Near Miss	Slip, trip, fall		Water - stream, creek, river	<p>We took a group of Mountaineers backpacking students on their first trip. While filling a water bottle, one of our students slipped and fell into the water. S avoided injury but got quite wet. We had S change into dry clothes immediately. We were able to successfully finish the trip.</p>	<p>The student recognized that, had S had a different type of bottle, S wouldn't have had to go so far into the river to get water - nor would S have had to stand on wet rocks. We compared gear with others, and S thought a bottle with a longer scoop-like top would help.</p>

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Jun-24	Trip	Climbing	Near Miss	Slip, trip, fall	fall (travel a distance)	Rock - technical, rope & protection needed	I was climbing a route. I placed a cam while leading and attempted to clip the 3rd bolt. I lost my grip and fell. The cam did not hold, and I fell onto the second bolt, where I stopped about 3 feet off the ground. This caused some minor bleeding/aches/pain on my left hand and bruising on my right side where I impacted the wall. Additionally, my 0.5 cam is no longer usable	While the 0.5 fit, it doesn't mean it will hold. Should climb past tenuous holds and look for better ones that can be held more easily. Don't get baited into high clipping bolts. Sometimes the better move is to make 1 or 2 moves more and clip waist high
Jun-24	Trip	Urban Walking	Safety Concern	OTHER - Please describe in Incident Narrative.		Developed spaces, campgrounds, fields	Coming downstairs group of 7 urban walkers encountered 2 men seemingly stripping stolen copper wire. Leaders called 911 to report the sighting while remaining above alleged miscreants behind trees. Two in group were 3 paces closer, but also shielded, relaying descriptions to party leader during the call. Leader had reported similar (likely same) group on an earlier scouting walk this spring. Leader informed group of 911 call and asked if all were comfortable proceeding to bridge trail. They were OK and proceeded as follows. Group passed single file through border of the cul-de-sac avoiding eye-contact, some 15-20 meters from (new count) 3 men and dog. Later, leader stood behind pillar and called in new details to police. 20 minutes later, leader received feedback call from police thanking him. Officer said no arrest was made after investigation.	Leader needed clearer feedback from two nearby spotters to relay requested information. If lead person in group changes, insure they are briefed on any anticipated issues ahead.
Jun-24	Trip	Climbing	Safety Concern	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Rock - non-technical, scramble skills needed	Just past a pass, there is a chimney/stem on the approach. A team member finished the move and was following the trail when they accidentally kicked a small rock down onto someone still in the chimney, who was struck in the head. The kicker yelled "ROCK" when this happened. The other person was wearing a helmet and did not look up, so only the helmet was hit. No damage to the helmet was caused	Be careful when moving above this chimney. It has known loose rock. Hold people back from entering the chimney until other people have cleared the area. Where your helmet! Don't look up when someone yells rock
Jun-24	Trip	Climbing	Near Miss	Logistics, equipment issues, party issues	equipment issues	Rock - technical, rope & protection needed	There was a near miss at the very beginning of the first pitch, with the student attempting to belay the lead climber from their end of the rope and not the end closest to the lead climber. Another student spoke up before the lead was even 10-feet off the ground.	
Jun-24	Trip	Sea Kayaking	Safety Concern	Logistics, equipment issues, party issues		Water - large bodies, fresh or salt	Student participant had a gear mishap when dry suit zipper leaked. Participants were told to check their zippers; however, P did not secure zipper after a bio break. P became very wet inside dry suit and was unable to safely complete the paddle. We immediately took P to shore and emptied dry suit. To avoid the risk of hypothermia, a leader escorted P back to the launch site and gave P warm, dry clothing to wear while undergarments dried in the hot sun. When the remainder of the group returned to the launch site, approximately 4 pm, P's clothing had dried, and P was warm and comfortable. P will need to make up the paddle to graduate from the course.	Instruct students to secure zippers and then remind them again to check after they relieve themselves.
Jun-24	Trip	Climbing	Near Miss	OTHER - Please describe in Incident Narrative.	hit/cut - natural object	Snow - steep, ice axe, poles recommended	Incident Category - Avalanche Near Miss Due to crowding on the primary rock-climbing route and individual needs of participant climbers the leader and assistant leaders made the decision to split the group. One group made an early descent down moderate terrain and was led by an assistant leader. This group sought the lowest angle descent to best match the abilities and desires of the climbers. The descent chosen was not the same route as the approach. The final portion of the descent required a traverse with an overhead hazard which was signaled by avalanche debris from surrounding rock faces. While there was adequate room to self-arrest, a lake presented a hazard to the party in the form of a terrain trap. The decision was made by the assistant leader to have the party traverse this slope one by one and gather on a large rock outcropping which provided protection from the slope above. Minutes after this traverse a	This near miss could have been avoided if the party used the same route for descent as was used for the approach. While there were reservations based on the steep angle of the approach, the assistant leader could have modeled and coached the correct skills or conducted a lower or rappel down the steepest sections. The near miss could have been avoided if rather than traversing the given snow slope, the party ascended back to the approach route and then followed that down or walked around the lake. These options were not chosen based on the party being tired and the ascent strenuous and walking around the lake requiring

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							D2 glide avalanche from an adjacent rock face occurred which impacted the slope that had been traversed. The avalanche debris broke apart but contained some blocks of substantial size. The debris did not appear to entrain additional snow on the slope.	a high traverse above the lake on a steep slope. The near miss could have been mitigated by roping up and belaying across the snow slope. This would have taken away the additional consequence imposed by the partially frozen lake below. Given the timing of the event this would likely have resulted in the avalanche occurring prior to traversing the slope, but this would have been a way to increase the party's margin of safety.
Jun-24	Trip	Climbing	Minor	Slip, trip, fall	injury/illness - self-inflicted, caused by movement	Snow - steep, ice axe, poles recommended	After climbing a route, we were descending steep snow and P lost footing in warm snow. After P's foot slipped P slid and managed to make it into self-arrest position with ice axe and was slowing down but hit a bump in the snow and lost self-arrest and slid backpack first into some rocks below then tumbled a few additional feet until coming to a stop. P slid on snow approx. 30 yds and on rock approx. 10 yds. I did a full exam head to toe and found no injuries to report other than minor bleeding on right hand and a few other likely bruises. The bleeding on the hand was resolved with 2 band aids. P reported ability to walk fine and would be able to carry out pack too. Instead we divided all contents of P's pack amongst the group to make the hike out easy as possible for P. P was able to walk normally to the cars with the rest of the group and still had no additional injuries to report when P departed the parking lot in a vehicle being driven by another member of our group.	P lost a pole on the descent and in hindsight, I'm unsure if P was using both a hiking pole and an ice axe when slip occurred. It's somewhat common for people to use a hiking pole and an ice axe at the same time however, this isn't commonly practiced while self-arresting and may be worthwhile at least for those who like to use a hiking pole.
Jun-24	Trip	Climbing	Near Miss	OTHER - Please describe in Incident Narrative.		Rock - technical, rope & protection needed	Rattlesnake. Remember it's rattlesnake season! When walking down the trail, the lead party member came within a few feet of what we think was a rattlesnake. We backed away, let the snake move away (it was crossing the trail), and then walked around it with no issue. Given I saw a rattlesnake at my house the previous day it would have been ideal if I had coached the team to watch out for them.	
Jun-24	Trip	Climbing	Minor	Hit, struck (or near miss by falling objects)	equipment issues	Rock - technical, rope & protection needed	We were 2 rope teams of 2. I was leading the first rope team up p1 of midway when my water bladder mouthpiece came off (I was climbing in chimney style). I neglected to close the valve before embarking, so spilled some water. The follower of the second rope team noticed and assumed I was out of water. They grabbed my Nalgene from my pack to bring up to me. As they were later following p2, they tried to unstick a nut by using my Nalgene as a hammer (at this point I still did not know they had grabbed my water bottle ...). This broke the Nalgene. The follower decided to empty the water but did not know that the lid strap was broken. The lid came off and struck a following party somewhere below us. I did not know this until we got to the bottom of the climb and the other party later said something. They were uninjured and moved along quickly. The person who dropped the lid apologized. I coached that follower on (a) yelling "Rock!" when anything drops and (b) not pouring water/things etc. down route on a popular climb. The follower was chagrined, and I believe took the lesson to heart. I don't have any suggestions for improvements here.	
Jun-24	Trip	Climbing	Safety Concern	Logistics, equipment issues, party issues	equipment issues	Rock - technical, rope & protection needed	Safety Concern: Unlocked Belay Carabiner (belaying from top): at the top of a route P did not lock the carabiner securing the belay device to the anchor. I admonished P on the importance of checking all life safety pieces and gave P some suggestions of systems (that have worked for me) that P may elect to adopt. In reflecting further, I noticed a pattern of behavior where P did not, in my opinion, satisfactorily safety check P's systems. I sent P an email on the same and left a participation note in P's profile. The mail I sent is at the bottom of this narrative. It is not my intent in this incident report or in the participant note to cause any delay or harm to P's education with The Mountaineers. I simply believe strongly in reporting all incidents for data / patterns and to help other leaders best help P learn and grow.	

						<p>We started the day by doing a "ground school" - I had reviewed the profiles of all team members and knew that the other participants on the trip were inexperienced. I had students build ground anchors, build a belay-from-the-top system, and mock belay the followers up. At this point I did not observe any behavior that left me concerned. Regarding P - I had earlier emailed a course leader to get more specific feedback on what practice P needed to complete the multipitch course. I did not hear back from that leader and should have called them (I later learned that their concerns were related to locking carabiners, etc.). I also should have just held a hard line: P did not have the leading multi-pitch trad course badge and I did not have full context as to why. I should have just not let P lead in a multi-pitch environment.</p> <p>~~</p> <p>Mail to P:</p> <p>Thank you again for joining me on Sunday! I enjoyed climbing with you and am excited to see you advance in your climbing, independently and also with The Mountaineers.</p> <p>One of my responsibilities as a climb leader is to identify areas where individuals need to grow their skill set, especially as they transition into leadership roles in the climbing community. In reflecting further on our climb together, I am concerned about what I observed regarding your safety systems:</p> <p>At one of the belay stations I noticed that you had forgotten to lock the carabiner to which you were attached to the anchor when you were switching from PAS to a clove tether. Not a big deal, given that I was able to safety check it before you removed your PA. When I topped out, I noticed that you did not lock the carabiner securing the belay device (securing me) to the anchor. Before I started climbing, I asked you over the radio if all carabiners were locked; I also know it was windy and radio traffic may have been missed. I also recall moments where I observed you ask questions / get interrupted tying your knots.</p> <p>Climbing is a team sport, and much of the time your team can provide the safety system structure to mitigate these sorts of mistakes. However, to transition into leading others, it is my opinion that you need to demonstrate that you consistently do it right, on your own, all the time. Leaving a belay device carabiner unlocked is a significant mistake. On Sunday, when I noticed this, I suggested you add a "triple check" (check again even when you think you've double checked). I would encourage you to develop a system that works for you to check every piece of every safety system you build. When I noticed distractions tying knots earlier in the day, I recall coaching you and the team to hold a hard no-distractions line. That is what I had to do for me, and you may find that it works well for you: if you get distracted, start over.</p> <p>The Mountaineers system has a section of "Participation Notes" on every member's profile. With the above in mind, I have entered the following note: "Positive attitude and pleasant to climb with. However, I noticed two times where P did not lock locking carabiners in situations where they should have been locked and coached P on the same. Would suggest a future evaluation where P demonstrates satisfactory self-checks before P leads others on Mountaineers trips."</p> <p>I want to end this on a positive note : since you are enrolled as a student in the leading the multi-pitch trad course, I hope this email comes across as a feedback moment in your learning journey. I am sending this mail in the spirit of one of The Mountaineers core values: "we share knowledge - empowering others to safely and responsibly pursue outdoor</p>	
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							<p>activities." I truly did enjoy being outside and climbing with you and hope that you continue to progress in your climbing both with and without The Mountaineers.</p> <p>With warm regards, Trip Leader</p>	
Jun-24	Field trip	Day Hiking	Minor	Personal issues (conditioning, conduct, lack of skill)	lack of skill, preparation, conditioning, fatigue	Trail	<p>I became ill due to not being in the right condition to hike 900ft of elevation gain. I made it to about 700ft in 1.6 miles before becoming too nauseous and out of breath to continue. I tried to double my elevation gain from my previous hike (480ft over 4.8 miles) and found that I was too out of shape to hike 900ft in 4.2 miles.</p>	<p>The biggest lesson I learned is to be more realistic about my physical conditioning and to request more time to rest before continuing on. I did listen to my body rather than pushing myself to continue and I will do that in the future. I have already adjusted my plans for the rest of the series to do hikes that are more aligned with my fitness level and will plan to spend more time working on conditioning for elevation gain at the gym.</p>
Jun-24	Trip	Backpacking	Safety Concern	Hit, struck (or near miss by falling objects)	hit/cut - natural object	Developed spaces, campgrounds, fields	<p>Tree fall in the middle of the night while we were sleeping at the campsite.</p>	<p>I don't think there was anything we could have done differently other than recognizing a dead tree that is about to fall.</p>
Jun-24	Trip	Sea Kayaking	Safety Concern	OTHER - Please describe in Incident Narrative.		Water - large bodies, fresh or salt	<p>This near miss occurred on a downwind paddle in 15-20kt winds and 2-3 foot waves. During the second half of the day, a paddler still had their helmet on after our rescue practice right after lunch. The paddler got too warm and took the helmet off and stowed it in the cockpit between their legs. Sometime later, the paddler capsized and had significant difficulty exiting the boat because the helmet prevented extracting legs from the cockpit. The paddler was finally able to remove the helmet from the cockpit and exit the boat safely, and a routine assisted rescue was performed.</p>	<p>Do not store gear between legs in the cockpit of a kayak unless it is secured, and you are sure that it will not impede wet exits! For paddles in challenging conditions where capsize is a possibility, make sure to communicate to all participants the danger of storing gear in the cockpit. Encourage participants to ask another paddler to properly store gear in a hatch if this needs to be done on the water, or to request a quick break on land to do this.</p>