



BRITISHROWING

# HRSA Monthly Report

June 2020

Stephen Worley

TEAMWORK | OPEN TO ALL | COMMITMENT

## Sepsis

After an outing, a sculler had several blisters on her hands. The next day her hand was sore and on the way home from work she began to feel unwell. She had a bath and noticed red blotchy streaks going up her arm. She sought urgent medical attention and saw her GP within 30 minutes. By then the streaks had reached her armpit.

She was sent directly to hospital where the treatment included fluids, oxygen and antibiotics. She was transferred to the main local hospital where she spent the next eight days in the acute unit being treated for sepsis.

She is now feeling better but still weak.

I was advised that:-

*This is a typical report of sepsis resulting from an 'open wound'. The progress to full septicaemia was very rapid and the 'patient' did well to recognise the signs and symptoms and to get healthcare professional help quickly. Any delay would have had very serious consequences."*

We should not assume that the sculler's hands were infected when rowing. The infection could have been contracted at any time following the outing. It is fortunate that, in this case the sculler had medical training (she is an Osteopath) and realised that she needed urgent medical help.

A Safety Alert on Sepsis has been produced and circulated. This contains additional information, particularly on how to spot the signs and symptoms of sepsis and the importance of taking urgent medical advice. A copy of the Safety Alert is included with this report.

Sepsis is a life-threatening reaction to an infection. It happens when the immune system overreacts and starts to damage the body's own tissues and organs. It is not rare.

According to the Sepsis Trust website, [here](#), there are:-

- 25,000 hospital admissions with sepsis each year in the UK occur in children
- 40% of all sepsis survivors suffer permanent, life-changing after effects
- 5 people die with sepsis every hour in the UK

Some sepsis survivors experience a variety of physical, psychological and emotional problems while recovering. This is known as [Post Sepsis Syndrome](#) (PSS) and usually lasts between 6 and 18 months, sometimes longer.

Simple hygiene and basic care can help us to reduce the likelihood of cuts and blisters becoming infected. These include:

- Keeping wounds and blisters clean and
- Covering them with a suitable dressing

This is particularly important as we return to rowing as our bodies are not used to the demands that rowing places on them. Please be careful to look after yourselves and not rush the transition. Remember what it was like when you first started to row.

## Incident reports

Last month I commented that very few incidents were reported in May. In May 2020 there were 19 reported incidents whereas in May 2019 there were 254. I explained that the reduction in the level of reporting reflects the reduction in the level of rowing activity and asked that all incidents are reported as we return to rowing. In June, 139 incidents were reported. Thank you.

In several cases simple capsizes were reported as full incidents. This is not a problem but it is simpler for the person making the report to report it as a simple capsize. The information needed to report a simple capsize is much less than that needed for a “normal” report.

It is now possible to select “*Damage or Near Miss / Undesired Circumstances (No Injury or Health Issues)*” as a category when reporting incidents. This is intended for incidents that cause no harm. These incidents are important because they can be used to identify learning opportunities; reporting them is very helpful. I would like to thank the people who have reported near misses.

There have been several incidents due to the lack of activity on the water during the shutdown. These include:-

- A collision due partly to the narrowing of a river due to the growth of reeds
- Collision said to be caused by a sculler forgetting that he did not have the river to himself
- Capsizes due to the growth of weeds
- People returning to the water seem to have forgotten the navigation rules

There have also been incidents due to an apparent rush back to the water as lockdown was eased at a time when the weather was very good. These incidents have involved collisions and near collisions with pedalos, swimmers, rowers, kayaks and stand up paddleboards.

In one incident a rower was carrying blades down the steps to the water’s edge. She lost her footing on the step, and landed on wet mud; this caused her to slip onto the outside of her ankle. She was able to apply pressure through her foot and the pain was tolerable so she continued with the outing. She subsequently sought medical assistance as the symptoms did not improve and there was increased swelling and pain in the ankle. She was diagnosed with an Avulsion fracture on the base of the fibula. An avulsion fracture occurs when a fragment of bone is pulled away at the ligamentous or tendinous attachment. This because tendons can bear more load than the bone. The treatment included wearing a orthopaedic boot for a minimum of 4 weeks and the use of crutches. The bone is expected to heal within 6 to 8 weeks but further treatment, including physiotherapy, may be needed. Please keep steps clean and take extra care when using them.

In another incident a club member received an electric shock while locking up the boathouse. He was alone and standing in wet socks on a concrete floor. As he pushed the bolt home, he received an electric shock from the bolt, down his right side. It was found that the bolt had contacted a mains electrical circuit. The bolt had repeatedly crushed this wire over a period of time, until the insulation failed and the bolt contacted the live conductor. The electrical installation has since been repaired and the cable has been rerouted. There is further information on the management of electrical installations in the Club Hub Guides on Safety in Club Premises [here](#).

One incident report contains the advice a club has provided to its members that, in order to maintain social distancing, they should carry a pair of shoes secured in their boat so that, if they capsize, they can make their way to the bank and walk or run back to the club. The launch will then recover their boat.

There were several incidents involving collisions in which the subsequent conversations between the people involved were far from polite. Please remember that we all share our love for rowing and that acrimonious conversations do not do anyone any good.

## Planning and recording outings

There was a request for information on planning and recording outings, the response was:-

As I see it there are two issues here:-

1. booking boats, time slots, etc. in advance and
2. knowing who is afloat

This is important so as to avoid congestion in the boathouse. As far as the first is concerned then there are probably lots of different online systems and I do not know that any are preferred to any other. If it works for the club then it should be OK.

The second item is more critical and I do not think that this is best done online. Some clubs, including mine, have a white board (or something similar) where they list the people and boats afloat and remove the information when they return.

## Standards of Competence for Scullers

Some clubs have decided that only “competent” scullers should be allowed to go afloat at the moment. There was a request for information on how competence could be defined. The response was to recommend the use of the Rower Development Guide on RowHow, [here](#). The spreadsheet was downloaded and attached to the reply. Please let me know if you need a copy of the spreadsheet.

## Heel Restraints

Confusion was caused when someone accessed obsolete information on the news section of the British Rowing website. I have asked for the obsolete information to be removed. The following advice was also provided:-

The current (2019) version of RowSafe is correct. The [video on boat checking](#) was also updated to show the new specification. The specification now refers to no part of the shoe rising above the lowest fixed point. This is consistent with the FISA rule.

## Club Emergency Response Plan

There was a request for information on the contents of a Club Emergency Response Plan and the inclusion of incidents on the water. This was thought not to be specified in RowSafe. The following information was provided:-

RowSafe is largely about Rowing Safety and does not cover, for example, safety in club premises. However, some of this is covered in Club Hub, [Safety in Club Premises](#).

Section 3.3 of RowSafe deals with Club Emergency Response Plans. It may help to have a look at the things that Club Officers are expected to do. It is clear that these plans should be produced using the Club's Risk Assessment.

The Emergency Response Plans will contain some of the "Controls" identified in the Risk Assessment. Controls come into effect after the Hazardous Event has occurred and tend to reduce the severity of harm. It is up to the club to define what constitutes an "Emergency" and plan accordingly. For example, minor injuries requiring routine first aid may not constitute an emergency but major injuries requiring medical treatment could be treated as emergencies and the plan could include instructions on how to call for help (e.g. for an ambulance, etc.).

Most rowing incidents and incidents on the water do not require medical treatment, although some do. Last year all but one (9/10) of our very serious incidents occurred on land. However, if the risk assessment shows that on-water activities have the potential to generate emergencies then the responses to these should be in the emergency plan. For example if rowers can be swept into danger (e.g. over a weir) and outside help would then be needed then this can be included.

I would not expect common incidents to be covered in the Emergency Plan as the response to them is routine. For example, I would not expect the emergency plan to include the response to a simple capsized. However, it may be appropriate for the club rules to include something about coaches carrying throw lines, non-swimmers wearing lifejackets, launches accompanying beginners, etc. but only if the risk assessment shows this to be appropriate.

Very simply, if everyone knows what to do in the event of a common incident then there is no need to specify it in the Emergency Plan. The point about real emergencies is that they are not common events and, in general, people need some guidance or training to know how to respond. The sort of (hopefully) rare occurrences that the risk assessment could identify as needing a response specified in the emergency plan could include:-

- collapse due to a health issue (e.g. heart attack, cardiac arrhythmia, stroke, severe epileptic episode, etc.)
- fire
- building collapse
- major vehicle collision
- major physical injury (needing medical treatment)
- gas leak
- violent attack or terrorism or bomb threat

(this is just a few examples, not an exhaustive list)

In all these examples the response is complex and it is not a good idea to leave it to members to work out the response for themselves, once the incident has occurred. Having a plan means that this can be done calmly, in advance, so that it can be implemented effectively if ever it is needed.

So most of the items in the emergency plan deal with incidents on land but some could deal with on-water incidents; it all depends on the club risk assessment.

## **The Hierarchy of Control**

When considering alternative strategies for reducing risk it can be helpful to recognise that some approaches are more likely to be effective than others. Some strategies are reliable and need little or no effort to maintain them. Others can be less reliable and effective and frequently need to be reinforced.

We can rank these strategies in order

1. Elimination
2. Substitution
3. Engineering Controls
4. Administrative controls
5. Personal Protective Equipment

This approach is used in industry and can equally well be applied to rowing. For example, if we consider the risk of capsizing then we can categorise several strategies using the outline above. These all apply in “normal” times, not during a pandemic.

If the conditions are not suitable for a 1x then:-

- not going afloat is an example of Elimination
- going out in a more stable boat or in a crew boat is an example of Substitution
- fitting adaptive rowing floats is an example of an Engineering Control
- having a rule specifying the competence requirements is an Administrative Control
- wearing a lifejacket is a use of Personal Protective Equipment

Clearly those approaches at the top of the hierarchy of control require less effort to maintain (e.g. training, supervision, maintenance, checking, etc.) than those lower down.

## **Work with British Canoeing**

The incident in which some scullers interacted with a large group of kayakers was discussed with a colleague at British Canoeing.

## Launch cover for Juniors

There were several questions about the need for juniors to be accompanied by someone in a launch. The reply was:-

“I will deal with Rowing Safety matters only and leave any Safeguarding advice to others.

There is guidance in section 6.1 of RowSafe, "People new to rowing" that states "*Clubs Officers are expected to*

- *Ensure a higher level of care is promoted with beginners, juniors, adaptive rowers and adults at risk.*
- *Support the principle that safety is everyone's responsibility.*
- *Encourage all members to set an example for beginners to follow.*
- *Ensure that sufficient coaches and safety cover are available to train and supervise new rowers."*

Section 5.2 of RowSafe on "Launch driving", contains the following:-

*"Risk assessment should be used to determine whether launches are required, in each specific circumstance, for safety purposes. For example, a risk assessment at a club may determine that a safety launch is not required to accompany the club senior 8s but is required to accompany groups of junior scullers."*

The decision in your club on what level of care is needed for your juniors should be informed by your risk assessment. This may conclude that launches are, or are not, needed or that they are needed in some conditions or with some scullers. The difficulty we have in providing guidance is that "one size does not fit all" and there is a considerable variation between clubs and the venues where they row."

There was also a question about the need for a second person in a launch, the reply was:-

“If you look at section 4.7 of RowSafe then you will see that this is advised at events. It advises that :-

Safety Boat Providers are expected to:

- Provide a crew member to assist the Safety Boat Driver.

However, there is no guidance to clubs that indicates that having a second person in the launch is needed. The problem that we have again is that one size does not fit all and the appropriateness of an extra person in the launch is to be determined by the club's risk assessment. Many launches are used for several purposes. Their primary function is often to facilitate coaching but, if needed they can assist in a rescue.”

## **Specific questions relating to Coronavirus**

There was a general request for advice on outdoor water-based training. The response was to invite the person to refer to the information on the British Rowing website at <http://britishrowing.org/coronavirus>.

### **The use of bleach for disinfection, and the use of alcohol based hand sanitisers**

There was also a request for information on the use of bleach as a disinfecting agent, and on the use of alcohol based hand sanitisers. The response was:-

“It is my understanding, based on experience in industry and on medical advice, that diluted bleach is a simple, reliable, perhaps unsophisticated killer of viruses, bacteria and just about anything else that it touches. It simply rips the cells apart. It is an oxidising agent and the active ingredient is Sodium Hypochlorite (NaOCl). We have been using it to disinfect our boats with no ill effects.

Soap and water, correctly used will help to break down the fatty membrane that surrounds the virus. When it is used to disinfect hands then it needs thorough washing for 20 seconds or more to be relied upon.

Alcohol based hand sanitisers are less effective disinfectants, even when the alcohol concentration exceeds 70%. They tend to harden the virus membrane and some of the virus cells recover after a time. If used persistently then they will de-fat the skin so some people will choose to use a moisturising cream.

I have done a quick search of the boating magazines on the effect of bleach on gelcoat. It is recognised as an effective and commonly used cleaner. There is a mention of discolouration in the long term. However, we are hoping that this will not be a long term requirement.”

### **Coronavirus in sweat**

After completing a 10km erg, I wondered whether coronavirus could be present in sweat.

A quick internet search revealed that coronavirus is not present in sweat. There is information [here](#), [here](#), [here](#) and [here](#). This information was provided to the British Rowing Covid-19 Working Group and was subsequently confirmed at the Covid Webinar.

### **Helping Rowers with Disabilities to go afloat during a Pandemic**

There has been a discussion with a coach of rowers with disabilities on how to support these rowers so that they can go afloat. The challenges are to help them into and out of their boats and to be able to rescue them using a launch all whilst maintaining social distancing.

It was suggested that the coach teach each rower's parents, family members, carers, etc., from the same household how to assist rowers into, and out of, their boats so that the rowers can go afloat. As they will be members of the same household, then there will be no issues with social distancing.

The club is in the process of acquiring a 5.3 metre rescue launch with a drop down front and this is large enough to permit the coach to drive and the parent, etc. to be in position to rescue the rower (if needed) whilst maintaining the required social distance from the coach.



## **Capsize Drill Online Learning Module**

There are plans to develop an online module to train coaches and others to deliver the Capsize Drill at their clubs. The recommended content for this training has been provided to the developers.

It was also recommended that training on Resuscitation should be included. Fortunately there is an excellent training resource provided by the Resuscitation Council UK. There is more information at <https://www.resus.org.uk/apps/lifesaver/> , this includes links for different devices. This will work on laptops if you enable Flash Player. It has also been installed on an Android phone and it works.

## **Advanced Risk Assessment Online Learning Module**

This module is also being revised. The latest version of the training has been reviewed and comments provided.

## **Magnet Fishing and referring incidents to the Police**

Magnet fishing consists of using a magnet on a string or rope to remove ferrous objects from the bed of a canal or river. There have been issues where magnets dropped from a bridge have fallen close to a passing rower. The club was concerned and has reported two incidents. In one report it mentioned that the Police said that they could do nothing.

I consulted a friend, who is a retired Police Officer. He suggested that the Chairman of the club write to the Police Divisional Commander explaining the problem and the concern and asking that his patrol officers are invited to be aware of the issue and look out for magnet fishers. He could also ask that the patrol officers intervene if there appears to be any danger, and perhaps if not, simply make the magnet fishers aware of the need to take care. This letter should also summarise the action taken by the club to encourage its members to take extra care.

As far as the Police are concerned, the magnet fishers have as much right to enjoy the waterway as the rowers do. There is no evidence that they have committed an offence as there is no evidence of an intent to cause harm.

It is important to document this request to the Police in a formal but friendly way. A phone call will not do. Once it is documented and on record then the Police will take it seriously as if they do not and if someone is hurt then they will struggle to defend themselves not taking appropriate action. Please do not regard this as a "magic bullet". It will not force the Police to take action but it may influence their actions at the margin. Please remember that the Police have much more important things to do.

It may also help if someone from the club could get into conversation with the magnet fishers, in a gentle and diplomatic way, and explain the concerns that rowers have.

## Advice on the maintenance of facilities and trailer towing

There is information on the maintenance of club facilities in the Club Hub guides on Safety in Club Premises, [here](#).

There are links to guidance on towing in section 7.2 of [RowSafe](#). These include the following:-

- Guidance for the Transportation of Oar Propelled Racing Boats Leaflet - [here](#)
- Safety Alert Archive - [here](#)
- Driving and Towing Limitations for Drivers Flowchart - [here](#)
- DVLA Requirements for towing trailers in Great Britain Leaflet - [here](#)
- DVLA Driving a Minibus Leaflet - [here](#)
- Rowing & Trailers - [here](#)
- Trailer Towing - [here](#)
- Safety Alert - Trailer oscillations when towing - [here](#)

There is information on the driving test for trailer drivers on YouTube [here](#) and [here](#).

## Rowing Safety Quiz

A third Rowing Safety Quiz has been prepared in the hope that this will enable readers to reflect on the subject and maintain their interest. It may even provide some entertainment.

The Quiz is included as [Appendix 1](#) to this report and is provided in an editable document, included with this report, so that it can be adapted for other uses, if required. The questions in the quiz are based on information in RowSafe, and Safety Alerts and other safety information, linked to from RowSafe. The following topics are covered:-

- Repacking Throw Bags
- Radio Procedure
- Sunburn, Heat Illness and Heat Exhaustion
- Waterborne Infections and Diseases
- Safety Inspections and Boat Checking
- Head Injuries and Concussion
- Is it safe to go out alone? and
- Swimming

Richard Donnor, the Regional Rowing Safety Adviser for the East Midlands Region has again kindly produced a web enabled version of both the June quiz and the May quiz. These are available [here](#) and a link will be posted on the British Rowing website [here](#).

The answers to this quiz will be circulated early in July. The answers to the May quiz are presented in [Appendix 2](#).

You may wish to use these questions in a club quiz, as an introduction to training, or for some other purpose. If you would like to make the questions less easy then feel free to remove the multiple choice options.

## Appendix 1 - Rowing Safety quiz - June 2020

This quiz is intended for anyone who is interested in rowing, particularly if they are interested in Rowing Safety.

There is a web enabled version of this quiz [here](#) and a link will be posted on the British Rowing website [here](#).

### Repacking throw bags

**1 You have used a throw line, it has been dried, how do you repack it into the throw bag?**

- Coil the rope carefully and gently push it into the bag
- Coil the rope roughly and stuff it into the bag
- Push the rope into the bag, a few centimetres at a time, starting from the end attached to the bag
- Push the rope into the bag, a few centimetres at a time, starting from the free end

**2 What do you do with the end of the throw line?**

- Leave it protruding from the bag
- Push it into the bag to keep it tidy and prevent it from snagging on something

### Radio Procedure

**3 What do you say if you want to start a communication with someone at the boathouse?**

- Hello, is there anybody there?
- .... (your name) calling boathouse, come in please
- Boathouse, boathouse, this is .... (your name). Over
- Boathouse, boathouse, this is .... (your name). Out

**4 Which proword should you use if someone needs assistance but nobody is in “grave and imminent danger of loss of life”?**

- Help
- Mayday
- Pan pan
- Sécurité

**5 What do you say at the end of a conversation with another operator?**

- Over and out
- Bye
- Over
- Out

**Sunburn, Heat Illness and Exhaustion**

Heat exhaustion is not usually serious if you can cool down within 30 minutes. If it turns into heatstroke, it needs to be treated as an emergency. A person with heat stroke is not able to maintain their normal body temperature.

**6 Which one of the following will NOT help to reduce the risk on a hot sunny day?**

- row in the early morning
- row in the evening
- drink plenty of cold drinks, especially when exercising
- wear light-coloured, loose clothing
- drink lots of beer
- sprinkle water over skin or clothes
- avoid extreme exercise

**7 Which one of the following is NOT a symptom of heat exhaustion?**

- high levels of fatigue or tiredness,
- dizziness,
- nausea or vomiting,
- chills or shivering,
- fast weak pulse,
- being hungry
- clammy cool skin,
- appearing pale,
- numbness or tingling in head, neck, back or hands
- being thirsty

**8 Which one of the following will NOT help someone with heat illness?**

- Move them to a cool place
- Get them to lie down and raise their feet slightly
- Encourage them to move around
- Get them to drink plenty of water. Sports or rehydration drinks are OK
- Cool their skin – spray or sponge them with cool water and fan them
- Use cold packs around the armpits or neck

**9 What do you do if someone with Heat Illness or heat exhaustion:-**

- is feeling unwell after 30 minutes of resting in a cool place and drinking plenty of water
- is not sweating even though too hot
- has fast breathing or shortness of breath
- is feeling confused
- has a fit (seizure)
- loses consciousness or is not responsive

**(1 correct answer from the list below)**

- Send them home
- Call 999
- Give them more to drink
- Wait and see if they get better

**10 Which one of the following is NOT a symptom of heat illness?**

- confusion/lack of mental clarity
- walking with a limp
- inability to hold a conversation
- bizarre behaviour
- hot, red skin
- fainting
- headache
- rapid strong pulse
- sweating

**11 Which one of the following will NOT help to reduce the risk of sunburn?**

- Use sun high factor sunscreen
- Wear a wide brimmed hat
- Wear a loose long sleeved shirt or top
- Tie long hair up into a bun

## **Waterborne Infections and Diseases**

This relates to “normal” precautions and does not include precautions to protect against COVID 19.

**12 Which ONE of the following will not help rowers to protect themselves:-**

- Read and understand any information on waterborne infectious agents and contamination provided by the club
- Seek urgent medical advice as soon as they think that they may have any relevant symptoms
- Inform the club if they have contracted a disease associated with a waterborne cause so that others can be encouraged to take greater precautions
- Keep away from other people who have contracted a waterborne disease
- Cover all cuts or grazes with waterproof dressings
- Wash or shower after any significant contact with water from the river, lake, canal, etc
- Never drink water from sources such as rivers, lakes, canals etc.
- Wash hands thoroughly before eating or drinking.
- Clean open wounds, such as blisters or calf abrasions with an anti-bacterial substance.
- Wear suitable footwear when launching or recovering a boat,

Note Please remember that Sepsis and Weil’s disease are rare in the UK but that they can both develop into life-threatening and lifechanging conditions.

**13 Which ONE of the following is not a symptom of Sepsis:-**

- acting confused, slurred speech or not making sense
- blue, pale or blotchy skin, lips or tongue
- a rash that does not fade when you roll a glass over it, the same as [meningitis](#)
- difficulty breathing, breathlessness or breathing very fast
- Euphoria, feeling excessively well
- feeling very unwell or like there's something seriously wrong
- not urinating for a day
- has swelling, redness or pain around a cut or wound
- has a very high or low temperature, feels hot or cold to the touch, or is shivering

**14 Which ONE of the following is not a symptom of Weil's disease:-**

- severe headache
- chills
- muscle aches
- feeling angry
- vomiting
- Some people may not have any symptoms

**15 When do the symptoms of Weil's disease typically develop:- (1 correct answer)**

- Within 24 hours of infection
- between 7 – 14 days after infection
- only after repeated exposure

Typically symptoms develop between 7 – 14 days after infection, although it can be as short as 2 – 3 days or as long as 30 days

**16 Which one of these need you NOT do if you have fallen in to water containing significant quantities of blue-green algae?**

- Wash exposed skin and clothing with fresh water and soap.
- Keep clean and cool and use standard proprietary treatments like Calamine lotion if itching is very uncomfortable,
- See your doctor if you experience symptoms, and mention your exposure to blue green algae.
- Avoid drinking alcohol
- Drink a can of coke
- Do not use paracetamol

## **Safety Inspections and Boat Checking**

**17 Which of the following does not need to be included in a safety inspection of a boathouse (select one answer only)?**

- The condition of the boats and blades
- The condition of the coaching launch and its engine
- The condition of gym equipment, (such as indoor rowing machines and weights)
- The condition of any boat trailers
- The condition of bikes, provided by the club, for use by coaches and others
- The condition and availability of Throw lines
- The condition and availability of Lifejackets
- The condition and availability of First Aid kits
- The condition and availability of Lights used on boats
- The contents of the lost property box
- The contents of Safety, and other, notice boards
- The general state of housekeeping and tidiness in the boathouse and other areas used by members
- The condition of other club facilities such as the landing stage and parking area
- The condition of gas and electrical equipment



**18 Which one of the following is there no need to examine when checking the launch?**

- Check that the motor should not start if it is in gear (unless it is a small engines that does not have selectable gears)
- Check that the motor should not start if the kill cord is not fitted
- Check that the gear selector works correctly; the motor should not slip in or out of gear
- Check that the seats are dry
- Check that the kill cord works. The motor should stop if the kill cord is removed
- Check that the outboard motor is securely fixed to the boat
- Check that there is a secondary means of propulsion, in practice this means carry paddles or oars

**19 When checking Heel Restraints, how is the permissible range of movement for each shoe defined? (1 correct answer)**

- The heel restraint should be at least 50 mm long
- The heel restraint should be at least 60 mm long
- The heel restraint should be no more than 60 mm long
- The heel restraint should be no more than 70 mm long
- The heel restraint should be no more than 50 mm long
- The heel should not be able to rise higher than the lowest fixed point of the shoe

**20 Which one of the following is there no need to include when inspecting the Gym or indoor training area,**

- Check that the gym is clean and tidy
- Check that equipment is in the correct place when it is not being used
- Check that the equipment is in good condition
- Check that that materials are provided so that equipment can be kept clean
- Check that users members have access to a full First Aid kit
- Check that there is a list of current first aiders displayed prominently in the gym
- Check that there is a poster displayed showing British Rowing Technique

## Head Injuries and Concussion

**21 Which one of the following is not a symptom of concussion?**

- loss of consciousness, even for a few seconds
- amnesia (memory loss)
- persistent headaches since the injury
- changes in behaviour
- confusion
- drowsiness
- excessive thirst
- a large bruise or wound to the head or face
- vision problems
- reading or writing problems
- balance problems or difficulty walking
- loss of power in part of the body
- clear fluid leaking from the nose or ears

**22 If you think that someone has concussion then which TWO of the following should you do?**

- Take the casualty to nearest Accident and Emergency Department to be assessed by a Doctor
- Wait for ten minutes to see if it gets better on its own
- Do not let the casualty exercise, drive or manipulate heavy machinery. Call an ambulance if necessary
- Give the casualty an aspirin to help reduce the headache

**23 Which one of the following would NOT cause you to Phone 999 or 112 for an ambulance?**

- the casualty remains unconscious after the initial injury
- the casualty is having difficulty staying awake, speaking or understanding what people are saying
- the casualty complains that he is cold
- the casualty has problems with their vision
- the casualty is having a seizure or fit
- the casualty has been vomiting since the injury
- the casualty is bleeding from one or both ears or bruising behind their ears

**24 If someone has a head injury but has no symptoms of concussion, what three things would you tell their friend or carer?**

- Nothing as this is covered by medical confidentiality
- keep an eye on the casualty for the next 24 hours
- stay within easy reach of a telephone (avoid areas with poor mobile phone coverage)
- if any symptoms appear or their condition deteriorates seek medical advice immediately

**25 When is it safe for someone recovering from concussion to return to sport?**

- As soon as the casualty feels ready to return
- All sport should be avoided for 7 – 10 days or longer if the concussion is severe.

Exercising when suffering from concussion can make the condition worse. Head injuries sustained outside rowing should be reported to the coach. If in any doubt seek healthcare professional advice and follow it.

**26 Which one of the following would you NOT do to treat a minor head injury**

- hold an ice pack (or a bag of frozen peas in a tea towel) to the injury regularly for short periods in the first few days to bring down any swelling
- rest and avoid stress – you do not need to stay awake if you're tired
- take paracetamol or ibuprofen to relieve pain or a headache
- take aspirin to relieve pain or a headache
- make sure an adult stays with you or your child for at least the first 24 hours – call 111 for advice if there's nobody who can stay with you

**Do not use aspirin** as it could cause the injury to bleed

## Is it safe to go out alone?

Clubs are expected to use their Risk Assessments to establish rules that tell their members whether a small boat outing can or cannot happen.

**27 Which one of the following is NOT a factor that tends to increase the probability of a hazardous event:-**

- The presence of other water users (boats, wash, etc.)
- The extent to which the water is exposed to the wind
- Weather (wind strength, including gusts, direction)
- Stream speed and static obstructions such as moored boats, bridges etc.
- The absence of a tow path
- The relative experience and competence of the rower

**28 Which one of the following is NOT a factor that tends to increase the severity of a hazardous event:-**

- The absence of other water users, spectators, coaches, passers-by, water-side safety equipment
- Low water temperature and deep water (cannot wade ashore)
- Areas of where there are shoals or rocks
- Large distances to the bank
- Obstructions at the water's edge (e.g. high banks, reeds, walls, etc).

## Swimming

**29 Which one of the following does not reduce the risk of collision with someone swimming?**

- Always keep a good lookout for swimmers both in the water and on the bank.
- Avoid passing close to the swimmers that you have seen, there may be more nearby that you have not seen.
- Warn other boats about the presence of swimmers that you have seen.
- Take care when (or avoid) passing under bridges that people may jump from.
- Shout at swimmers to let them know that you are approaching
- Identify areas where people regularly swim and include this information on your circulation plan.
- Keep clear of areas where people regularly swim.

**30 Which one of the following is not a reason why is it important that rowers can swim?**

- So that they are not scared when they are in a boat that is a long way from the bank
- So that if they capsize they can stay afloat long enough to grab their boat.
- So that they can swim to the bank, perhaps with their boat
- So that if they capsize they can swim to someone else's boat nearby.

## Appendix 2 - Answers to the May 2020 Quiz

### Launches

**1 Which of the following is the minimum recommended age for a launch driver who is not accompanied (in the same launch) by an adult? (Hint, see the Safety Alert on [Children Driving Launches](#))**

- ~~• 14 years of age~~
- ~~• 16 years of age~~
- 18 years of age**
- ~~• 21 years of age~~

**2 You are in a launch that is about to sink and you will be deposited in the water, what should you do? (1 correct answer) (Hint, see the [RNLI Guidance on Lifejackets](#))**

- ~~• Swear profusely~~
- ~~• Put your coat on over your lifejacket~~
- Inflate your lifejacket before you enter the water**
- ~~• Shout to warn others~~

**3 If there is more than one person in a launch then how many kill cords should there be? (1 correct answer) (Hint, see the Safety Alert on [Launch Driving](#))**

- ~~• You do not need one if there are two people in the boat~~
- ~~• You only need one providing it is correctly used~~
- There should be at least 2**
- ~~• There should be at least 3~~

Provide the following information with the answer “You need at least 2 so that if the driver falls in then the other person can drive the boat and rescue the driver.”

**4 You are driving a coaching launch and you want to make a video of the crew’s rowing, which 2 of the following should you do?**

- ~~• It is OK to video when driving if you are a qualified coach and competent launch driver~~
- ~~• Do it in a quiet area so that there is nobody there to report you~~
- Ask someone else to drive while you record the video**
- Ask someone else to record the video while you drive**
- ~~• Make sure that you stay in the correct place on the waterway so as to avoid collisions as you will not be able to see if anyone approaches~~

## Emergency preparedness and response

**5 Which 5 of the following should you be prepared to tell the operator when you dial 999 to call for an ambulance in an emergency?** (Hint, see [RowSafe](#) section 8.7)

- ~~• Start by telling them about the medical history of the person needing assistance~~
- ~~• The name of the person who needs help~~
- **The name of the club**
- **Directions to the club including address, postcode, what3words location, etc.**
- **The phone number that you can be called back on**
- **The nature of the emergency**
- **Provide any other information that is requested**
- ~~• Hang up when you have passed the information~~

**6 Someone collapses during a squad ergo session at your club. Look at these short term actions.** (Hint, see [RowSafe](#) section 8.7, the Safety Alert on [Staying Alive](#) and the [Lifesaver](#) app)

- Check whether they are breathing.
- Check whether they are responsive
- Check for danger

Which of these should you do **first**?

- **Check for danger**

Which should you do **next**?

- **Check whether they are responsive**

What should you do **then**?

- **Check whether they are breathing**

**7 Someone collapses during a squad ergo session at your club, you have checked and they are not responsive and they are not breathing. Ignore occasional gasping breaths. Look at the following actions:**

- Tell someone else to take over CPR as soon as you start to feel tired (2 or 3 minutes)
- Commence CPR
- Check for a pulse
- Maintain CPR until the casualty revives or an ambulance arrives
- Remove the persons clothing
- Open the airway and check for breathing again (if still not breathing then proceed)
- Tell someone to call for an ambulance and tell someone else to fetch an AED

(Hint, see [RowSafe](#) section 8.7, the Safety Alert on [Staying Alive](#) and the [Lifesaver](#) app)

What should you do **first**?

- **Open the airway and check for breathing again (if still not breathing then proceed)**

What should you do **second**?

- **Tell someone to call for an ambulance and tell someone else to fetch an AED**

What should you do **third**?

- **Commence CPR**

What should you do **fourth**?

- **Tell someone else to take over CPR as soon as you start to feel tired (2 or 3 minutes)**

What should you do **then**?

- **Maintain CPR until the casualty revives or an ambulance arrives, or the AED tells you to keep clear**

**“Do not check for a pulse, it takes too long and it is easy to miss.” “There is no need to remove clothing unless you are going to use an AED.”**

## **CPR**

**Please note** - If CPR or an AED is used then the casualty will need further assessment and advanced medical care and must be taken to hospital, even if they appear to have recovered.

**8. How does doing hands only CPR help the casualty? (1 correct answer)**

- **It buys time by circulating the blood around the body**
- ~~It agitates the heart so that it will tend to restart~~
- ~~It helps to increase the oxygen concentration in the blood~~
- ~~It will ensure that the person survives~~

**9 When doing CPR where should you press? (1 correct answer)** (Hint, see [RowSafe](#) section 8.7, the Safety Alert on [Staying Alive](#) and the [Lifesaver](#) app)

- **In the centre of the chest at the base of the sternum**
- ~~On the left side of the casualty's chest, above the heart~~
- ~~On the casualty's abdomen to also expel air from the lungs~~
- ~~At the top of the chest below the throat~~



**10 When doing CPR how hard should you press (on an adult)? (1 correct answer)** (Hint, see [RowSafe](#) section 8.7, the Safety Alert on [Staying Alive](#) and the [Lifesaver](#) app)

- ~~• As hard as you possibly can~~
- **Hard enough to move the sternum down by 5 to 6 cm**
- ~~• Not too hard so as not to break any ribs~~
- ~~• It does not matter, just press~~

**11 How many compressions per minute should be delivered when doing CPR? (on an adult)? (1 correct answer)** (Hint, see [RowSafe](#) section 8.7, the Safety Alert on [Staying Alive](#) and the [Lifesaver](#) app)

- ~~• 60 to 80 per minute~~
- ~~• 80 to 100 per minute~~
- **100 to 120 per minute**
- ~~• 120 to 140 per minute~~

## **AED**

Hint see the Resuscitation Council (UK) [AED Guide](#)

**12 What does AED stand for (in the context of first aid)? (1 correct answer)**

- ~~• Autonomous Energy Delivery~~
- ~~• Adjudicated Extended Deliberation~~
- **Automated External Defibrillator**
- ~~• Active Emergency Device~~

**13 Which 3 of the following does an AED do?**

- **Analyses heart rhythms and detects life-threatening cardiac arrhythmias**
- ~~• Delivers an electric shock to jump start the heart~~
- **Talks to the user and explains what to do**
- **Treats the casualty by applying an electric shock that stops the arrhythmia, allowing the heart to re-establish an effective rhythm**
- ~~• Uses electricity to provide energy to the heart so that it starts beating~~

#### **I4 What should be done when the AED arrives, Look at the following actions:?**

- Dry the casualty's skin (if sweaty or wet), remove excessive chest hair (a razor is provided)
- Stick the pads to the casualty's chest as shown in the diagram in the AED
- Follow the instructions "spoken" by the AED
- Ensure that someone continues doing CPR
- Remove clothing to bare the casualty's chest (if necessary, use the scissors provided with the AED)
- Open the AED case, if necessary switch the AED on (some switch on automatically)

What should you ensure **keeps happening?**

- **Ensure that someone continues doing CPR**

What do you do **first?**

- **Open the AED case, if necessary switch it on (some switch on automatically)**

What do you do **second?**

- **Remove clothing to bare the casualty's chest (if necessary, use the scissors provided with the AED)**

What should you do **third?**

- **Dry the casualties skin (if sweaty or wet), remove excessive chest hair (a razor is provided)**

What do you do **next?**

- **Stick the pads to the casualty's chest as shown in the diagram in the AED**

What do you **continue to do?**

- **Follow the instructions "spoken" by the AED**

## Coaching

15 Which one of the following need not be included in a pre-outing check of a rowing or sculling boat? Hint, see the Safety Alert - [Check your boat before you go afloat](#))

- Bow ball in good condition and correctly fitted
- Backstays fitted on the front 2 riggers on any boat bigger than a 1x
- Hull integrity – no holes or cracks
- All hatch covers correctly fitted
- ~~The boat number is clearly displayed~~
- All riggers firmly and correctly fitted to the boat
- Steering gear (if fitted) is in good condition and works correctly
- Heel restraints are in good condition and of the correct length
- Footplate and stretcher is securely attached to the boat
- Seats move smoothly on runners

16 Which 3 of the following should you do with damaged or unserviceable equipment? (Hint, see [RowSafe](#) section 9.7)

- ~~Put it back on the racking and hope that nobody notices~~
- Quarantine it
- Mark it as damaged so that it is not used by others
- ~~Be careful to use a different boat next time you go afloat~~
- Not use it again until it has been repaired.

17 You are coaching a group of scullers from the tow path of a narrow canal, in daylight, in summer, using a bike, which one of the following does not help to keep people safe?

- A throw line
- A means for calling for help
- A loudhailer
- ~~A book on coaching~~

**18 You are coaching a group of scullers, which 7 of the following would you teach them that they can do for themselves to help them to avoid collisions?**  
(Hint, see the Safety Alert, [Collision Avoidance](#) and the collision avoidance video on the British Rowing website [here](#).)

- **Keep a good lookout in all directions**
- ~~Check their boats before they go afloat~~
- **Look ahead at least once every five strokes**
- ~~What to do if they capsize (capsize drill)~~
- **Understand the rules of the waterway and obey them**
- ~~Learn to swim~~
- **Be able to control the boat and steer it accurately**
- **Be able to perform an emergency stop**
- **Wear Hi-Viz kit so that they are easy to see**
- ~~Wear a lifejacket~~
- **Shout a warning if you see boats that look as if they are likely to collide**

**19 You are coaching a group of scullers, which 2 of the following will you do to help them to avoid collisions?**

- **Keep a good lookout yourself**
- **Warn scullers of potential collisions in good time**
- Nothing, they can do all this for themselves

**20 What are the three words to remember when doing an emergency stop (1 correct answer)?**

**Hint – Have a look at the [Emergency Stop Video](#)**

- ~~Kill Your Speed~~
- ~~Look Ahead More~~
- ~~No, Not Again~~
- **Slap, Bury, Square (or turn)**
- ~~Not My Fault~~
- ~~Shout, “Look Ahead”~~
- ~~Another Incident Report~~

## Safe Navigation and Steering

**21 Which one of the following need not be shown on the club navigation plan?**  
(Hint, see [RowSafe](#) section 3.2)

- The navigation pattern
- All permanent hazards
- ~~The location of pubs and bars~~
- Sites of any potential temporary hazards – if appropriate
- Locations of emergency life belt sites and safety aids
- Sites of public telephones
- Easy access points for emergency vehicles where it is easy to get out of the water
- Sites where it is difficult, or impossible, to get out of the water

**Look at these Hazardous Events that are associated with weirs** (Hint, see the Safety Alert [Keep Clear of Weirs](#))

- the rapid flow can pin you against the wall
- the swirling water can drag you down and pin you to the bottom of the river
- the aerated water makes it difficult to float or swim
- the rapid flow can carry you over the weir

**22 Which 2 could occur immediately upstream of a weir?**

- the rapid flow can pin you against the wall
- the rapid flow can carry you over the weir

**23 Which 2 could occur immediately downstream of a weir?**

- the swirling water can drag you down and pin you to the bottom of the river
- the aerated water makes it difficult to float or swim

**24 There is a sailing dinghy and a rowing boat on the same waterway, who gives way to whom? (1 correct answer) (Hint, see the [COLREGs](#))**

- ~~• The rowing boat is longer so the sailing boat must give way~~
- **The rowing boat is classed as a vessel under power and must give way to any vessels under sail.**
- ~~• The rowing boat is usually faster so the sailing boat must give way.~~
- ~~• There is no order of precedence so give way to the boat on your starboard side.~~

**25 A 1x is sculling upstream into a strong current and approaches a bend to starboard (the right, when looking ahead). Which one of the following should the sculler be aware of? (Hint, see the Safety Alert [Flow around bends in rivers](#))**

- ~~• Be careful to turn early enough so as not to hit the bank on your starboard side~~
- ~~• Look ahead as there may be other boats coming towards you~~
- **There will be a cross current that will tend to push the sculler to port (away from the starboard side towards the centre of the river)**
- ~~• There will be a cross current that will tend to push the sculler to starboard (towards the nearside bank)~~

## **Risk Assessment**

**26 Which 5 of the following hazards is particularly relevant when rowing in floods? (Hint, see the Safety Alert [Rowing in Floods](#))**

- ~~• The wind strength will cause the water to be rough~~
- **The water in flooded rivers tends to move quickly**
- **The water in flooded rivers tends to be turbulent**
- ~~• There is a risk of electric shock if the bottoms of lampposts are immersed~~
- ~~• The boathouse toilets may be out of action~~
- **Stationary objects, such as buoys, in fast moving water are hazardous**
- ~~• The water will be unusually cold~~
- **The water over flooded land may hide solid objects (e.g. fence posts) slightly below the surface**
- **Flood water is often contaminated with sewage, farm animal waste and other materials, and may contain other debris**

**27 Hazards when going afloat and landing. What could you do to reduce the risk from each of the four hazards listed below?** (Hint, see [RowSafe](#) section 9.5)

- Tripping hazards (e.g. oars and sculls) on the approach to the water – **keep the landing and launching area tidy**
- Mud on the pontoon or landing stage – **wash the mud off**
- Steep banks in the launch/recovery area - **Careful coaching, Good control by coach or cox, Correct footwear, Well defined procedure, Extra people (helpers)**
- Manual handling of boats - **Use correct posture when lifting, Additional people to move boats onshore and launch and recover**

**28 Hazards in and around the boathouse. What could you do to reduce the risk from each of the four hazards listed below?** (Hint, see [RowSafe](#) section 9.6)

- Boats on trestles obstructing access to boats on racking – **move the boats on trestles to a place where they are not causing an obstruction**
- Riggers protruding into the area where people walk – **ensure that there is sufficient space, cushion the ends of the riggers**
- Boats, oars, etc. falling from racks - **Good control and instruction (coxing), fix objects so that they cannot fall**
- Objects left on the floor (tripping hazards) – **Keep the boathouse tidy, ensure that there is sufficient racking and places to keep equipment**

**29 Hazards due to faulty, incorrectly set or poorly maintained equipment. What could you do to reduce the risk from each of the four hazards listed below?** (Hint, see [RowSafe](#) section 9.7)

- Ineffective heel restraints (e.g. too long or not strong enough) – **check and fix prior to launching**
- Flat batteries in electrical equipment (e.g. loudhailer, “cox box”, boat lights, mobile phone, etc.) – **check and fix before going afloat.**
- Steering failure - **Check equipment before going afloat, Coach rowers to check equipment, Mark and quarantine faulty equipment**
- Incorrect stretcher placement or inappropriate gearing - **Check adjustments, Coach rowers to check**

**30 Hazards due to the state of fitness or health of the rowers. What could you do to reduce the risk from each of the four hazards listed below? (Hint, see [RowSafe](#) section 9.8)**

- Unfit rower - **Ask each rower if they are fit to complete the outing before going afloat, make allowances for anyone who is not fully fit**
- Rower still recovering from an infectious disease (or gastroenteritis) – **do not let them row or train, find something else for them to do**
- Crew member or sculler with asthma - **Ensure that an inhaler is carried and used when appropriate, avoid stressful situations, provide extra support if the person is in a 1x or 2x**
- Crew member or sculler who is ill or recovering from illness - **Discourage rowers from taking exercise until they have fully recovered**