

Info log entry – September 2011

## Near asphyxiation on Indoor Climbing Wall

### The Issue

A 6-year-old girl nearly asphyxiated whilst on an indoor climbing wall. She was wearing a harness and helmet and was attached to an inertia wire. Having lost her foot and hand holds, she twisted on the wire and the plastic adjustment strap at the back of her helmet caught on one of the projections, suspending her weight by the chin strap. It took staff members and members of the public several minutes to climb up and release her, by which time she was blue.

The child did not suffer any physical long-term effects however the parents, who were present at the time, were obviously very distressed.

### The Outcome

Local Environmental Health recommended:

- children should have specialised helmets which do not have the adjustment strap protruding from the back;
- staff should be practically trained to ensure they act when an emergency occurs;
- the most protruding hand and foot holds should be positioned at the lower levels on the wall and all others positioned at an angle to avoid snagging.

However, we believe there would be benefit in comparing the risks and the benefits of using helmets in this context. Climbing helmets are primarily intended to protect from risks of falling objects rather than protecting the head in the event of a fall.

Risks: The use of helmets can make effective communication between climber, belayer and instructor harder, an essential element for a safe session. Line of sight can be obscured, identifying the person is harder (just another anonymous face sticking out underneath the same coloured helmets) and directional hearing is affected.

Benefits: Very limited in this context.

Conclusion: It may be better to discontinue using helmets on climbing walls and towers.

We already know of one other climbing wall which, as a result of this incident, assessed the relative benefits and risks of using helmets on climbing walls and have discontinued their use.