



BRITISHROWING

Honorary Rowing Safety Adviser Monthly Report

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TEAMWORK | OPEN TO ALL | COMMITMENT

Incidents in December

Take extra care of people who may have concussion

An experienced athlete was doing a hang from a weights frame with pull up handles and appeared to let go and drop to the floor. They landed badly, fell sideways and landed face first on a large kettle bell. The athlete convulsed on the floor briefly and was momentarily unconscious and then woke up confused and with no memory of the incident. They were placed into the recovery position and, when no longer confused, assisted into a stable position. They were taken home by a parent, and it is understood that they had a bad headache the next day. The club chairman subsequently emphasised the need to keep the area tidy.

In another incident a junior rower reported having a headache about 15 minutes into an outing and explained that they had been knocked out during an 'incident' a couple of days previously. The rower was told that they could paddle but to not do any work pieces. About 5 minutes later the rower reported that his headache had deteriorated and that he didn't wish to continue. The rower was taken back to the boathouse.

In both these incidents greater care could have been taken to support the rower who may have been suffering with concussion. There is more information on this subject later in this report.

What to do if you capsize

A rower in a 1x was rowing, alone on a large lake, keeping close to the bank. However, they rowed across a bay, not keeping to the bank, and capsized. They tried and failed to get back into the boat, so they swam with the boat to the shore where they were aided by a fisherman who called emergency services as the rower was showing signs of hypothermia. The ambulance crew arrived and, following tests and assessment, the rower was then transferred to hospital where blood tests and an ECG were performed. There were no abnormal results, so the rower was discharged.

The rower was reminded that swimming with the boat is not recommended unless you are very close to the bank. This is explained in detail in the Capsize and Recovery training on the British Rowing website, in RowHow, here [Course: Capsize Drill | Home](#). The video used is also available here <https://www.youtube.com/watch?v=A6un3TkbQUQ>.

The preferred technique is to climb on top of the inverted boat and paddle it to safety using the hands. The rate of heat loss is much less in air than it is in water.

It was also recommended that the club consider the advisability of allowing any of its members to row on the lake when alone.

Take care of your phone and your lifejacket

A rower waded into a lake to retrieve a mobile phone that they had dropped. There were wearing an auto-inflation lifejacket and this caused it to inflate. The lifejacket cylinder and actuating mechanism will have to be replaced. Please use a floating waterproof case on phone taken afloat. These are not expensive.

Take care when boats are racked outside

An 8+ on external racking was not securely tied and was blown off the rack, damaging the boat below. The club will, in future, check all boats tied outside when high winds are expected and ensure that all members are aware of how to securely tie boats.



In another incident, a 1x was being stored by the side of the boat house. It was noticed that this boat was no longer where it should have been, and the club asked neighbouring clubs whether they had seen it. One of these clubs reported that they had seen it and pulled into their landing stage. The club that owned the 1x concluded that it had been stolen and thrown immediately into the river in an act of vandalism, antisocial behaviour and theft. The club will find a way to store this boat inside their boathouse.

Take care not to fasten shoes too tightly

A 4x was in collision and capsized. Two of the rowers were unable to self-rescue as their feet were held by the shoes. They needed assistance from other members of their crew.

The shoes had adjustable straps at the heels, and these are used to adjust the effective length of the shoe so that they fit the rowers feet. The Velcro fasteners appeared to be holding the feet at the curve of the heel.

Please ensure that if you use this type of shoe that it is not adjusted to tightly hold the feet. Rowers should be able to remove their feet with ease. Please always ensure that heel restraints are correctly adjusted and in good condition.

Report Antisocial Behaviour

There was a repeat of a previous incident. A person on a moored cruiser shouted at a junior 4x+ that they weren't allowed to train on this section of river and filmed the crew on their phone. The coach told this person that they would be reported to the Navigation Authority as the coach was concerned over their insistence of filming junior girls.

The coach subsequently had a conversation with a Navigation Authority Ranger who noted the boat name and registration number. The Ranger viewed it as a safeguarding issue. Please report anti-social behaviour to the Police, the local Community Protection Team or the Navigation Authority.

Take care of your indoor rowing machines

The chain on an indoor rowing machine appeared to brake. On examination it was found that the chain was undamaged, but the internal elastic bungee had failed. At this club, the indoor rowing machines are serviced annually, but in future the bungees will also be checked.

Take care of your fin

An 8+ was placed in the water by the crew. Care was not taken to prevent it from coming too close to the shore. Once the rowers entered the boat it had drifted into the bank and the fin was grounded and bent

In another incident, at the end of an outing, an 8+ was lifted out of the water and the fin came off. The most likely cause is that whilst rolling the boat to heads to remove it from the water the fin hit a rock on the riverbed, it was low tide.

In a further incident the rudder of a 4x was caught on the concrete edge of the landing stage steps when putting the boat in the water by a crew visiting a competition. The crew had to step down into the water. There was minor damage to the rudder.

Take care of the Mental Health of your Rowers and Coaches

Two members of the public on the towpath called to rowers to say they thought they had seen a body in the water and could the rowers please have a look. The coach in a launch went to look and found a body in the water floating face down. They asked the people on the bank to call the police immediately and decided not to attempt to pull the body out of the water. The police arrived within 10 minutes and took control of the situation.

The club was thanked for the report and reminded that incidents like this can be quite traumatic, particularly for younger rowers. If they need help, then there is information on mental health on the British Rowing website here <https://www.britishrowing.org/mental-health/> and there is also mental health support as part of the insurance benefits for members. Fortunately, in this case, further support was not needed.

Take care to get the basics right

Some of the crew of a Beginner Senior 8+ climbed out of their boat and neglected to hold on to the riggers. The boat capsized leading to the submersion of some of the rowers. The crew will be educated in the safe and proper way to get out of a boat and coaches will be encouraged to make sure crews exit boats safely.

In another incident a rower in an 8x let go of their blade at the finish causing the blade to be held fast under the boat causing the blade to snap.

In a further incident while landing a 4- at the pontoon, bowside had exited the boat. One member of the crew was placing blades, leaving the other to hold the boat. While stroke side started to remove their blades there was a failure to secure the boat. This caused the boat to tip and capsize leaving two members of the crew in the water.

Take care to communicate with other clubs in your area

There was almost a collision between two 4+s that were racing (not at a competition) and a 4+, from another club, that was stationary near a landing stage as there was a 1x attempting to land. In future, each club will notify neighbouring clubs when and where they plan to hold informal races.

People need fuel too

A junior cox complained of feeling sick and feeling very cold at the end of an outing. The cox had obviously lost colour. The cox was taken into the clubhouse and then complained of feeling hot and faint. The cox refused a warm drink and asked for water. It was later found that the cox had not eaten that morning and, although feeling cold, was showing signs of low blood sugar.

Please take care to encourage rowers to prepare for rowing outings by ensuring that they have eaten and are adequately hydrated.

Sugary drinks aid recovery as they fuel shivering and that helps to regenerate body heat.

Please also remember that rowing is a team sport and that it is important for teammates to look after and support each other. If anyone feels unwell then they should tell their teammates as progression of 'feeling unwell' may put others in the team at risk.

Wearing a lifejacket if you may lose consciousness afloat

In some circumstances, rowers with epilepsy and rowers who may faint can use a lifejacket to reduce the risk of serious injury or drowning if they lose consciousness when afloat. This is mentioned in the British Rowing guidance on Rowing with Epilepsy here [Rowing and Epilepsy - British Rowing](#).

The lifejackets used should be auto inflation type using the dissolving pellet method of actuation (not the hydrostatic type as this responds to water pressure and only starts actuation once the sensor is fully immersed). However, it will still take time for the lifejacket to fully inflate (four to five seconds) and lift the wearer's head out of the water. If the water is cold, then in that time the gasp reflex can cause the wearer to inhale sufficient water to cause serious harm. It would help if the person involved has a pre-emptive indication that they are about to lose consciousness and inflate their lifejacket (pull the toggle) before they enter the water.

The gasp reflex is an involuntary reflex, triggered by a high rate of skin cooling and requires a large area of the body's surface to be immersed. Clothing may provide some protection, but many rowers generate sufficient heat for them not to wear many layers of clothing.

This advice has been confirmed by experts at the RNLI, to whom I am indebted.

It may also be possible for the rower who is about to lose conscious to warn a fellow crew member and for their colleague to support them in the boat and inflate their lifejacket for them.

Please remember that for everyone: -

It is always best to inflate the lifejacket before entering the water.

Rowing on Red Boards, etc.

There was some discussion about rowing on red boards or in conditions where the Navigation Authority advises against going afloat. This resulted from a question from a rower that included a photo of a river that looked benign but was, at the time, under “red board advice”.

It is not unusual for clubs, including sailing clubs and canoe clubs to establish protocols that govern their use of the water when it is not advised. This should be based on a documented risk assessment. There is training material, on how to complete a risk assessment, here [Course: Advanced Risk Assessment | Home](#).

This is not just about flow. It can be perfectly safe to navigate in a smoothly flowing strong stream providing there are no fixed obstructions (moorings, bridge supports, buoys, pontoons, shallow and narrow areas where the flow speed increases, etc.) to be swept into or across. You can see what happens at bends in the Safety Alert here [Safety-Alert-Flow-around-bends-in-rivers.pdf](#). Flow over weirs is described in the [Safety-Alert-Flow-over-Weirs.pdf](#). Also remember that strong wind contributes to hazards.

There probably will be venues where it is never safe to go afloat on red boards. It is incumbent on those clubs to find somewhere else to row in that eventuality. Doing everything you can to make an activity safe does not mean that it actually is safe. Sometimes even with all the precautions we can provide the risk will remain unacceptable. This can be a difficult concept to accept but it has to be accepted.

The club risk assessment should be documented in detail and used to define the conditions, if there are any, under which it is safe to go afloat on Red Boards. These "conditions" should also specify who can go afloat, where they can go, in which boats and with what support. These conditions should be specified in writing and well communicated. They should be objective and based on measurements or facts and never rely on opinion. Once specified they should never be weakened. Club discipline is important in this context. These conditions should be incorporated into club rules. and nobody should be able to countermand these rules.

It is sometimes easy to be misled by looking at the stretch of river outside the boathouse. The flow in this area may be smooth but this is no indication that the flow in other areas will be the same. There may well be other areas when the flow is not so benign.

Seeking Medical Advice

Perhaps you are getting on a bit but still monitor your physical performance using indoor rowing machines or by other means. If you notice a sudden, sustained, unexplained drop in your physical performance then do not assume that this is due to age alone. It may be the beginning of something more serious.

Seek medical advice from your General Practitioner. It may be nothing to worry about but whatever is the cause it would be good to find out early.

Concussion in adults and children

I was asked about the effects of concussion in adults and in children, this was the response: -

Adults tend to have more physical **symptoms**, such as headaches, balance problems, and fatigue. Children tend to have more behavioural symptoms, such as irritability, drowsiness, and insomnia.

Children often take longer to **recover** than adults, though many recover in less than two weeks. Some children may remain symptomatic for up to a month or longer.

Children are **more likely** to get concussions because their brains are still developing and have less myelination, or coating, than adult brains. This makes their nerve fibres more susceptible to acceleration from a hit, and their brains lighter so they can move more easily.

Children are more likely to experience **post-traumatic amnesia**, which is when they are awake and walking around but can't remember what happened right after the injury. "

We usually think of children, for safeguarding purposes, as being people who have not attained their 18th birthday. In this case, however, where physical development rather than legal processes are involved, the transition is not so clearly defined and the transition from child to adult is progressive rather than instantaneous.

Concussion Guidance- If in Doubt, Sit Them Out

New Concussion Guidance was issued by the UK Government in November 2024. This can be found here [uk-concussion-guidelines-for-grassroots-non-elite-sport---november-2024-update-061124084139.pdf](#) and there is a link to this on the British Rowing website here [Athlete Health - British Rowing](#).

There were two incidents in December that could have involved Concussion, these are summarised above. The new guidance is summarised below under the following headings: -

- What is concussion?
- Concussion Recognition
- Immediate Care Needs
- Graduated Return to Activity and Sport.

What is concussion?

Concussion is a traumatic brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Loss of consciousness (being 'knocked out') occurs in less than 10% of concussions and is not required to diagnose concussion. However, anyone who loses consciousness because of a head injury has had a concussion.

Concussion Recognition

Concussion can be caused by a direct blow to the head but can also occur when knocks to other parts of the body result in rapid movement of the head (e.g. whiplash type injuries)

There is detailed advice in the new concussion guidelines but the red flags to look out for are summarised in Appendix I, below.

Immediate care needs

The primary aim is to protect the individual from further injury by immediately removing them from the activity. Return to activity should not be permitted until after evaluation by an appropriate Healthcare Professional and the successful completion of a graduated return to activity (education/work) and sport programme.

All those suspected of sustaining a concussion should be assessed by an appropriate onsite Healthcare Professional or by accessing the NHS by calling 111 within 24 hours of the injury. If there are concerns about other significant injury or the presence of 'red flags' (see Appendix 1, below) then the person should receive urgent medical assessment onsite or in a hospital Accident and Emergency (A&E) Department using ambulance transfer by calling 999 if necessary.

Once safely removed from activity, the person must not be returned to activity that day and until an appropriate Healthcare Professional has excluded concussion or the patient has completed a graduated return to activity (education/work) and sport programme (see below). If a neck injury is suspected, the person should only be moved by Healthcare Professionals with appropriate training. Teammates, coaches, match officials, team managers, administrators or parents/carers who suspect someone may have concussion **MUST** do their best to ensure that the individual is removed from activity in as rapid and safe a manner as possible.

Anyone with a suspected concussion should:

- Be removed from activity immediately.
- Get assessed by an appropriate Healthcare Professional onsite or access the NHS by calling 111 within 24 hours of the incident.
- Rest & sleep as needed for the first 24-48 hours – this is good for recovery. Easy activities of daily living and walking are also acceptable.
- Minimise smartphone, screen and computer use for at least the first 48 hours. Limiting screentime has been shown to improve recovery.

Anyone with a suspected concussion should not:

- Be left alone in the first 24 hours.
- Consume alcohol in the first 24 hours and/or if symptoms persist.
- Drive a motor vehicle within the first 24 hours. Commercial drivers (HGV etc.) should seek review by an appropriate Healthcare Professional before driving.

Graduated Return to Activity and Sport

Follow the graduated return to activity and sport programme, this is summarised in Appendix 2, below and there is a more extensive description in the [guidance](#). Please remember that concussion recovery time varies and be sensitive to the progress that the person is making

The use of Helmets in Beach Sprints

There has been a suggestion that helmets should be provided to people involved in Beach Sprints who could be at risk of a head injury. These include rowers and some helpers on the beach. I sought advice and the following was provided.

The World Rowing Coastal Commission feel helmets are a good control and encourage member federations teams to consider using them. The GBR team have them and have practised using them in training, at the request of World Rowing, with positive outcomes. World Rowing has a concussion policy and is considering how to conduct an assessment.

Appendix 1 - Concussion Red Flags

Red flags – requiring urgent medical assessment

If any of the following 'red flags' are reported or observed, then the person should receive urgent medical assessment from an appropriate Healthcare Professional onsite or in a hospital Accident and Emergency (A&E) Department using emergency ambulance transfer if necessary:

- Any loss of consciousness because of the injury
- Deteriorating consciousness (drowsier)
- Amnesia (no memory) for events before or after the injury
- Increasing confusion or irritability
- Unusual behaviour change
- Any new neurological deficit e.g.
 - Difficulties with understanding, speaking, reading or writing
 - Decreased sensation
 - Loss of balance
 - Weakness
 - Double vision
- Seizure/convulsion or limb twitching or lying rigid/ motionless due to muscle spasm
- Severe or increasing headache
- Repeated vomiting
- Severe neck pain
- Any suspicion of a skull fracture (e.g. cut, bruise, swelling, severe pain at site of injury)
- Previous history of brain surgery or bleeding disorder
- Current 'blood-thinning' therapy
- Current drug or alcohol intoxication

Appendix 2 - Graduated return to activity and sport

Overview

- Generally, a short period of relative rest (first 24-48 hours) followed by a gradual stepwise return to normal life (education, work, low level exercise), then subsequently to sport is safe and effective.
- Progression through the stages below is dependent upon the activity not more than mildly exacerbating symptoms. Medical advice from the NHS via 111 should be sought if symptoms deteriorate or do not improve by 14 days after the injury. Those with symptoms after 28 days should seek medical advice via their GP.
- Participating in light physical activity is beneficial and has been shown to have a positive effect on recovery after the initial period of relative rest. The focus should be on returning to normal daily activities of education and work in advance of unrestricted sporting activities.

If symptoms continue beyond 28 days remain out of sport and seek medical advice from a GP

GRADUATED RETURN TO EDUCATION/WORK & SPORT SUMMARY (See full table below for detail)	
Stage 1	Relative Rest for 24–48 hours <ul style="list-style-type: none"> • Minimise screen time • Gentle exercise*
Stage 2	Gradually introduce daily activities <ul style="list-style-type: none"> • Activities away from school/work (introduce TV, increase reading, games etc)* • Exercise –light physical activity (e.g. short walks) *
Stage 3	Increase tolerance for mental & exercise activities <ul style="list-style-type: none"> • Increase study/work-related activities with rest periods* • Increase intensity of exercise*
Stage 4	Return to study/work and sport training <ul style="list-style-type: none"> • Part-time return to education/work* • Start training activities without risk of head impact*
Stage 5	Return to normal work/education and full training <ul style="list-style-type: none"> • Full work/education • If symptom-free at rest for 14 days consider full training
Stage 6	Return to sports competition (NOT before day 21) as long as symptom free at rest for 14 days and during the pre-competition training of Stage 5

*rest until the following day if this activity more than mildly increases symptoms.

There is more information in the new [Guidelines](#). There is a link on the British Rowing website here [Athlete Health - British Rowing](#).

[This report contains safety guidance. Please read our safety message and disclaimer.](#)