



BRITISH ROWING

# HRSA Monthly Report

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## Incident Reports

Incident reports were reviewed (other than those of simple capsizes). Comments were made on a few and some were forwarded to others for information. Incident Reports that describe medical treatment beyond first aid and those that describe medical issues are routinely shared with the Honorary Medical Adviser. Those that contain potential safeguarding issues are shared with the Lead Safeguarding Officer.

There was an incident at the Boston Marathon in which a young competitor appeared to go "in and out of consciousness" about 7 km from the finish. The Safety Boat crew informed the Event Safety Adviser who dispatched a Medical Team (Lincolnshire Integrated Voluntary Emergency Service) and a member of the support team of the relevant club (who is a Practice Nurse). The Emergency team went by road to Langrick Bridge, where the crew was landed and athlete treated at the scene. An ambulance was called.

This incident showed the importance of good planning, both in terms of having the necessary resources available at the appropriate places but also in coordination of rescue efforts and in mapping the course so that road access to the waterway are well known. The event should be congratulated for its clear dedication and commitment to safety.

In another incident, the engine of a catamaran style launch became caught on a buoy line. The driver of the launch moved to the back of the launch to cut the line and free the engine, his shifting of weight to the craft's rear caused the stern of the launch to be submerged.

The hatch cover on one of the two main floats had been replaced with a cover of incorrect size, as a result water leaked in when it was submerged. This caused a loss of buoyancy on one side of the launch. The launch tipped over and capsized, swamping the engine. The launch was pulled back to land by hand (fortunately this happened near the shore). The engine will need to be repaired and the launch driver lost some personal items.

There were two incidents involving trailers. In one the free end of a boat strap securing a single on the lowest rack came loose, so that approx. one meter of the strap was flapping around in the wind. This was spotted as soon as it occurred and the vehicle stopped within about 100 meters. As the trailer slowed and stopped, the flapping strap dropped down and went under the rear of the two trailer wheels, causing the strap to be pulled extremely tightly against the single scull, which was neatly sliced in half.

In another incident at a Gig event, a trailer broke free of a towing vehicle when it was being manoeuvred slowly. The trailer ran backwards down a slope and hit a car causing considerable damage. It is understood that had the car not been there then the trailer (and boat) could have hit people standing further down the slope. It has been suggested that the trailer was not properly hitched to the towing vehicle and that the breakaway cable had failed.

These incidents demonstrate the need to check equipment prior to its and only use equipment if it is in good, safe condition.



## **Coxes in bow loaders**

Last month I asked for comment on the issue of coxes having difficulty getting out of bow loaded boats. Several comments were received and these are listed in Appendix I. If you would like to make an additional comment then please write to me at [safety@britishrowing.org](mailto:safety@britishrowing.org).

## **Manual Inflation Lifejackets for Juniors**

The rules of racing, and common sense, require that coxes of bow loaded boats wear manual inflation lifejackets. This is also specified in RowSafe section 7.3, Safety Aids. They should not wear buoyancy aids or auto-inflation lifejackets as these will tend to hold them in an inverted boat should the boat capsize.

Unfortunately manual inflation lifejackets are not available in a small size. This was revealed when researching the answer to a request from a club.

This has been discussed with a lifejacket supplier and a colleague in the RNLI. So far, the best available solution is to remove the firing head from the actuation mechanism and replace it with a blanking cap. These are proprietarily available devices obtainable from lifejacket suppliers. There is more information at <http://www.crew-safe.co.uk/acatalog/United-Moulders-Blanking-Cap.html>

There is a problem with this approach because, although it converts an auto-inflation lifejacket into a manual inflation one, as required, it does not change the appearance of the lifejacket and it will still appear to be an auto inflation lifejacket. Users should take great care to ensure that users know which type of lifejacket they are using. For example, it may help if a club's auto inflation lifejackets are one colour and the manual inflation ones are all a different colour.

It is possible that the colleague at the RNLI may be able to encourage a lifejacket supplier to manufacture a batch of small, manual inflation lifejackets.

## **Safety of Throwlines**

My nomination for membership of a British Standards Institution panel on the safety of throwlines has been endorsed by British Rowing. If this panel is constituted then I will be expected to consult with relevant people in the organisation and plan to do this by inviting responses to information presented in monthly reports. I have also offered to share information with colleagues in British Canoeing.

## **Work with the CPGA**

Two Incident Reports involving Gig clubs have been forwarded to the CPGA RRSA. One involved a trailer and the RRSA has asked that I consider producing a Safety Alert.



## **Confidentiality of Incident Reports**

There has been a suggestion in a public forum that Incident Reports should be made public as it was thought that this would help to improve safety. This suggestion was resisted as I thought that public discussion of rowing incidents would result in prurient comment and that this would impact on the willingness of rowers to report incidents openly and in full detail.

Please contact me at [safety@britishrowing.org](mailto:safety@britishrowing.org) if you would like to share your opinion.

## **“Rowing Safety” or “Water Safety”**

There have been several references recently to Water Safety Advisers rather than Rowing Safety Advisers. The correct formulation is Rowing Safety Advisers as it is the safety of rowers, whether they are on the water or on land, that we are concerned with. The term “Rowing Safety” is used throughout RowSafe, in the title of the National Rowing Safety Committee and in my job title.

## **Tragic incident at event in Africa**

British Rowing has been asked by FISA if I could review the safety procedures for events that they run overseas. This has arisen as there was a drowning in Africa earlier this year. It is understood that the CEO is supportive of using my time on this review.

The data collection phase of this review is continuing. Several reports have been received and there have been several interviews with the people involved. This activity will remain confidential until the review has been completed.

## **Confidentiality of Health information**

There was a request for support on how a Club should handle information about the health of its members. This is a delicate matter and one that must be handled with great sensitivity.

As a general rule, you should not ask for details of anyone's medical condition. They are not obliged to give you this information and you may not understand it. It is reasonable to ask them (nicely) about their state of health.

Whatever they tell you is in confidence, you may not tell anyone else without their express permission. In the case of adults you have little option but to believe what they tell you, in the case of children you will have to believe what their parents tell you. It may help to discuss this with your Club Welfare Officer.

The complete response to the enquiry, based on good practice in industry, can be found in Appendix 2.



## **Safety FAQs on the website**

We are planning to include Rowing Safety Frequently Asked Questions on the website. If you would like to suggest some questions then please write to me at [safety@britishrowing.org](mailto:safety@britishrowing.org) . Please feel free to suggest some answers too!

## **The use of Kill-cords**

There has been an intimation that the use of kill cords is not recommended in RowSafe. This, of course, not true; it is covered in section 5.2, Launch Drivers.

## **Safety boats v. Launches**

There was a comment on an item in last month's report on the use of launches for different purposes. This was the gist of the response.

The real-life problem for most clubs is that they only have one or two launches and whatever launch is nearby will be used for whatever it needs to be used for. This particular club is not large and rows on a lake.

Most rescues involve capsized scullers and if they do what they should be trained to do (i.e. climb on top of their inverted boat) then it is relatively easy for a coach to guide them to the nearest bank or to recover them into almost any kind of launch. It is not like having to pull someone out of the water.

## **Concussion and Head Injuries**

There is a new tool to help with identifying whether someone is suffering from concussion following a bang on the head. A Safety Alert has been issued, a previous Safety Alert on Head Injuries has been updated and the earlier version has been withdrawn. Copies of the two new Safety Alerts are circulated with this report.



## Appendix 1 Comments from Coxes of Bow Loaders

“As an elite coxswain from my early teens racing at top domestic regattas and internationally (before later rowing and sculling myself). I am still on occasion required to cox in my veteran squad, due to lack of availability and sharing coxing duties with my other crew members .

Now being a larger person then required and the lack of room in the coxswains domain (more so now that life jackets are required). I find that the wiring of cox boxes gets in the way of the steering tiller and also could impede extraction of the cox if the boat was swamped or turned over, as wiring may get caught on a life jacket or around an arm or leg. Hopefully the head set band would disengage and not get caught around the neck.

To alleviate this problem I have purchased self-sticking plastic clips which hold the wiring to the inside of the cockpit using cable ties. This has been of great help as they keep the wiring out of the way when entering the boat and prevents damage if stood on or entanglement. Gaffa tape could also be a temporary solution. With cable ties, the excess wiring can be drawn back tightly behind the cox. I have referred this method to the rest of my club.

Enclosed cockpits have been a positive development since the early days of front loading boats. As being one of the first coxswains to use these boats (early 1970`s) with an open cockpit and bar across the waist with tiller attached. I nearly drowned under a bridge when the bow man's gate came open and immediately turned the boat over. The rush of water (as we were in the middle of a 2000 meter full pressure piece) forced the legs from under me and I was dangling under water with the steering bar under my armpits. As it was mid-November, I was wearing a lot of kit to keep warm and my clothing soon was waterlogged. It was some time before the boat stopped moving and before I could force myself out of the boat to the surface, where I thankfully managed to grab onto the bow of a four which stopped to help. The same incident happened a couple of weeks later with another coxed pair we had in the club. The reports of other cases around the country soon highlighted this problem.

Now if a boat turns over, the cox can push away on the edge of the cockpit cover. However, the steering arm may still be an impediment if caught on clothing or life jacket straps.”

and

“You asked about coxing front loaders and capsizing. This is my experience. We were boating for a final at Richmond regatta. I'm not sure if you know the boating area there, but someone usually helps the coxes get in. I had got in/been helped at the same time as the crew. Unfortunately all the blades were not pushed out/people were concentrating taking off their wellies etc and the boat went over. I do remember coming out of the cox's seat easily - my weight pulled me out. We righted the boat, tipped the water out and went to race. The boating marshal seemed surprised that we did this. We didn't win the race though.

However, sometimes when I cox I can feel the straps of the lifejacket catch on the head rest on the cross bar and wonder whether this would cause a problem in the event of the boat capsize.”



## Appendix 2 - Confidentiality of Health information

There was a request for support on how a Club should handle information about the health of its members. The following thoughts were shared, these are based on good practice in industry. This is a delicate matter and one that must be handled with great sensitivity.

It is important here to distinguish between "state of health" and "medical conditions". A person's state of health simply tells you what they can do, what they cannot do and what they may need help to do. Their "medical conditions" are the diseases or disorders that they may have. It is reasonable to ask them (nicely) about their state of health but it is not reasonable to ask about their medical conditions.

As a general rule, you should not ask for details of anyone's medical condition. They are not obliged to give you this information. This is simply the wrong question to ask. Even if they did tell you then you may not understand what the implications are. For example, if you did ask and if they said that they had been diagnosed with *Retinitis pigmentosa* then you may be no wiser.

It is reasonable for you to ask them whether there is any information that they can provide in order for you to help keep them, and others, safe, and mention health in this context. This is almost equivalent to asking if they can swim. They may say, for example, that they have difficulty seeing at night and a loss of side (peripheral) vision (common symptoms of *Retinitis pigmentosa*, ). This is useful information that you can understand.

In the above example their condition could put themselves and others at risk if they are coxing or steering (particularly at night). You may need to discuss their activities with them and explain how this condition could impact on their own safety, and that of others, when rowing. They will probably understand and agree to limit their activities accordingly. If they do not agree then you may need to impose limitations. However, it is important to understand that a club should be expected to make "reasonable accommodations" in order to help a person to participate in rowing.

Whatever they tell you is in confidence, you may not tell anyone else without their express permission. In the case of adults you have little option but to believe what they tell you, in the case of children you will have to believe what their parents tell you. It may help to discuss this with your Club Welfare Officer.

It is OK to ask a person about their health (be tactful) but not OK for you to ask them what medical conditions they have. Most people are reasonable most of the time and will be happy to discuss their abilities and problems with you. Some may tell you about the conditions they have and explain the implications. People develop expertise on their conditions, particularly chronic conditions that they have lived with for some time, and the way in which they are managed. They become the experts in their own conditions.

They may also be content for this information to be shared on a need to know basis particularly if this enables other people to help them. For example, they may have a severe allergic reaction to bee stings and will need someone to administer an epi-pen if they collapse. In circumstances like this you may ask that they explain how they should be helped to some of their fellow rowers.



You may need to record some of this information but, if you do, ensure that you respect the confidentiality wishes of each person involved. Again, your Club Welfare Officer may be able to help.

If you are concerned about someone's state of health then you could ask them to consult their doctor and ask for advice on the health implications and limitations of their rowing. However, any information that a doctor shares with a patient is confidential between the two of them and you have no right to know what advice is given or even whether this consultation has taken place. Some people may be willing to share this information, or part of it, others may not. You may wish to cover yourselves by keeping a record of this request and the response.

Epilepsy is particularly difficult, there is guidance at

<https://www.britishrowing.org/knowledge/safety/health-and-fitness/rowing-and-epilepsy/>.

You should strive to accommodate each person's limitations and structure your activities, or modify your equipment, to make it possible and safe for them to do what they want to do. This is not a blank cheque for them to demand that you do something but you should do what you reasonably can.

Clubs should be guided by the expressed wishes of the person involved (or their parent or guardian). They may say that they are happy for you to record and share their personal information on a need to know, or other, basis. You should respect their wishes, whatever they are.

As far as providing support or taking precautions are concerned, you should be guided by the people involved. They should be able to tell you what support they need and help you to provide it. For example, the parent of a child with asthma may ask that the coach check that their child is carrying their inhaler (or both of their inhalers) when they go afloat.