# Para-Rowing Capsize Recovery Drill & Safety Guidance







#### Aims - Objectives - Outcomes



#### **AIMS**

To provide a model for NF's to use when running their own Para-Rowing capsize & recovery training sessions

#### **OBJECTIVES**

- Explain the protocols and rationale for Para-Rowing capsize and recovery training
- Describe how you will structure a capsize and recovery training session
- Demonstrate the elements of a Para-Rowing specific capsize and recovery training session

#### **OUTCOMES**

- Organise and deliver Para-rowing capsize and recovery training for your NF using this model in which athletes and coaches will learn;
- How to respond to a capsize
- How to assist others who capsize
- Advice for club and event organisers (Umpires, Safety Personnel)

#### Requirements



- Quiet room for the delivery of the introductory theory session which has sufficient space and seating for the all participants
- Computer data projector which can play video and PowerPoint presentation
- Flip Chart, easel A1pad, and pens
- Training guide
- Clean PR1 single scull with fixed seat and pontoon floats
- Clean set of sculling blades
- Trestles
- Swimming pool (or safe open water space) with a minimum depth of 1.3m (4 feet)
- Timings: Theory : 1hour 15- 25mins

#### Considerations



- See Tutor Notes
- Compliance with FISA APPENDIX 18 Para Rowing Competition Regulations Event Regulations and/or Departures from the FISA Rules of Racing -<a href="http://www.worldrowing.com/mm//Document/General/General/13/08/95/Appendix18-ParaCompetition2018update\_Neutral.pdf">http://www.worldrowing.com/mm//Document/General/General/13/08/95/Appendix18-ParaCompetition2018update\_Neutral.pdf</a>
- Strapping
- Entry to boat Checklist

# Strapping







#### Aids sold individually



Strapping should be made of a material which will not induce pressure marking or chaffing

HANDS	must be quick mouth release
TRUNK	must be ONE DIRECTION quick release
THIGHS	must be ONE DIRECTION quick release

#### **IMPORTANT:**

FISA recommends that all chest, leg and hand strapping is evaluated for safety by the rower before using on open water, by conducting a controlled capsize drill in a swimming pool.

#### Foot-stretcher with cord release / Prosthetic release









# Lifejackets for PR1, PR2 Athletes

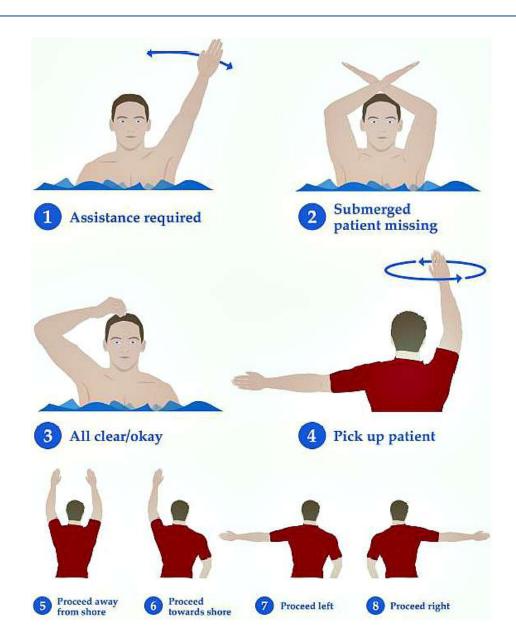






## Signage





Agree signage between <u>all</u> taking part in capsize drill in case of emergency

## Video & Audio Shoot Sequence









#### Para-Rowing Safety Guidance



The following information is taken from British Rowing's

'Adaptive Rowing Safety Guidance to Event Organisers' - This document highlights safety advice for the Organising Committees of British Rowing Para-Rowing events.

https://www.britishrowing.org/wp-content/uploads/2017/04/Adaptive-Rowing-Safety-Guidance-For-Event-Organisers-2.pdf

'ROWSAFE' - a simple and direct web-enabled directory, providing safety advice to rowers, clubs, events and everyone else associated with the sport of rowing.

https://www.britishrowing.org/wp-content/uploads/2018/04/Row-Safe-April-2018-Chp-6.pdf



#### **Pre-Medical Questionnaire**



- Provides information that may be useful to ensure safe participation in rowing:
  - Pertinent Medical History
  - Confirmation that the rower has evaluated the safety of equipment and where appropriate carried out a controlled capsize drill
  - Additional Assistance

# Event Risk Assessment and Health & Safety Emergency Response Plan



Provides information that may be useful to ensure safe participation in rowing:

- See Access Audit module <a href="https://www.britishrowing.org/wp-content/uploads/2015/10/ROWING-CLUB">https://www.britishrowing.org/wp-content/uploads/2015/10/ROWING-CLUB</a> adaptive access audit.pdf
- Process for summoning assistance in an emergency
- Location of the event, including postcode and other relevant location information, and directions for emergency services
- Plan of the event showing all emergency access points, with postcodes, and grid references where possible to assist emergency services
- Emergency phone numbers and the location of the nearest landline telephone if available
- Number and location of First Aid Points and, if available, the nearest Automatic External Defibrillator (AED)
- O How injured persons will be transported to the First Aid Point or ambulance. Number and appropriate type of safety boats

#### **Embarkation and Return of Para Boats**



- Pontoons and landing stages are preferred to launching off steps, slipways or the bank as it is easier to transfer from wheelchair to boat and back
- Access ramps at appropriate gradient (1:12 recommended) for manual wheelchairs
- Embarkation pontoons and rafts are stable for wheelchair users
- Ensure that when transferring to the boat, they avoid sitting on hard surfaces for prolonged periods of time. Care should be taken to avoid sharp projections that may cut or mark during transfer, e.g. riggers. Protect heels from pressure marking and ensure that they use cushions/matting during transfer to pontoon/raft
- O Dedicated boat launch and landing area for Para-Rowers, as they may need more time and space for embarkation and return, particularly if they have to rely on support from their coaches or helpers, etc



## Umpires, Safety Marshalls, Safety Boat Team



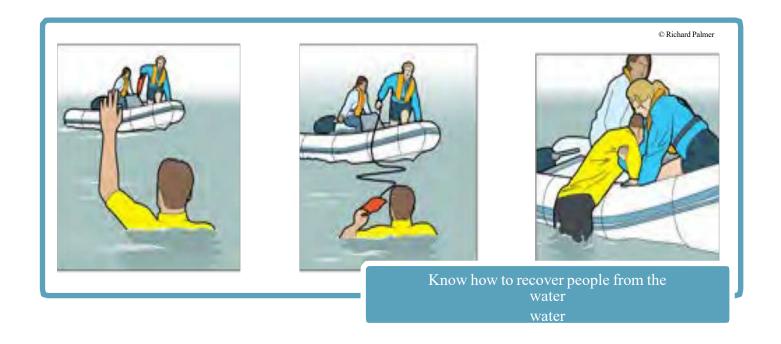
- O Para-Rowers should be able to demonstrate at embarkation point that they are able to release straps in a safe manner
- O All Safety Teams at events should be aware that some Para-Rowers will have compromised sitting balance in the PR1 boat classes and therefore the risk of capsize is heightened
- Umpires/Marshalls to carry out checks to ensure correct fixing of pontoon floats and ensure that athlete is able to demonstrate safe release of straps before leaving embarkation pontoons
- Understand degree of difficulty in up-righting an inverted boat with rowers who are strapped into seats
- Understand the method of release for rowing straps and carry a safety knife, so if necessary they can cut straps at the attachment point to seat frame
- Those with a limited range of movement in their ankles or wear a prosthesis should ensure that if they have foot stretchers that rely on heel-restraints as a method of release in the event of a capsize, they should be able to demonstrate ability to safely remove their feet from the boat

#### Cold Water Immersion (Hypothermia)



Increased risk for rowers who have thermoregulation dysfunction

i.e. spinal cord injury - Poikilothermic (when the body assumes the temperature of its environment) in a very short period of time, where safe and expedient removal from the water is essential



#### **Autonomic Dysreflexia**



# **Autonomic Dysreflexia**

CLINICAL EMERGENCY: spinal cord injuries above T6

LIFE THREATENING: if not immediately treated

#### **SYMPTOMS**

- Increased Blood Pressure
- Pounding Headache
- Profuse Sweating
- Nasal Congestion
- Bradycardia
- Flushed, Clammy, Goosebumps

#### CAUSES

- Bladder (Distention/UTI)
- Any PAIN Causing Discomfort
- Bowel Impaction
- Pressure Sore or Skin Burns
- Fracture
- Ingrown Toenails

# Medical Alert

#### Autonomic Dysreflexia

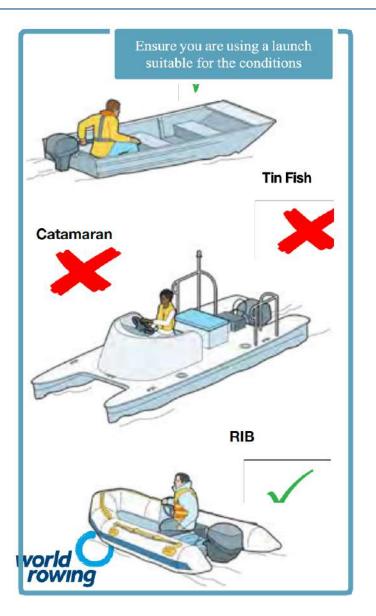


- This is a sudden increase in blood pressure and corresponding decrease in heart rate. The condition occurs in rowers with complete spinal injuries at T6 and above. It can occur anywhere within the rowing environment but is of heightened concern on water
- Para-Rowers predisposed to dysreflexic episodes should either carry relevant medication in a waterproof chest pocket or have declared the cause of such episodes during classification
- The rower will be aware of symptoms together with coach and use some form of signing to Rescue boat
- o If a rower suffers from Autonomic Dysreflexia, the emergency response is to raise the head above their knees (preferably in a sitting position). This position naturally reduces blood pressure. Look for the causes and seek medical help

#### Rescue/Safety Boat



- Appropriate rescue launch with low freeboard and/or drop-bow for safe rescue of adaptive rowers who are likely to have reduced mobility or muscle weakness in the lower extremities
- Sufficiently stable to allow safe recovery of people from the water
- Should have naturally buoyant properties ('tin fish' not appropriate)
- Low sides to make it easier getting people out of the water
- Fitted with a propeller guard to protect people in the water
- Quick and easy to manoeuvre with low wash characteristics
- Enough space to carry injured persons lying down to safety
- Carry safety equipment with the addition of a 'horseshoe life ring' and 'safety knife'
- Well maintained, with a recorded maintenance and service history
- Positioned such that they stay close to the competitors and are strategically located along the event course with radio links
- Enough capable crew to rescue a potentially uncooperative casualty
- In addition to the driver, each rescue boat should have at least one crew member and together they should be able to rescue a rower who cannot release the straps. This individual may need to enter the water

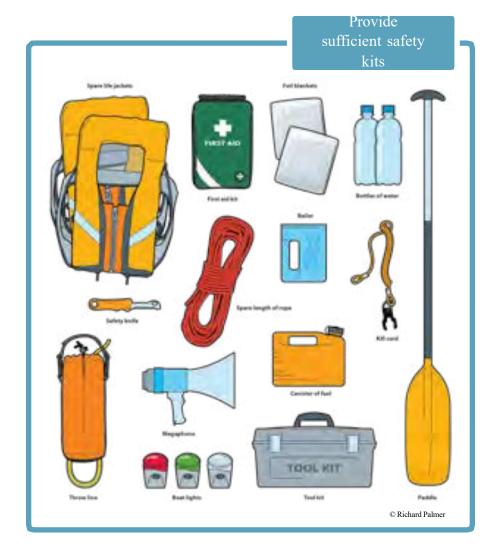


## Rescue/Safety Boat Kit



- Event organisers should ensure that there are an adequate number of safety boats with recommended launch rescue kit
- Each safety team should keep good communication using radios and/or mobile phones













# Risk assessment template - completed example

Author	Activity	7	
Rowing club, location or event	Date	Revision	

	Adan	Adaptive		Risk assessment		ment	Reduce likelihood of risk		Mitigate the consequences		Action Parties	
No.	Hazardous event	group at risk (use if appropriate)	Potential consequences	Severity (1-5)	(A-E)	(H.M.L)	Barriers	Action to maintain barriers	Barriers	Action to maintain barriers		
	Capsize											
	0	AR	Interv	2	D	-	Circulation sattern and boating restrictions during bad weather	Marshals present at all times	Health, safety & emergency response plan	Adequate rescue bunch, medical 8 first sid cover during training and regatts		
	Capsine during practice or racing	PHYSICAL - prosthetics, orthotics, hand, lec, trunk straocine	Entragment u <mark>nd</mark> er w <mark>ate</mark> r	4	D	Îra	Modification to footstretcher to facilitate proofhesis. Use of hand strapping to hold particul!	Check equipment at boating controllers to ensure rowers are compliant with British Rowins adaptive anisety authorized. All hand strooping must be able to be released immediately by outok mouth action. All leaf trunk strooping must be single-point release with no mechanical buckles and be released on the same side and in the same manner and direction.	Health, zafety & emercency response plan	Ensure that umoines, control commission, marshalls and the safety team are aware of resultations.  Appropriate rescue Islanch with low freeboard and/or drop-bow for safe rescue of rowers with reduced mobility in lower extremities		
70	Capsite during practice or racing	VISUAL - use of zero-vision or light allminating everywar	Disprientation, potential to induce canic	3	8	Low	Increased risk with visual impaired rowers in 'small boots' (stability) inability to see water surface debris or hazards.	Encourage all visually impaired rowers to conduct controlled capets drills with zero-vision eneweer	Health, zafety & emerzency response plan	Inform safety team that visually impaired rowers are taking part in training/racing		20 00
	Capalos during practice or racing	INTELLECTUAL	Possible unpredictable response in the event of a capsise, potential to Induce panic	3	В	Lew	Attaching to start in adverse weather conditions	Establish with coach of ID rowers can swim or have sopropriate buorance aid lifelacket	Health, safety & emercency response plan	Inform safety team that rowers with an intellectual disability are on the water		







		Admin		Risk	assess	ment	Reduce lik	celihood of risk	Mitigate	the consequences	А	ction Part	ties
No.	event	Adaptive group at risk (use if appropriate)	Potential consequences	Severity (1-5)	(A-E)	(HML)	Barriers	Action to maintain barriers	Barriers	Action to maintain barriers			
	Cold water Immersion & Hypothermia												
	Cassite during practice or racing	PHYSICAL	Increased risk for rowers who have thermoreculation desfunction i.e. zoiral condition. These rowers are unable to ahiver to conserve heat at or below their injury level. Individuals with a complete SCI at T6 and above are at conticular risk; and can become politicishermic (when the body assumes the temperature of its environment). Rowers with Down's syndrome are also at increased risk of forcerthermia.	2	8	7	Important for rowers who rein on lateral stability in the form of contoon floats, to ensure that they have adequate buchancy and are attached correctly	The provision of stabilitate contoons for AS and TA revers, provides a more stable obstorm, by providing additional between stability for rowing shells. The contoons must be fixed in contion so that when the rower is seated in the balanced boat, both contoons are horizontal and, at a minimum, tough the water	Haziri, zafetr & emerzency response plan	Ensure that umplies, control commission, marshalls and the safety team are aware of thermoreaculation issues within adaptive rowins. Appropriate rescue founds with low freeboard and/or dros-bow for axis rescue of rowers with reduced mobility or muscle weekness in lower extremities. Safe and exceedient removal from the water essential			
	Hypothermia											9 9	
	Reports environment, booking pontoons, start	PHYSICAL	Increased risk with rowers who have thermoreculation distinction i.e. spinal conditions. They can not sweat in order to distinate heat at or below their injury level. Individuals with a complete SCI at T6 and above are at particular risk; and can become positionarmic (when the body assumes the temperature of its environment). Rowers with Down's smidrome are also at Increased risk of innothermia.	2	c	~	Prolonzed waiting periods on boating contoons. Walking at the start for raced dur- ing hot weather	Consider scheduling adaptive most outside the hottest times of the day. Identify rest areas that are shaded. Encourage rowers to keep fordrated and wear sopropriate clothing, including the use of fice tackets!	Health, safety & emercency response plan	Ensure that umplies, control commission, marshalls and the safety team are awars of sharmonesulation issues within adaptive rowing			<i>,</i>
	Atlanto-Axtal Instability (AAI)												
	Cassite during practice or racing	PHYSICAL/ID	Increased risk with rowers who have Down's syndrome. Attanto-Axial instability (AAI) characterised by escessive movement at the junction between the stiss (CI) and axis (CI) as a nesult of either a bony or liasmentous abnormality. This would be a potential for concern in the event of a capalse and subsequent respue	2	В	Peak	Unatable boats without supplementary flotation - pontoon floats	Pre-activity screening (classification) to determine risk. There should be no stort of processories in models fibres do not function for any number of reasons, resulting in mucular weakness?. Individuals should have sood head / neck muscular control. If any of the symptoms are present, be cautious and refer the rower to their doctor to see if there are any medical contra-indications for taking part in rowing activities.	Health, zafetr & emergency reasonge plan	Ensure that rower has appropriate documentation including disastingston to determine that there are no medical contra-indications for taking part in rowing activities.			









No.	event	Adaptive	entive	Risk assessment		Reduce likelihood of risk		Mitigate the consequences		Action Parties	
		group at risk (use if appropriate)	Potential consequences	Severity (1-5)	(A-E)	(HML)	Barriers	Action to maintain barriers	Barriers	Action to maintain barriers	
	Autonomic Dysreflexta										
	Can occur arowhere within the rowing environment. Is of helatitished concern on water	PHYSICAL	Sudden increase in blood pressure and corresponding decrease in heart rate.  Occurs in revers with complete soinal interies at T6 and above.  Common sources are:  I. A full or distanced blooder (most common source of AD)  2. Blooder related causes such as blooder infection, sparms, or stones  3. A full or impacted necture (including constituation)  4. Pressure sones  5. Tubit clooking, intisting wrinkles or folds, or creacing underwear or controlled, or creacing underwear or controlled and as a broken ankle, cut or screace  7. Another better produces disconfirst below the level of inture	5	8	14		Require 'declaration of medical condition'. This will be declared during classification. A history of duraffests should be detailed on this form. Should a rower be preclaiosed to duraffests, they should either carrenels was the medication in a waterproof chest pookst or with coach. The rower will be aware of symptoms together with coach and use some form of sliming to resicue boat. Encourage SCI rowers at risk to emoty bladder prior to training competition.	Health, princh & emergency responds plan. If a rower saffer AD, the entergency response is to raise the head slower their kness (preferably in a sitting costion). This position naturally reduces blood pressure. Look for the cause of AD and seek medical help.	Ensure that all adaptive rowers have been classified in accordance with British Rowling classification procedures which includes a "declaration of medical conditions"	
	Pressure sores, cuts & brutses										
	Of carticular concern with rowers who have a loss of sensation in cart of their bods. Those with spinal cord injuries are at particular risk	PHYSICAL	Rowinz is one of the most dynamic of all sected aports and individuals with solval cord inturies in certicular are succeptible to tissue pressure pores. Many rowers will have his or her own preferred method of skin protection that the coach should attempt to utilize in and out of the boat	4	с	Seb	Transferring to boat, social sisting on hard surface for prolonged periods or share or marks, ac risters.  Protect heels from pressure marking	Determine during classification noward prediction to developing treature some. Bost manishalls to inspect constoons for any share projections	Hasith, safety & emercancy response plan	Ensure that all adaptive rowers have been classified in accordance with British Rowinz classification oncedures which includes a "declaration of medical conditions"	
	Trip hazards										
	Can occur arrowhere within the rewine environment. Increased risk with rowers who are structly impaired and rowers with reduced mobility	Aji	Tris hazards for visually impaired rowers, wheelchair users, rowers with amoutations on crutches	2	8	***	General hazards within rowles environment	Event sudit should be carried out to determine potential hazards, such as stees, cround obstacles in bosthouse (seets, rizzers)	Health, safety & emergency response olar. Complete screen such to identify sociated huserds. It should follow a logical securated lourney following how members enter, neighbar, are and leave the clut; traning from the club perimeter, divolging car sarking areas, pedictrian noutes, building entrances, treaston areas, information, delivers, hortotratial and vertical circulation routes, internal spaces, facilities and exits.	All clubs withing to host school school school to host school to host so the school to host so the school to host so the school to host schoo	

