



BRITISHROWING

# HRSA Monthly Report

July 2021

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TEAMWORK | OPEN TO ALL | COMMITMENT

## Rowing - Everyone's Sport

*"Now is the time to celebrate the variety that rowing can offer and the diversity of rower that we can attract. From urban indoor rowing to touring winding rivers and from battling the waves on the coast to racing six-abreast on a multi-lane course – rowing has something for everyone. As we look to grow our sport, we must embrace the opportunity this gives us to open our sport to the widest possible group of people: removing barriers and welcoming change."* This text is taken from our CEO's introduction to our new strategic vision for rowing, [here](#).

Clearly rowing has something for everyone but, if we apply our current guidance rigidly then not everyone can access all of rowing. Not everyone can swim, and this is a barrier that we will have to work together to remove. I would like to hint at a solution, but first I would like to explain the concerns. The key points are:

- Many people cannot swim
- How do we define our current swimming expectations?
- How can lifejackets and buoyancy aids help?
- How well do rowers really need to swim?
- What do other sports do?
- What comes next?

### **Many people cannot swim.**

A simple internet search reveals the following:-

*The latest figures show 14.2 million – one in three of the adult population in England (31%) – cannot swim one length of a 25m pool. [here](#), (published in October 2019).*

The situation now is not likely to have improved due to the closure of swimming pools during lockdown.

Swimming is in the National Curriculum, there is more information [here](#). This includes the following:-

*All schools must provide swimming instruction either in key stage 1 or key stage 2. Key Stage 2 is age 7 to 11.*

*In particular, pupils should be taught to:*

- *swim competently, confidently and proficiently over a distance of at least 25 metres*
- *use a range of strokes effectively [for example, front crawl, backstroke and breaststroke]*
- *perform safe self-rescue in different water-based situations*

Having discussed this with a colleague who was a swimming teacher, we are not confident that this really happens as it should. It takes time and effort to transport children to and from a swimming pool. In inner cities, schools may not have their own pools. As children grow up, they may not continue to swim, this may depend on how much time and money their parents have to support this activity. The closure of schools and pools during lockdown has not helped.

There is further information [here](#); this says that "[A Third of UK Children Unable to Swim as Parents Struggle with Time and Money to Teach Them](#)" (dated 2017 - again pre-lockdown).

Research in the USA shows that 80% of people say that they can swim but only about 56% actually can. It says [here](#) that "[Nearly half of adults can't swim well enough to save themselves](#)".

Fear of the water is a common obstacle in learning to swim, as explained [here](#). There are techniques to overcome this, as explained [here](#).

### **How do we define our current swimming expectations?**

The "expectation" in section 3.6 of [RowSafe](#) is:-

*Ideally, everyone taking part in rowing should be able to:*

- *Swim at least 50 metres in light clothing (rowing kit).*
- *Tread water for at least two minutes.*
- *Swim under water for at least five metres.*

*However, these times and distances could be extended so that they are appropriate to the venue where rowing takes place.*

This is not consistent with our idea that rowing is for everyone.

### **How can lifejackets and buoyancy aids help?**

RowSafe also advises that lifejackets and buoyancy aids are made available to all rowers and are worn by non-swimmers. We could:-

- start with all new rowers wearing buoyancy aids, they may not tolerate this for long when they see "proper" rowers not wearing them
- use the time that this buys to help them develop:-
  - confidence in the water so that they do not panic
  - ideally the ability to swim but at least the ability to float
  - what to do in the event of a capsize (see online training in Row How)

Requiring non-swimmers to wear lifejackets is divisive and may deter new rowers.

### **How well do rowers really need to swim?**

We often say that:-

- rowing is a sport that takes place on the water and not in the water
- we want rowers to be able to swim but we do not want them to have to swim
- if they enter the water then they should keep hold of their boat, it becomes their liferaft
- they should stay with the boat and climb onto, or back into, the boat if they can or wait to be rescued

It is worth noting that the RNLI "[Respect the Water](#)" campaign tells people, "if you fall into deep water then do not try to swim, just float".

If we can provide "confidence in the water training" so that people do not panic but float and keep hold of their boat, then that may be sufficient.

## What do other sports do?

I checked with a colleague at British Canoeing. He tells me that there is a requirement to wear a buoyancy aid and the fact that beginners are in formalised sessions are under the direct supervision of a coach, means that there is not an absolute requirement to swim. Their stated position is:-

*1.3 Water confidence When starting in paddlesport the ability to swim is desirable but not essential. In a coached or supervised session, non-swimming participants should be confident in the water, not panic and be able to follow instructions in the event of a capsize. The ability to swim is important when paddling in non-sheltered water.*

However once canoeists move away from beginner training and into different more challenging environments or events, that requirement can change quite sharply to a requirement to swim.

We should check with the NGBs of other “on-water” sports.

## What comes next?

The suggestion that the ability to swim is not essential for rowers providing they can stay calm in the water, float, and stay with their boat has been raised with the National Rowing Safety Committee and there was general agreement that this could be acceptable. This idea is radical and would benefit from wider discussion. There may be other ways in which we can make rowing safe for non-swimmers. Please feel suggest any that you can think of ( write to [safety@britishrowing.org](mailto:safety@britishrowing.org) ).

Please be positive and do not suggest that we ask all new rowers to sign a declaration that they can swim or that they will accept the risks. We are trying to find a way make rowing safe for new rowers and help make Rowing Everyone’s Sport.

## Incidents in July

### Rower rescues child

There was an incident in a coastal race close to the beach in which a blade made contact with a Stand Up Paddleboard, or the person on it. This resulted in a mother and child entering the water. The rower, who is a qualified Lifesaver left her boat and entered the water and rescue the child (who did not have a buoyancy aid) and place the child on the Paddleboard She also assisted the mother. I wrote to the rower to congratulate her on her prompt, skilful and effective action.

### Lightning

There were two incidents involving the threat of lightning.

- A rower went afloat less than 30 minutes after a storm had passed and was told by a ranger to return to the landing stage. He did so and got off the water.
- Lightning caused crews to be evacuated from the water during a regatta. One crew came and sheltered in another club’s clubhouse as their own was 3km downstream.

Please remember [the 30:30 rule](#); this states that if the flash to bang is 30 seconds or less, then seek shelter. Stay inside until 30 minutes after the last clap of thunder.

## Backstays protect again

There were several incidents in which backstays were damaged thereby absorbing some of the energy that could otherwise cause injuries to rowers. These include:-

- a head on collision between a 4x and a 4- that is reported to be on the wrong side of the river,
- a head on collision between two 4xs, even though they both tried to do emergency stops
- a head on collision between a 1x and a 2- that was reported to be cutting a corner on the wrong side of the river.

Please ensure that backstays are fitted at least to the forward rigger on each side of all boats bigger than 1xs. They will not reduce the probability of a collision, but they do reduce the severity of harm should one occur.

## Injuries caused by off the water incidents

Most incidents occur on the water but there were several incidents with serious consequences that occurred when not rowing; these include:-

- A rower slipped on a pool of water on the boathouse floor while racking a boat. She unfortunately fell heavily and sustained a fracture of the radial notch between the Radial and Ulna bones in her left elbow. She was in a high degree of discomfort and went to the Fracture clinic. She also bruised her S5 joint and coccyx at the base of her spine when she fell.
- A junior rower became distracted when using a winch to lower a launch into the water, became distracted, let go of the handle and it rotated and hit her fingers. She was not badly injured.
- A rower caught their arm in the Empacher slot when turning a boat resulting in a deep cut.
- A rower caught his foot when stepping in and out of car tyres when circuit training and fell on his wrist. This resulted in a fractured wrist and his arm will be in a splint for about four weeks.
- A volunteer received a blow to the head from a metal bar when lifting a heavy course marker buoy. This caused a gash to his head.
- A rower tripped on a mooring eye on the edge of a pontoon and fell into the water.
- A club member slipped and lacerated her leg on a broken clay pipe While clearing vegetation from the riverbank. She was lodged in vegetation 2m above the river until rescued by emergency services accessing from the river. Hospital treatment included repair of a head of the calf muscle, split skin graft and skin repair.



Please be aware that there many ways rowers can be harmed and take care to identify and manage the all the hazards.

## Interactions with Motorboats

At this time of year, we expect there to be incidents involving motor vessels. There were several in July including:-

- A sculler's blade hit the stern of a motorboat that crossed the river so as to be on the correct side. The scull came out of the gate and the sculler capsized.
- A commercial motor vessel passed a group of scullers at excessive speed and with excessive wash.
- A 1x was involved in a near miss with a launch travelling in the opposite direction on the wrong side of the river. The 1x was tucked well in to the bank.
- A 2- was forced to stop to avoid a collision with a motorboat that was travelling at excessive speed in the centre of the navigation channel.
- A motorboat that was not associated with the regatta collided with a 2x causing a blade to hit a rower's arms and ribs resulting in nerve damage.



Please be careful around motorboats and do not expect their drivers to display the levels of consideration, skill and knowledge that we would expect of fellow rowers.

## Interactions with Geese

There were two reports where rowers suffered harm due to interactions with geese, as follows:-

- A crew was doing a 2k piece when it hit a flock of geese; this caused an oar handle to hit a rower's kneecap with some force. The rower was able to continue but was in pain on the pontoon and struggled to put weight on the leg.

A rower was about to get into a boat on a landing stage, had removed their shoes and tripped and fell into the boat when trying to avoid goose poo.

## Rower Development Guide

The new version of the Rower Development guide will make use of quizzes to impart knowledge and reinforce learning. There was a request for Rowing Safety related quiz questions. Copies of the quizzes published in these reports during lockdown were provided. It is expected that more will be needed to cover further safety topics.

## Safety Alert - Get help to buy your own AED

This Safety Alert has been issued and a copy is included with this report.

**Time** is the critical issue in the use of a defibrillator, delay can be fatal. Your club may have one nearby but, in the time, it takes to fetch it, the chances of it being effective reduce dramatically. It is best for each club to have its own. We have had three reported incidents in the last few years where rowers collapsed after indoor rowing. In two cases there was some delay in retrieving an AED (the publicly available AEDs were some distance away) the rowers subsequently died. In a third case the AED was nearby, and the rower survived.

The Safety Alert explains how the [London Hearts charity](#) can provide financial support and advice to make it easy for a club to acquire an AED at low cost. AEDs save lives, in my view every club should have one. Even my little club in Somerset is going to buy one.

## Do AEDs really work?

There was a question in response to the Safety Alert on the effectiveness of AEDs and a suggestion that it is better to spend money on CPR training.

It was explained that I have been promoting CPR training, the RSUK [Lifesaver](#) App, for some time. UK Coaching has something similar [here](#). We have a Safety Alert on CPR [here](#), and one on what to do if someone collapses afloat [here](#). In recent years we have had two rowers collapse during club outings on the same stretch of river; one was resuscitated with the aid of an AED, the other, unfortunately, died.

Information was also provided about rowing incidents where CPR and AEDs were used. This is reproduced in Appendix I.

It is the combination of chest compressions and AED that produces success not AED alone. So, it is essential to deliver good chest compressions until an AED can be sourced."

It is difficult to draw valid conclusions from a few examples, but I feel that:-

- prompt, good quality CPR, preferably in relays, buys time
- the early availability and use of an AED can save lives
- delay kills

There was also a comment about club members not knowing where their AED was and how to use it. The response was please understand that there is a lot of CPR training on the internet for free; I have referenced some of it above (and elsewhere in this report). I believe that some organisations will deliver face to face training at a club at no cost. Cost is not an issue and any money spent on acquiring an AED should not detract from CPR training, it should enhance it because it makes the CPR more relevant. London Hearts provides free training in the use of an AED, and I expect that this includes an element of CPR training.

My recommendation is that after the season ends and the nights draw in, your club should provide CPR and AED training to its members. Let them get their hands on the machine and find out how to use it. Show them videos. Encourage them to use some of the interactive training aids. To put this in basic, simple, terms; get the club to put more energy and effort into looking after its members (and others).



## Rowing Specific First Aid and Defibrillators

There was a question about how best to approach essential first aid training and water safety with a view to getting people comfortable with how to handle various elements of basic, essential lifesaving first aid. The club has also begun work to create resources on where the nearest accessible defibrillators are as they can be some distance from their own club when rowing.

The response was that there are many videos on the St John's and Red Cross websites and much more information on the internet.

Topics particularly relevant to rowing include:-

- CPR (see [here](#))
- how to use an AED (see [here](#))
- concussion (see [here](#))
- hypothermia (good training on Row How [here](#))
- fainting (see [here](#))
- primary survey [here](#)
- Weil's disease (symptoms and what to do - this is rare, there is a Safety Alert [here](#))
- control of bleeding (see [here](#))
- asthma response (see [here](#))
- epilepsy response (see [here](#))

There are some topics covered in Safety Alerts, the archive is [here](#), and Chapter 8 of [RowSafe](#) deals with Health and contains some information on First Aid.

The rowing clubs in one area of your region have worked together to coordinate access of all clubs to everyone else's AEDs. I understand that they all know where the nearest AED is wherever they are in the area. This should not be too difficult to replicate this in your area or other areas in the region.

## Newsletter article - Look for, and after, others

Some weeks ago, I wrote an article for the British Rowing Newsletter. It is reproduced below just in case you missed it.

### **Look for, and after, others.**

*Imagine; there you are, having fun afloat, or trying to better your personal best. Remember that you may not be alone. Remember that there may be paddleboarders, or kayakers, or wild swimmers ahead.*

*Just because you have the fastest boat around, that does give you any priority. It actually means that you should take extra care.*

*Please keep a good lookout ahead. If that means that you have to ask your bow rower to look ahead then do it. If you are a cox, then do not hide behind the "cox's blind spot" excuse. Check ahead at bends and other opportunities. If you still can't see what is there, then lean to one side then the other. If that does not work then stop, it is not safe for you to continue!*

*Please remember that paddleboarders, kayakers and swimmers are people too, and keep them safe.*



## Collision Avoidance Posters

I was asked whether British Rowing had any posters promoting collision avoidance and keeping a good lookout that could be used around a club.

The response was that we use the posters produced by the Port of London Authority and the Thames Regional Rowing Council. These can be found [here](#) and are shown below. There is also a Collision Avoidance video on the British Rowing website [here](#).



## Epilepsy and Return to Rowing

A club asked for advice on the return to rowing of a rower who has had three seizures within minutes of waking in the morning. She is now on medication and has not had another seizure in the last six months.

The [Guidance from the British Rowing Medical Panel on Rowing and Epilepsy](#) advises that “where there is significant risk of further seizures, rowers should not be allowed on the water, except where there is a special individualised risk assessment of the individual and the event.”

The response was that it would be helpful if there was an indication from her treating physician (presumably her neurological consultant) that the probability of a further seizure is very low, and it would be safe for her to row. It would also help to know whether your rower has any indications that she is about to have a seizure in time for her to reach a place of safety or be protected by members of her crew.

I understand that people who suffer seizures tend to exhale more than normal and become negatively buoyant. They are not in control of their breathing. Having a seizure when rowing in a crew boat should be less harmful provided the other people in the boat, both in front of and behind her, are aware of the issue and able to support her.

The Honorary Medical Adviser concurred and added “In essence what the rower should provide is a letter from the doctor managing her seizures saying that there is a very low risk of further seizures during rowing as this initial episode was an early morning episode; that she is now on medication and has not had a seizure since; that she is happy for this rower to return to rowing.”

## Contingency Plans

I was asked whether the following sentence as applied to events - any type not just rowing but including social events, etc.,- makes sense.

*“Do you have a contingency plan for your event/competition? For example, if you organise a head race for November and your river rises three days before the event, are you able to arrange an alternative venue at short notice, such as a local canal base, perhaps in exchange for a few of the local crews entering for free? or your event suddenly finds itself on the same night at the World Cup final - is there anything you can do to make sure the event still runs? - hire a big screen TV, change the date etc ? “*

*“It’s important to have all of the appropriate safety plans and risk assessments to cover these types of situations. “*

My response was as far as the statement is concerned there is some sense in it, but it goes too far. It is, or should be, all about what is likely and what is reasonable, there is no need to go overboard. For example, if you are organising a garden party and wonder what to do if it rains then you may consider borrowing a tent or event shelter. You probably would not hire the local village or church hall just on the off chance.

If something happens a day or two before the event starts, then cancellation or postponement has to be an option.

If you are concerned with things going wrong during the event, then you would have response (or emergency) plans. For example, if you hear thunder then you would follow the 30:30 rule. Most event committees have been running their events for years and have this all worked out.

In absolute terms, the sentence in red is true but the interpretation has to be reasonable. Risk assessments are based on the combination of probability and severity. We can judge some things to be so unlikely that there is no need to plan for what to do if they did happen.

## Lightning (again)

There was a discussion about action to take in the event of lightning. It was suggested that if a boat was some distance from its own boathouse when a thunderstorm started then the crew should lie flat in the boat and hope that the lightning misses them.

My response was we should think about prevention. If lightning is forecast, then crews should not find themselves far from their boathouse or on the water at all. We need to be careful to attend to the forecasts and act accordingly. In some areas any landing point should do. It may be possible to get off the water and find shelter in someone else's building or vehicle, as described in an incident report summarised above.

I do not like the idea of rowers staying on the water during a lightning storm or event. Please read the [Lightning Safety Alert](#), and read the RoSPA statement on "[Lightning at Leisure](#)" where it says that "water will transmit (lightning) strikes from further away".

Please remember that water, carbon fibre (e.g., in boats and blades) and metal components in boats (e.g., riggers, stretchers, under-seat rails, etc.) all conduct electricity.

USRowing's guidance on thunderstorms is clear: "Do not row in an electrical storm. Lightning detectors are inexpensive and can clip on your belt. If you are on the water and see lightning, hear thunder, or notice your hair standing on end with static electricity, head for the nearest shore<sup>[2]</sup>. If the storm is upon you, take your boat ashore and wait for the storm to pass."

I have recently been sent further information on lightning and this link to [an Analysis of Lightning Deaths in the US](#) (thanks Mike). This reinforces the advice to be:-

- willing to cancel or postpone activities
- aware of approaching or developing storms and
- able and willing to get to a safe place quickly

Even though deaths from lightning strikes are rare, our guidance is responsible, clear, and consistent with all other authorities. In the event of lightning then get off the water and get into shelter!

## Appendix 1 - The use of CPR and AEDs in Rowing Incidents

This is taken from previous monthly reports

### April 2021

"Recovered Cardiac Arrest

In April there was another incident where a club member (a coach) collapsed outside the club and was treated using CPR by members of the club. This is remarkable as, according to the Resuscitation Council UK (RCUK) website, in the UK fewer than 10% of all the people in whom a resuscitation attempt is made outside hospital survive.

The coach was talking to a colleague when he collapsed, unconscious and apparently gasping for breath with a weak or non-existent pulse. After a few moments assessing him, an ambulance was called, and CPR was commenced. CPR was continued by several people in relay. The ambulance arrived soon after and the care was transferred to the paramedics.

The gasping for breath is called agonal breathing – it is classic in the very early stages of a cardiac arrest and is believed to result from a reaction in the brain to the low oxygen levels perfusing the brain. Agonal respiration is **not effective** and unfortunately it is often confused with normal respiration, and this delays resuscitation.

The coach survived, he subsequently had two arterial stents inserted to treat blocked and partially blocked arteries. He is at home continuing to recover.

The people involved at the club were congratulated on the skilled and effective support that they provided. Our Honorary Medical Adviser commented that "everyone performed extremely well and that the patient can be grateful to his rowing club colleagues that he is doing so well". Information on basic life support in a simple format is available [here](#) and there are posters providing a step-by-step guide to Basic Life Support here.

If you are interested in learning more about how to deliver CPR then, according to the RCUK website "training in CPR is provided by many organisations, and some classes also include instruction in the use of an AED. Many different kinds of training are provided, ranging from 'hands-on' classes with training manikins to purely internet-based distance-learning instruction. It is recommended that training should include practice on a training manikin.

*Many ambulance services also teach the general public: contact your local service for further details.*

*The voluntary first aid organisations (for example St John Ambulance, St. Andrew's Ambulance, The British Red Cross and the Royal Life Saving Society) provide instruction; contact the branch nearest to you for details. There are also many private first aid training companies that provide training, and an internet search will identify those in your area. "*

My favourite readily available resources are the Resuscitation Council UK Lifesaver Interactive films available [here](#). "

## March 2021

We have not always been so lucky, there was an incident in March 2021 where a club member died, this is an extract from my monthly report for March.

"A member of a rowing club was standing on the footpath next to the lake when he collapsed. An ambulance was called; he was unconscious and not breathing. CPR was started under instruction from the 999 operator and continued until the paramedics arrived. They used an AED and adrenaline to try to restart his heart. This was unsuccessful and he was taken to hospital. He could not be resuscitated. If you would like to learn more about resuscitation then please read section 8.7 of [RowSafe](#), see the Safety Alert on [Staying Alive](#), and complete the [Lifesaver](#) training."

There is a stark difference between these incidents. In the first the CPR was performed by several people in relay; in the second it was performed by one person alone. Delivering effective CPR is hard work; the **quality** of CPR matters.

## February 2020

"Last month I explained the concern about incidents with the potential for Serious Injuries and Fatalities (SIF). In February there were two such incidents, both on indoor rowing machines. In the first a rower died in spite of being treated with CPR and an Automated External Defibrillator (AED) at the scene. In the second the rower was also treated with CPR and an AED and survived.

There are many differences between these two incidents and particularly between the prior physical condition of the casualties. However, it should be stressed that delay in the use of an AED can be critical. In the incident where the rower survived, there was an AED at the club and members were trained to recognise circumstances where it should be used and trained in its use.

There is British Rowing guidance, produced by the Medical Panel, available [here](#). This includes the following:-

*"The three key factors in the pre-hospital phase are:*

- 1. Early recognition and a call for help – to prevent cardiac arrest*
- 2. Early CPR (chest compressions) – to buy time*
- 3. Early defibrillation – to restart the heart"*