



BRITISHROWING

# HRSA Monthly Report

July 2019

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## **Awards for Bravery**

The March Monthly Report contains a description of a rescue in which two members of the Royal Agricultural University RC saved the life of a man who had fallen into a canal. The man was trying to climb back onto land; this attempt failed as the bank was too high. The man started calling for help.

Various unsuccessful attempts were made to rescue the man so Henry Jackson, the cox, entered the water to support the man and keep his head above water. Alfred England, a rower from the crew, entered the water to assist in lifting the man onto the towpath, they were also assisted by a nearby canal boat owner.

The man was not breathing when he was brought onto the towpath. Henry Jackson conducted hands only CPR before getting the man into the recovery position. After some strokes to the back with the hand, the man coughed up water and started breathing. The man was taken to hospital with by ambulance with suspected hypothermia.

The approach to this rescue was exemplary. The rescuers did not immediately jump into cold water to save the victim. Their entry into the water was considered and controlled having first tried other methods of rescue.

I made a nomination to the Royal Humane Society. The Society has decided to confer the award of a “Testimonial on Parchment” and a “Resuscitation Certificate” to Henry Jackson and a “Testimonial on Parchment” to Alfred England. The “Testimonial on Parchment” is awarded where someone has put themselves in danger to save, or attempt to save, someone else. There is more information on Royal Humane Society awards [here](#).

## **Rescue at Boston Rowing Club**

Members of Boston Rowing club had returned from a “Solstice Row” and were in the Clubroom having refreshments. A member of the public came in and alerted the Club to the fact that there was a man in the river.

The casualty was found floating face down on the water about 5 metres from the club landing stage. Robert Parker, the Club Chairman jumped into the water and waded then swam towards the casualty. He grabbed the casualty by the ankle (the nearest body part available) and swam then waded back towards the landing stage. He rolled the casualty onto the landing stage with the help of other club members. Robert estimates that it took 20 seconds from the time he entered the water till the time the casualty was removed from it. The casualty was then on his back, unconscious, cyanotic, not breathing, and showing no signs of life, Robert thought that he was dead.

Anita Lowe, the Club First Aider immediately started hands only CPR, and did so for about two minutes before there were any signs of life. The casualty started to breathe but stopped breathing a couple of times. CPR was recommenced each time.

The casualty started breathing very noisily and the ambulance arrived a very few minutes later. The casualty was taken to hospital.

Anita Lowe works at the hospital (as a radiographer) and visited the casualty while he was in hospital, she reports that he was making a good recovery and was very grateful to have been rescued. He was subsequently discharged from hospital apparently fit and well.

Last year the club arranged Basic Life Support training for its members and their families, when it purchased a defibrillator for the Boathouse. Those attending (including juniors) all received a basic life support certificate.

I have nominated the club for a Royal Humane Society award.

## Incident Reports in July

There were several incidents where boats strayed into the middle of a river and collided with boats going in the opposite direction. Better lookout and more care is all that is needed to avoid collisions.

In another collision, the front teeth of a 12 year old sculler were seriously damaged following impact from the edge of a blade from an overtaking pair from another club in the same town. After some argument, the rower concerned has made an extensive and thorough written apology. All this resulted from failure to keep an adequate lookout and failure to take care when overtaking (they did not know that she was there so did not know that they were overtaking).

An 8 collided with a motor cruiser that pulled out from the bank and attempted to do a U turn at speed in front of the 8. The 8 did an emergency stop but still collided with the cruiser causing damage to the bow of the 8 and a hole in the side of the cruiser. Bow balls provide little protection in collisions.



A sculler capsized in a race and was struggling to keep his face above water. He could not release his feet as his heel restraints had failed. The sculler was rescued by the crew of an umpire's launch and a safety launch and taken ashore unharmed. Heel restraints in other boats from the same club were subsequently checked and some were found to be defective. Heel restraints are vital safety equipment and should be checked rigorously prior to each outing.

An 8 had to take sudden evasive action to avoid a badly driven barge that was exiting a lock. The lock keeper suggested that the 8 should report the incident to the Environment Agency using the agency hotline, which they subsequently did. The Environment Agency hotline number is 0800 807060. The hotline should be used for reporting collisions, speeding boats and various pollution incidents. Information on the navigation authority for each waterway can be found by clicking on the appropriate waterway in the list at [https://www.waterways.org.uk/waterways/individual\\_waterways](https://www.waterways.org.uk/waterways/individual_waterways)

A wing rigger became almost detached in a race and the sculler was rescued by a launch. There is information on the correct fitting of wing riggers at <https://www.britishrowing.org/wp-content/uploads/2016/05/WinTech-Quick-Release-Wing-Rigger-Fitting-2.pdf>

A masters sculler capsized on a large lake and attempted to swim the boat to shore, a distance of 600 metres. Rowers should be reminded that unless they are very close to the bank then they should climb on top of their boat and either paddle it to the shore or wait to be rescued. There is more information at <https://www.youtube.com/watch?v=A6un3TkbQUQ>.

During a pre-outing check it was discovered that a lifejacket had been inflated (the cylinder had been used and was empty) and repacked. The club will now check all its lifejackets. There is information on checking lifejackets in the Safety Alert – [Check your Lifejacket](#).

## Club Safety Alert

An assistant CRSA has produced a club Safety Alert following the incident in Limerick when a young rower is understood to have been held underwater when her hair became entangled in the rigger after her boat had capsized. The Safety Alert is pictured opposite and included with this report.

The CRSA explained that she has spent many years working in hospital Emergency Departments and is passionate about accident prevention and safety. She composed the poster to ensure her club members are mindful of safe clothing and hair whilst out on the water.

She was pleased to hear that the recovery of the Irish rower continues and that she has just celebrated her 13th birthday.



**SAFETY ALERT**

There was a recent incident in Ireland where a junior boat capsized and a girl's long hair became trapped in a rigger. She was unable to get free and has sustained life changing injuries.

**ARE YOU SAFE ON THE WATER?**

IS YOUR LONG HAIR ALL TIED UP IN A BUN OR HAT?

IS THERE ANYTHING ON YOUR CLOTHING THAT COULD GET TANGLED/CAUGHT IN THE EVENT OF A CAPSIZE?

**HOODIES ARE NOT TO BE WORN ON THE WATER**



## **Safety and the Omnium Skills tests**

A concern has been expressed by a mother of rowers, who is also a doctor in general practice, that the tests requiring scullers to stand in their boats expose those scullers to a greater risk of capsizing. She was concerned that the capsizing could cause exposure to contaminated water and that this could lead to illness, in some cases serious illness. A review of Incident Reports shows that we have a handful of cases each year where capsizes lead to illness requiring medical treatment.

It soon became apparent that these concerns relate to practice for these skills tests rather than the tests themselves. The skills tests at events generally happen on uncontaminated water in well controlled conditions and in the presence of extensive rescue resources. Practice for these events can take place anywhere and in this case the scullers involved row in the centre of a city where the levels of contamination in the water are thought to be significant.

The initial response was that these exercises are useful and important. They build confidence and demonstrate to rowers the importance of core stability. They were designed by our Technical Panel who have considerable experience and competence in these matters. These exercises help rowers to develop good posture and thereby good technique. Having good posture and technique tends to protect against injury when rowing. In effect, the long term health and safety of rowers who learn to do these exercises is enhanced.

There are simple measures that rowers can take to prevent contamination entering the body through the skin (e.g. waterproof dressings on cuts and grazes and thorough washing (and showering) after immersion). However the precautions against ingestion are less effective. Telling rowers to try not to swallow water if they fall in is not an effective strategy. People sometimes ask if there is a prophylactic treatment following immersion. Our Honorary Medical Adviser tells me that there is not. There was a myth that drinking coke (or a cola based drink) provides a measure of protection but research has shown this not to be the case.

We try to use data to drive decisions. The data we have in this case is conflicting and there is a balance of risk to assess. On the one hand practising these skills poses a risk of disease for those rowers who do so on contaminated rivers. On the other hand practising these skills results in a significant measure of protection against subsequent injury. There are precautions that can be taken to protect against the effects of contaminated water (mostly simple hygiene, as described above, and by practising these skills on less contaminated water - perhaps as a guest at another rowing club) and the incidence of disease due to this cause in the rowing community in the UK is very low.

On balance, I concluded that the introduction of these skills and the associated skills tests protect rowers from injury in the longer term and that this outweighs the short term risk when practising these skills. These short term risks can be reduced by taking the simple hygiene precautions outlined above and in RowSafe and taking that extra care in selecting a place to practise. This is valid at times of year when the water is not excessively cold. Cold water immersion can lead to other effects.



I have spoken to the Regatta Controller for the British Rowing Championships because the event organisers were very concerned about the points that that were raised. He asked for my advice and that has been provided.

The doctor replied stating that she still did not accept that there was a need for these skills to be developed in view of the risks posed by that doing so. I consulted colleagues in order to provide a better explanation, this is summarised below.

There is a limit to the extent that rowers can get better at rowing by just doing more rowing. They need to do exercises, both on and off the water, to develop technique, fitness and athleticism. For example, some rowers need to improve their flexibility and there are stretching exercises, on land, that help them to do this. The same logic applies to core stability exercises.

We need to be especially careful with young rowers as doing more and more rowing can cause harm to developing bodies. Care is needed with people whose muscular development is in advance of their skeletal development. It is too easy to cause damage to joints. It is better for young people to simply play in boats rather than row for mile after mile; it is more fun too. The exercises provide a framework for this.

The Omnium exercises are based on "constraint based learning". The standing exercises develop balance, confidence, core stability and the ability to feel and control the boat through the feet. It helps people to become comfortable with the boat and not frightened of it.

In the standing exercises, rowers learn to control their balance with their feet. It is also important that people learn to row with light hands and without gripping the handles, this all comes from confidence. This is particularly relevant to young rowers who have a tendency to grip too tightly and pull with the arms rather than push with the feet. If rowers do not feel entirely confident in the boat then they will never go as fast as they would otherwise be able to.

I agree that there is a greater than normal risk of capsizing when practising these skills and that it is not advisable to do so on water that is probably contaminated. I spoke this morning to a friend who is also the Director of Coaching at Scottish Rowing, he recommended that you contact a nearby lake based rowing club as the water there is clean and clear, they have a lovely lake and are a very friendly club. Rather than take a boat to the Lake, I would ask them if you can borrow a boat for an hour or so, so that your daughter can practise these skills.

The doctor replied saying that she will discuss with the coaches about best options to practise. All the kids have done races at this lake and we know people that row there so it may be an option but it is still quite an inconvenience to travel for that. She also expressed surprise that no one has ever raised any concerns about this from other clubs but they all must have better water than we do!

## Keep a good lookout

There have recently been several incidents, in the Thames Region and elsewhere, involving rowing boats being in collision with other river users. The PLA posters were re-issued to clubs in the Thames Region and are included with this report.

Please remember that failure to keep a good lookout is the most common cause of collisions and harm.



## Oxford University Rowing Clubs Safety Review

A review of safety at the boathouse, and the risk assessments and other safety information was completed and a comprehensive report was delivered. The criteria for this review were the requirements of Health and Safety legislation and the expectations in RowSafe.

The standards of compliance with both criteria were very high. Several opportunities for improvement were identified and recommendations were made.

## Do doctors and nurses need first aid qualifications?

There was a request for information on whether doctors and nurses are recognised as official first aiders by virtue of their professional qualifications.

The response was that there is a complex answer based on the registration of health care professionals but the simple way to think of this is that doctors and nurses train for years to qualify and for first aiders it takes days. If a doctor or nurse tells you that they are competent and willing to provide first aid when needed then believe them. If they say that they are not able or not willing then please respect this decision.

The doctor or nurse may have to justify their decision to their own professional body but that is a matter for them and not one for the club.





## Rowing on Rough Water

Last month I asked for ideas on how boats can be made more resilient so that they can be used safely in races over rough water. The following suggestions have been received.

*“I read the section on Strong Winds and boat adaptation. I thought I would mention that when rowing the Head of the Dart (Totnes to Dartmouth or vice versa) in a quad or 4+, I use clingfilm to create temporary wash boards along each side of the boat. This involves wrapping the clingfilm along the top and then back along the bottom of the riggers. Two widths with some overlap according to conditions. I have found it very effective and avoided waves washing above gunnels and water entering the boat. I first saw the technique used when competing in the Rhine Marathon (Leverkussen to Dusseldorf).”*

and

*“One thing which also caught my eye was the proposal to investigate means of making boats more resilient and the mention of water pumps. I expect that this will prove to be a dead end. The experience shows that passive mechanisms have some value and have been used in coastal boats for decades but electric pumps are not a reliable or particularly effective method of removing water from a racing shell which has been or is about to be swamped. We currently have Rushworth offshore quads which have electric pumps fitted. They don't work, we don't know how to fix them, the manufacturer is no longer in business and we have taken simple steps to mitigate the potential problem; put tape over the outlet hole in the hull and bungs in the holes in the foot wells to prevent water getting into the hull space in the first place. The only negative effect is that water accumulates in the foot wells but the boats are sufficiently buoyant to cope with this. The rowers get wet when rowing at sea as a result – what do they expect?”*

*As for the other suggestions, aren't they obvious and of proven value? We have centuries of experience showing that washboards help and recent experience showing that wing riggers help as well.”*

If you have any comments or suggestions then please write to [safety@britishrowing.org](mailto:safety@britishrowing.org) .

## Offshore and Beach Sprints Safety Documentation

The documentation was reviewed and opportunities for improvement were identified. Feedback was provided to the ERSA.

## Magnetic Fishing

There was an enquiry about whether there has been any incidents reported involving magnetic fishing. The response was that I have not seen any. If you have a problem with people engaged with this sport then please write to me at [safety@britishrowing.org](mailto:safety@britishrowing.org) or report the incident at <https://incidentreporting.britishrowing.org/> .





## New Rower with Epilepsy

A coach wrote asking for advice on a J15 athlete who has epilepsy. It is understood that the Epilepsy has potentially come about following an operation on her brain some years ago.

The athlete currently has approximately one seizure per month, and has recently started medication in an attempt to reduce the frequency. There are currently no warning indications that the seizure is about to occur. However, the athlete thinks that there may have been signs prior to a recent seizure at a National level swimming competition.

Swimming England has relevant Guidance and a Policy. In the Policy it states:-

*"1. Any individual presenting with possible epilepsy should be investigated and have a diagnosis made before taking part in organised swimming or water sports.*

*2. Extra precautions need to be taken when there is a significant risk of further fits (seizures). In line with the recommendations of DVLA for Group 1 this period of significant risk is defined as follows:*

- For 1 year following a fit*
- Whilst reducing medication and for 6 months after stopping it "*

I understand that people who have epileptic episodes tend to breathe out and lose their buoyancy. Clearly, this can be particularly dangerous for swimmers.

The British Rowing statement on Epilepsy can be found at <https://www.britishrowing.org/knowledge/safety/health-and-fitness/rowing-and-epilepsy/> and states as follows.

*"Rowers, coaches (driving launches) and coxswains with epilepsy should not be allowed on the water when there is a possibility of further seizures placing themselves and others at significant risk.*

*In line with the recommendations of the DVLA, this period of significant risk is defined as within one year following a seizure, and for six months whilst reducing medication or stopping medication. In these cases, where there is significant risk of further seizures, rowers, coaches (driving launches) and coxswains should not be allowed on the water, except where there is a special individualised risk assessment of the individual and the event.*

*Asleep seizures (nocturnal seizures) are seizures that occur whilst falling asleep, when asleep, or on waking up. Rowers, launch drivers and coxswains who have an asleep seizure should not row, drive a launch or cox until they are seizure-free for one year. Those who continue to have only asleep seizures should contact their General Practitioner or medical specialist to be assessed as to their suitability to row, drive a launch or cox.*



*In certain circumstances awake seizures may not affect consciousness, attention and the ability to act in any situation, nor cause any functional impairment. Rowers, launch drivers and coxswains who have awake seizures where they:*

- remain fully conscious during the seizures;*
- the seizures do not impair or stop the individual functioning normally;*
- have only ever had awake seizures;*
- have never had a seizure that affects their consciousness, attention and ability to act in any situation;*

*may be permitted to row or cox following medical review.*

*Clubs and rowing facilities should be informed that:*

- an individual has had epilepsy*
- a suitable period of time has elapsed since the last seizure*
- medical consultation has taken place*

*The club/rowing facility should risk assess the situation and develop an action plan with the individual to manage a seizure, with appropriate medical advice where required.*

*There is no restriction to indoor rowing. Clubs and rowing facility should be made aware of the possibility of seizures in an individual. The club/rowing facility should risk assess the situation and develop an action plan with the individual to manage a seizure.”*

This is also included in section 8.6.2 of [RowSafe](#).

Having consulted both policies, I find it difficult to understand how the athlete can currently participate safely in either sport. Following this response the coach agreed that it is unsafe for this athlete to continue in a boat given that she is having regular seizures.