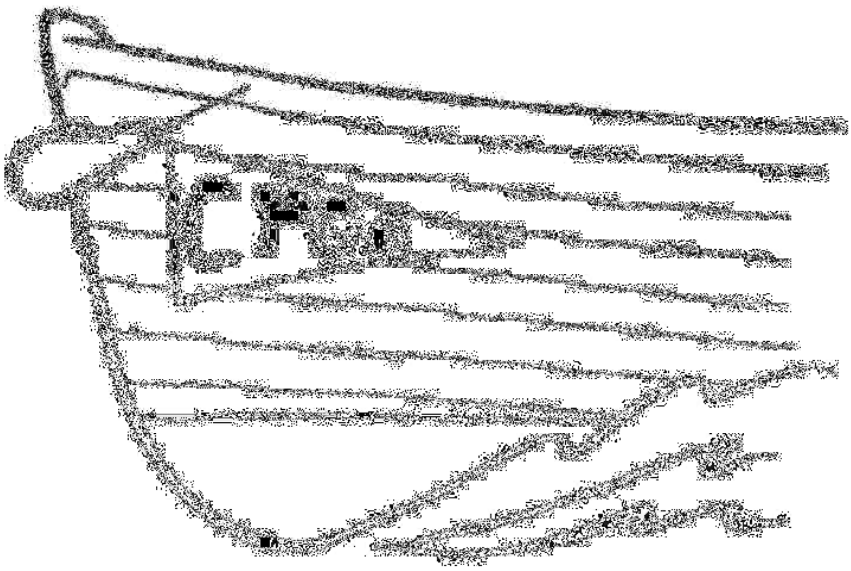
CORNISH PILOT GIG ASSOCIATION



HEALTH AND SAFETY GUIDELINES
&
WATER SAFETY GUIDELINES

CORNISH PILOT GIG ASSOCIATION

HEALTH AND SAFETY GUIDELINES AND WATER SAFETY GUIDELINES

Introduction

1. The Cornish Pilot Gig Association (hereinafter referred to as "the Association") has appointed Safety UK as their Association Safety Officer (ASO); their responsibilities are to advise the association on all aspects of health and safety, their observation and their implementation as and when called upon to do so. In addition all Clubs should appoint their own Safety Officer (CSO) to be responsible for the Club's adherence to these guidelines and for developing local risk assessments. The Club Safety Officer (CSO) must be competent to undertake this role and may call upon Safety UK for advice as and when necessary.

2. These guidelines shall be prominently displayed in the Clubs and Boathouses. Where such facilities are not available a copy of this document should be provided to each rowing member. In addition a list of vital telephone numbers relating to safety in general must be displayed where notice boards are available.

    - Emergency services - Fire, Police, Ambulance, Coastguard, - "999"
    - Doctors
    - Local hospital casualty department
    - RNLI
    - Lifeguards
    - Clear directions to the nearest alternative telephone point shall also be displayed.

3. Safety and First Aid Equipment shall be readily available in the Club boathouses to include:

    - First Aid Box (to be fully stocked, contents listed and replaced as used, box contents to be checked monthly).
    - Thermal / exposure blankets
    - Life jackets

    In addition a life buoy will be retained on slipways.

    Where the Club does not have a boathouse then a box or bag containing the above should be readily available when rowing.

4. The Club shall ensure that they carry and maintain adequate comprehensive insurance to cover personal injury to members on and off the water and personal injury and damage to property or third parties; such cover should include a member to member extension to third party liability. In addition Clubs should advise their insurers of events, i.e. regattas, special events and so forth, as well as how many such events may be held each year.

5. Posters on water safety, life saving and resuscitation procedures are advised to be displayed prominently.

6. The club shall draw up and display a plan of their rowing location drawing attention to the applicable navigation rules and any local interpretation required to accommodate particular hazards. Instructions shall be included on any variation in normal procedures necessary to combat tidal, wind or other climatic conditions which may arise locally.

7. An accident log is to be maintained and be available for inspection at all times, giving time, place and nature of accident, injuries / damages sustained and names and addresses of witnesses. All cases of accident involving injury shall be notified to the CPGA who will advise on any further action necessary.

8. Safety UK will, when requested, monitor the observance of the policy and procedures and will advise on breaches to the CPGA, including the recommendation of corrective measures or suspension of activity wherever and whenever appropriate.

9. The following paragraphs relate to specific aspects of the sport which, for convenience, have been grouped under separate headings for ease of reference.

Safety Equipment

10. For the safety of all concerned, rowing equipment should be maintained in good order. Particular attention is to be paid to the following safety equipment that must be carried in the boat:

    a. An adequate supply of replacement pins.
    b. A tow-line is to be carried in the bow of the boat.
    c. A bailer.
    d. A sound signalling warning device, capable of attracting attention over at least 200 metres.
    e. A grab line at least 15m (50ft) long with a large knot tied in one end to assist throwing (ideally a purpose made rescue/heaving line – "throw bag").
    f. Thermal exposure blankets.
    g. A basic first aid kit (contents recorded and checked as before).
    h. A sharp knife in carrying sheath.

11. Rowing is not to take place after sunset unless part of a properly organised event, in such cases additional equipment may be required such as the inclusion of flares and boat to shore radio communications.

Oarsmen & Coxswains

12. All persons participating in rowing must be in good health; lifejackets shall be made available to all rowers.

13. Physically challenged athletes participating in organised rowing activities must be provided with suitable rescue facilities to cope with any accident whilst afloat.

Coxswains

14. Coxswains are not only concerned to coach their crews, he or she has a responsibility for their safety at all times whilst they are in his or her charge.

15. Coxswains shall ensure that every member of the crews of which they have charge is aware of the appropriate safety procedures at all times.

16. Coxswains shall ensure that the whole crew, including themselves, is dressed suitably and adequately protected for the weather conditions they are likely to encounter.

17. Coxswains are required to wear life jackets (conforming to BS3595 standard) or buoyancy aids at all times that juniors (under 16) are in the boat either as rowers or passengers. (See Annex A for life jacket information)

Races hosted by the Club

18. All races hosted by the Club shall follow detailed procedures regarding all aspects of safety as contained in this document in addition to those contained in the event Safety/Emergency Action Plan developed by the Club having assessed local risks.

19. No race hosted by the Club, or sponsored row, shall take place without full and prior consultation between the organisers, the ASO, the police and ambulance service if necessary, life saving and first aid organisations to ensure that adequate safety measures are in force.

20. Where races are hosted by the Club, the Club shall appoint a suitable qualified and equipped person to be Medical Officer who shall be responsible for ensuring that medical support is accessible which may include the appointment of external First Aid services, such as St John Ambulance.

21. Safety boats, suitable for the task of rescue manned by persons trained in boat handling and rescue techniques and properly equipped, shall be available throughout the period of the race and during practice. They should be sufficient in number and so placed that rapid assistance and recovery can be provided wherever the need occurs. Numbers and location for craft should be discussed with the CSO and, if necessary the ASO, beforehand.

22. Officials and competitors shall be informed of local hazards and traffic rules shall be displayed and brought to the notice of competitors. Telephone numbers of police, ambulance, medical and fire services shall be prominently displayed together with the location of the nearest telephone.

23. Umpire's launches shall carry a life-buoy and line (throw bag), thermal/exposure blanket and first aid equipment (listed and recorded as before).

24. Umpires shall wear life jackets (conforming to BS3595 standard) or buoyancy aids of approved design at all times when carrying out duties on the water.

25. Procedures to be followed in the case of accident or emergency shall be prepared and communicated to competitors and officials in their instructions.

Rowing Equipment

26. All equipment for rowing and coaching shall be properly maintained to ensure that it is safe for its intended purpose and does not expose the user to danger. Particular attention should be given to the following:

    26.1 As far as is practical, boats and equipment should be stored in well lit premises in such a way as to minimise the possibility of damage to persons or equipment on removal and return.

    26.2. When any boat is placed on the water and before embarkation, it should be checked to ensure that it is in a safe condition and that its moving parts are in working order

    - Check for leaks.
    - Check seals and bungs.
    - Check seats and stretchers for security.
    - Check rudder lines, steering mechanism and rudder to ensure that everything is secure and in good working order.
    - Check oars and pins for damage.

Maintenance

27. To maintain equipment in a sound and usable condition requires those organising rowing to establish procedures whereby damage to equipment is notified to responsible officials without delay and the damage repaired before the equipment is used again.

28. Damaged equipment should be marked or "quarantined" to ensure that it is not used by others unaware of the damage.

Education

29. All participants in rowing should receive proper instruction in watermanship and in rowing techniques including capsize and accident drills from the qualified supervision of coaches or of experienced members, so that no persons puts themselves or others at risk when on the water. Junior members and novices should be given particular attention.

30. The coaching of coxswains in watermanship and water safety procedures is essential.

31. Every encouragement should be given to rowers and coxswains to become fully conversant with life saving and resuscitation techniques through practice and by attendance at duly recognized training courses such as those offered by the Voluntary Aid Organisations and the Royal Life Saving Society.

Adverse weather conditions

32. Rowing is an outdoor activity and as such is subject to the vagaries of weather in all its forms. It is important to recognize that contending with difficult weather conditions is part of the sport's attraction and it is not the intention of these guidance notes to change this. However, safe enjoyment is the aim, not foolhardiness.

33. The Association shall appoint a senior member to advise the suspension of boating activity should she/he believe the conditions unsafe for whatever reason.

34. Where rough water conditions are likely to be encountered during outings, a bailer or sponge should be carried in the boat.

Night Rowing

35. Rowing after nightfall is dangerous and should not be encouraged. When it is necessary, for example a special charitable event or long row, then the crews should be accompanied by a safety boat. Craft must be properly illuminated as required by the relevant authority or the Department of Transport.

Other water users

36. Rowing should be carried out at all times with an awareness by the participants of the right of others who share the water. Every effort should be made, by regular meetings, to co-ordinate activities and so minimize clashes of interests and the possibilities of accidents.

Safety for the Individual

37, All active rowers shall:

a. Rowing is a physically demanding sport and participants must be in good health, if in doubt they should check with their doctor before starting to row. All new rowers should sign a medical declaration on first joining the Club (Annex B).
   Lifejackets are to be worn by non-swimmers and those under 16 years of age.
b. Comply with the Association's Health & Safety Guidelines.
c. Maintain their rowing equipment in good order and check that it is in a safe condition before use.
d. Ensure that beginners to the sport are not allowed to use equipment without adequate and prior instruction and are not allowed to boat unsupervised.
e. Be constantly aware of the rights of others to the free use of the water and extend to them at all times the courtesy they would similarly wish to receive. It is recommended that active members should learn and practice accident drills. Every opportunity should be taken to learn simple first aid, life saving and resuscitation techniques.

The Responsibilities of the Coxswain

38. All persons steering a boat are responsible for the crew in their charge. Coxswains should comply with the following:

    a. Every coxswain shall be able to swim and to demonstrate that ability when called upon by the Safety Officer, alternatively they are to wear lifejackets when afloat.
    b. When required, all coxswains should wear a life jacket (conforming to BS3595 standard) or buoyancy aid of approved design, when on the water both in training and in competition and must when juniors are in the boat.
    c. All coxswains shall be in good health with adequate vision and sound hearing. No-one who is subject to epileptic fits or blackouts shall steer a boat. In cases of doubt, medical advice should be obtained.
    d. Dress suitable for the prevailing conditions must be worn. Particular care should be taken to ensure warmth around the head, neck and lower back, wrists and ankles and the clothing should be water and windproof. Water resistant outer gloves are recommended but bulky and heavy clothing and "Wellington" type boots should be avoided.
    e. Be aware of the dangers and symptoms of Hypothermia. (See advisory notes on Hypothermia).
    f. Voice projection and radio communication equipment when carried in the boat must be securely fixed to the boat, not the coxswain.

39. Steering a boat in training or in a race is a highly responsible role. The coxswain is responsible for the actions of the boat being steered. Commands have to be given and discipline exerted. The following represents the knowledge that the coxswain must develop:

    a. Learn and use simple commands for boat control both on and off the water. Use them correctly, clearly and instinctively. Understand the basic commands and signals of other water users.
    b. Understand and carry out all safety procedures and regulations applicable to the water they use, especially those relating to right of way, power boats, sailing craft etc.
    c. Understand and observe local navigation rules of the water.
    d. On unfamiliar water, become acquainted with local regulations and practices and of the existence, nature and location of particular hazards before going afloat.
    e. Be conversant with safety and rescue procedures in the case of an accident.
    f. Recognise and respect the rights and needs of other water users.
    g. Watch out for swimmers at all times.
    h. Watch out for the unexpected floating objects.
    i. Ensure that crews are using safe rowing equipment.
    j. Be aware of weather and water conditions and arrange the outing to avoid any danger.
    k. Coxswains of young children shall ensure that the whole crew is dressed suitably. Youngsters are unlikely to be able to generate a high level of body warmth during their first outings and need more protection.
    l. When crews are rowing away from home water, the coxswain shall ascertain the local code of practice and, at regattas, any special traffic rules to be observed, and ensure crews fully understand them.
    m. Every coxswain shall be encouraged to learn life-saving and resuscitation procedures.
    n. Coxswains or coaches of beginners and especially of crews of young children have an extra responsibility. Those who are new to the sport are likely to concentrate on their own rowing to the exclusion of all else, and are thus likely not to be aware of approaching danger. Beginners must never be allowed on the water unsupervised.
    o. Novice coxswains shall be trained at sea only by senior coxswains and with regards to weather conditions.

Safety Boats

40. Safety boats should be made available for all events hosted by the Club. This raises the need to ensure competent driving, the safety of those on board the safety boat and the effect upon the water users.

Training Drivers

41. To take out an engine-powered boat without previous tuition is to put the driver, any passenger and other water users at risk. The Royal Yachting Association holds courses in handling powered boats and issues certificates of competence. It is strongly recommended that no-one should drive a launch without first having taken a course of instruction. At the very least the club shall ensure that an experienced driver goes out with a new driver until he has shown that he is fully in control of the boat. The manner in which safety boats are manoeuvred and generally handled may create unnecessary problems for other water users. Excessive washes create impossible conditions for other water users and can cause accidents to smaller boats. The use of safety boats requires drivers to be fully aware of the effect of the wash they cause and the risk that the very sport they are seeking to assist cannot take place because the manner of driving their boat has made the water unusable.

42. Safety boats shall carry the following safety aids:

    a. A bailer and, for inflatable rubber dinghies, a suitable pump and a spare valve.
    b. A klaxon horn or similar warning device, capable of attracting attention over a distance of at least 200 metres.
    c. A grab line at least 15 metres (50 feet) long with a large knot tied in one end to assist throwing. Ideally a purpose made rescue / heaving line throw bag.
    d. Thermal / exposure blankets to reduce wind-chill and counteract hypothermia. Make use of proprietary items but not woollen blankets which only absorb moisture and do not then retain heat. In the heat absence of recognized equipment, polythene sheet cut to size of a commercially available exposure bag will provide the necessary level of heat retention until proper treatment can begin.
    e. Life buoys / life jackets - these are essential when several people are in the water and the launch can attend to only one at a time.
    f. A basic first aid kit (list contents and check regularly as before).
    g. A sharp knife with carry sheath.
    h. An oar.
    i. Simple handholds fixed to the side of a launch to give help to any persons being rescued, and provide self-help should the driver fall overboard.
    j. Engine, cut-out lanyard device.
    k. An anchor and line.
    l. Rowing is not to take place after sunset.
    m. Buoyancy aids or life jackets shall be worn at all times and are essential for safety boats going out to sea or on very wide stretches of water. Life jackets which depend on oral inflation should be worn partly inflated; those which have auto inflation must be checked at intervals suggested by the manufactures.

Maintenance

43. Maintenance of the boat and its engine is vital, since the possible consequences of failure are too great. The driver and his passengers are dependent upon the efficient working of the engine and the good condition of the boat for the proper execution of their duties. Drivers should know how the engine works, and a box with basic tools and spare parts (in particular spark plugs and a spark-plug spanner) should always be carried to enable running repairs to be done and simple replacements to be made. The tool/spare parts box should be kept dry and checked regularly (an extra can of pre-mixed fuel is also a vital spare). It is a wise precaution to check that the engine is securely fixed to the hull and that the secondary safety fixing is properly attached every time the boat is used.

44. The choice of a safety boat, its hull size and its shape, must be matched to an engine suitable for the work it is to undertake and the load to be carried.

Races hosted by the Club –Safety Procedures

The following procedures are in addition to those detailed at paragraphs 18 to 25 above.

45. Instructions to officials and to competitors should inform of traffic rules, and identify local hazards. A plan of the course illustrating important features should be provided and the telephone numbers of police, ambulance, medical and fire services shall be prominently displayed together with the location of the nearest telephone.

46. The racing course should be marked with clearly visible buoys, as required by the appropriate navigation or harbour authority and the navigation channel for other passing water users must be similarly marked. Notices should be displayed prominently to warn other water users of the event and the actions expected of them.

47. Where races are umpired from launches, the instructions to Umpires shall clearly state that in the event of accident the Umpires first duty is to the safety of the competitor or any person in difficulty.

48. Umpires launches shall carry a life ring and line (throw–bag), thermal/exposure blanket and first aid equipment and other items as listed for safety boats.

49. Instructions to officials shall set out procedures to be followed in the event of accidents. These should be brought to the notice of competitors so far as is practicable.

Hypothermia (See Annex C for other potential health problems)

50. Avoidance must be the first consideration at all times. Hypothermia occurs when the whole body has been chilled to a much lower than normal temperature, i.e. below 35ºC compared with the normal body temperature of 37ºC.

51. Dress to beat the cold - Layers of clothing are more effective than one warm garment. The outer layer should be wind and waterproof.

52. Do not take or give alcohol in cold conditions. Alcohol accelerates heat loss as well as impairing judgment.

53. Be alert to the warning signs of cold both in yourself and others. Coaches of young children must be particularly aware of the risks to their charges of exposure to cold. Exposed arms, legs and head heighten the risk.

54. If a person has fallen into cold water their body will lose heat rapidly. To reduce heat loss keep clothes on except heavy coats or boots which may drag the person down.

55. Sudden immersion in cold water can have a shock effect which can disrupt normal breathing, reducing even a proficient swimmer to incompetence. Confusion and an inability to respond to simple instructions will become evident.

56. When Hypothermia is suspected, your aims must be to prevent the casualty losing more body heat and to re-warm the casualty.

57. Send for help. Hypothermia is a medical emergency whether the patient is conscious or unconscious.

58. If conscious the victim should be actively re-warmed under careful observation.

59. If unconscious the victim must be got to medical aid as soon as possible. Follow instructions given under the resuscitation section below, only if a qualified first aider.

Symptoms and signs of Hypothermia

60. The following are the most usual symptoms and signs, but all may not be present:

- Unexpected and unreasonable behaviour possibly accompanied by complaints of cold and tiredness.
- Physical and mental lethargy with failure to understand a question or orders.
- Slurring speech.
- Violent outburst of unexpected energy and violent language, becoming uncooperative.
- Failure of or abnormal in vision.
- Twitching.
- Lack of control of limbs, unsteadiness and complaining of numbness and cramp.
- General shock with pallor and blueness of lips and nails.
- Slow weak pulse, wheezing and coughing.

61. A very dangerous situation is still present when a person who has been in the water for some time is taken out. Further heat loss must be prevented. The victim should be protected against the wind and rain if possible. Re-warming can be carried out by:

- Wrapping the victim in a thermal/exposure blanket.
- Others placing their warm bodies against the victim.
- Giving hot drinks (if conscious)

Resuscitation

62. Resuscitation should only be undertaken by qualified first aiders. To be effective resuscitation must be started immediately, even whilst the patient is in the water, otherwise irreversible damage or death will occur within a few minutes. Many thousands of lives have been saved by ordinary citizens who have known what to do and have the courage to do it at the critical time.

63. On finding a person requiring resuscitation:

- Establish there is no danger to yourself or the patient. If you see someone in difficulties in the water DO NOT go into the water after him. Remember there may be neck or back injuries requiring extra care when moving the patient.
- Look for something to help pull him/her out e.g. oar, rope or clothing.
- Lie down to prevent yourself from being pulled in.
- If you cannot reach him/her, throw any floating object e.g. football, plastic bottle for him to hold on to, then fetch help.
- If you are in a safety boat, carefully approach him/her if it is safe to do so.
- HAVING RESCUED THE VICTIM - SHOUT IMMEDIATELY FOR HELP.

Assess the patient:

64. **Responsiveness** - Establish responsiveness by shouting “ARE YOU ALRIGHT” loudly and gently shaking the shoulder.

65. **Breathing**

- Inspect the airway-remove blood, vomit, loose teeth or broken dentures but leave well fitting dentures in place.

- Open the airway-the rescuer should place two fingers beneath the point of the patients chin, lift the jaw and at the same time place the palm of the other hand on the patient's forehead. Tilt the head well back by pressing on the forehead and the airway will open.
- Check for breathing by placing your ear close to the patient's mouth, looking down along the line of the chest.
- **Listen** for the sound of breathing.
- **Feel** for air movement indicating breathing.
- **Look** for rising and falling of the chest.

66. **Circulation** Check for the presence of a pulse by feeling for the carotid artery in the neck. The artery lies along each side of the voice box (larynx).

67. If the patient is unresponsive, not breathing with no pulse, leave the patient immediately and go and telephone for help (dial 999).

Annexes:

A. Life jacket information

B. Medical Declaration Form

C. Medical conditions

Annex A - Life jackets and buoyancy aids

1. From July 1995 suppliers have only been allowed to sell life jackets and buoyancy aids that have been tested to European specifications and carry the CE mark of approval.

2. There is no requirement to replace properly maintained and tested lifejackets and buoyancy aids. All life jackets and buoyancy aids must conform to one of the following standards and be marked accordingly.

CE standard explained

3. The CE standard deals in Newtons. A Newton is a measured unit of force. 10 Newtons are approximately equal to 1 kg (2.2 lbs) of buoyancy. The CE standard covers four levels of minimum buoyancy performance. The higher the Newton number the higher the buoyancy rating. The buoyancy rating quoted is for adult size only. Smaller sizes will have proportionally less buoyancy.

50 Newton (11 lbs buoyancy) - buoyancy aid

- Only suitable for competent swimmers.
- Sheltered water used where help is close at hand.
- Only provides support to conscious people who can help themselves.
- Inferior in performance to life jackets or the previous BMIF Standard for Buoyancy aids.

100 Newton (23 lbs Buoyancy) - Buoyancy aid (life jacket)

- Suitable for swimmers.
- Increased buoyancy for use in general inshore conditions.
- Gives a reasonable assurance of safety from drowning in relatively calm waters.
- Not guaranteed to self-right an unconscious user wearing waterproof clothing and should not be expected to protect the airway of an unconscious person in rough water.
- Adult sizes have greater buoyancy than approved buoyancy aids previously seen in the United Kingdom.
- Classed as a buoyancy aid in Great Britain and a life jacket in Europe.

150 Newton (33 lbs Buoyancy) - Life jacket

- Suitable for swimmers and non-swimmers.
- For use in all but most severe conditions.
- Equivalent performance to existing United Kingdom approved life jackets.
- Will give reasonable assurance of safety from drowning to a person not fully capable of helping themselves.
- May not immediately self-right an unconscious user wearing heavy waterproof clothing.

275 Newton (62 lbs Buoyancy) - Life jacket

- A high performance device for offshore and severe conditions, when maximum protection is required or where heavy waterproof clothing is worn.
- Has sufficient buoyancy to counteract the effect of trapped air in clothing.
- This type is new to the leisure market but similar life jackets have been available for industrial applications.
- Gives improved assurance of safety from drowning to people who are not able to help themselves.
- While they cannot be guaranteed to self-right an unconscious user wearing heavy waterproofs, the buoyancy they provide should ensure they will in the great majority of cases.

Maintenance

4. It is important that all life jackets or buoyancy aids are repaired as necessary.

5. It is important that any damage to the outer skin of the life jacket or buoyancy aid is repaired immediately. Delays will only compound the damage and possibly damage the internal buoyancy material or air chambers.

6. The inspection should check for any damage and for standard of repairs, particularly to stitching and zips.

7. A simple test for a life jacket or buoyancy aid is to hang on an appropriate weight, squeeze out all the air and see if it floats. If it does float it is OK. If it fails to float it needs replacing.

8. It is also recommended that all life jackets and buoyancy aids be individually marked with an identification system and that a record be kept of the date of purchase, any repairs and the dates of inspections. This will assist with the long term planning for renewal and the budget implications associated with such renewals.

Safety notes

9. All garments should be worn correctly in accordance with the manufacturer's instructions. Proper discipline, correct training, good organisation, use of correct facilities, qualified leadership and correct briefing are paramount for water safety. A life jacket is no substitute for these.

Life jacket and buoyancy aid requirements

10. Where a CE 50 Newton standard buoyancy aid or CE 150 Newton standard life jacket is stipulated it is recommended that the life jacket or buoyancy aid should be tailored to the size and weight of the person undertaking the activity.

11. Where possible, it is recommended that an approved CE lifejacket or buoyancy aid tailored for the activity (windsurfing, personal watercraft etc) should be worn.

12. An authorised person in charge of an activity may, at any time, insist on a stricter requirement than those listed.

NOTE:

In certain capsize situations it may be possible for the collar of a life jacket to cause the wearer to become trapped under an oar or sail. All people should be aware of this problem and be ready to offer quick assistance in the event of such a incident.

CORNISH PILOT GIG ASSOCIATION – WATER SPORTS READINESS QUESTIONNAIRE

……Gig Club

Regular physical activity is fun and healthy, and being more active is very safe for most adults. However, some should check with their GP before they start becoming much more physically active. The Cornish Pilot Gig Association accepts no liability for persons who undertake physical activity, if in doubt consult your GP prior to physical activity.

	YES	NO
1. Has your GP ever said that you have a heart condition and that you should only do physical activity recommended by him/her?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not performing physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Please list the bone/joint problem here:		
6. Is your GP currently prescribing drugs (for example, water pill) for your blood pressure or heart condition?		
7. Do you know of any other reason why you shouldn't exercise? List here:		

If you answered YES to one or more questions visit or speak with your GP prior to commencing water sport lessons.
If you answered NO honestly to all questions You can be reasonably sure that you can start rowing, however, in the event that you start to feel unwell tell your coxswain immediately.

I certify that I am able to swim in excess of 50 yards. **Yes/No**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction by a Senior Club Member.

Name:…… Signature: ……

Annex C – Other Health Problems

Sunstroke (Hyperpyrexia)

Sunstroke (hyperpyrexia) is the high fever and collapse due to failure of the heat regulation systems of the body. If the rectal temperature is over 42°C(108°F), irreversible brain damage can occur. The body's temperature can be raised as a result of the ambient temperature and is amplified by arduous physical activity such as rowing combined with failing to drink sufficiently. Heat stroke often occurs in children who have been outside on a really hot day and occurs more commonly in children with cystic fibrosis than other children.

Symptoms:

- headache
- general malaise
- nausea
- chest pain
- anxiety
- fatigue

Signs:

- hot dry flushed skin
- rapid pulse and respiratory rate

In severe cases:

- vomiting
- shock and circulatory collapse
- convulsions
- coma with pin-point pupils

First aid:

- tepid sponging or bathing
- cooling using a fan
- do **NOT** use ice baths, ice packs or cold air. This can cause vasoconstriction which reduces heat loss and can be fatal as shivering increases heat production
- adults: Rx two Aspirin 300mg tablets by mouth every 4hours
- children: Rx Paracetamol every 6h, dose according to age
- SEEK IMMEDIATE MEDICAL ATTENTION

Sunburn

Sunburn is the damaging effect on the skin of the ultraviolet (UV) light contained in sunlight. With too much exposure to UV light, skin overheats and becomes red and painful, and may later peel or blister. Ultraviolet light causes changes in the surface and in the deeper layers of the skin. It reduces the stretchiness of the skin and can cause premature aging and wrinkling of the skin, as well as the formation of age spots. Deeper in the skin, it causes changes in the structure of cells, and increases the risk of skin cancers.

When skin is exposed to sunlight, it produces a pigment called melanin to help protect itself against ultraviolet light. This is what makes your skin go darker and is what you see as a suntan. It stops you burning so easily but doesn't prevent the other harmful effects of UV such as premature aging and cancer. The less melanin you have, the less protected you are against the effects of UV light. If you have fair skin or red hair, or have not been in the sun much, you have less melanin so are more likely to burn quickly.

Sunburn doesn't just happen in hot weather - reflection of light off the water can also cause sunburn. Although a breeze, cloudy sky or swimming may make you feel cooler, the sunlight can still get through to damage your skin.

Symptoms:

Sunburnt skin is red and sore. It is warm to the touch, even after attempts to cool it with water or by moving into the shade. After a few days, the redness may fade into a tan, or in very fair people with little melanin pigment in the skin, it may just return to white. The skin may also flake or peel after a number of days. Dark skin can also burn and become damaged if exposed to enough UV light, although because it contains more pigment it can tolerate sunlight without burning for longer than paler skin.

Severe sunburn can cause blistering, swelling of the skin and fever. At the same time there may also be symptoms of heatstroke, such as dizziness, headaches, and nausea.

The symptoms of sunburn are not usually immediately obvious, and the worst pain occurs 6-48 hours after being in the sun.

Treatment:

- If a baby or small child has been sunburnt, or if blisters, a rash, or fever occur, seek medical advice from your GP, NHS Walk-in centre, or by phoning NHS Direct on 0845 4647.
- Avoid direct sunlight by covering up and staying in the shade, until the sunburn has healed.
- Cool the skin by sponging it with tepid (lukewarm) water or having a cool shower or bath.
- Drink plenty of fluids to replace the water lost through sweating in the sun, and to cool down. Don't drink alcohol because it will dehydrate you further.
- For mild sunburn, apply a moisturising lotion or a special aftersun cream from a pharmacy. Aftersun helps to cool the skin as well as moisturising and relieving the feeling of tightness. Calamine lotion can also be used to relieve itching and soreness.
- For adults, painkillers such as paracetamol or ibuprofen can help relieve pain and reduce swelling.

Severe burns may require special burn cream and burn dressings. Ask your pharmacist for advice; you may need to see your GP and have your burns dressed by a practice nurse. In very severe cases you may need treatment at your local Accident and Emergency Department.

Skin Cancer

Skin cancer is common. There are three main kinds: basal cell carcinoma, often known as a rodent ulcer; squamous cell carcinoma; and; malignant melanoma. Fortunately, the commonest kind is the least dangerous, and the most dangerous kind, malignant melanoma, is the least common.

Skin cancer is very rare in children but is more common as people get older. The numbers of skin cancers rise with age because the main cause of all types of skin cancers is sunlight exposure. Sunlight contains ultraviolet light (UV), and this is what does the harm, particularly to the skin of babies and young children.

Symptoms:

Rodent ulcer (basal cell carcinoma) is one of the commonest of all cancers and one of the least dangerous. It affects the skin, mainly in areas exposed to the sun, and especially on the nose and around the eyes. It is a slowly growing, raised-edged swelling with a dimple in the centre. Small blood vessels are often visible just below the surface. It hardly ever spreads to other parts of the body, although it can do so if neglected. It can then cause a lot of tissue damage, especially by burrowing deep into the tissues (hence the name rodent ulcer).

Squamous cell carcinoma is a skin cancer also related to sunlight exposure. It starts as a small, firm, painless lump occurring most often on the lip, ear or back of the hand. It enlarges fairly rapidly and then will often break down in the centre to form a crater. This is called ulceration. It can spread to the lymph nodes and from there to various parts of the body. Be very suspicious of anything like this on your lip.

In the event of a suspicious swelling, raised mole or whatever consult your GP, The diagnosis of both rodent ulcer and squamous cell carcinoma is usually made by examination under the microscope of the tumour (lump) after it has been fully removed.

Weil's Disease

Weil's Disease is a bacterial infection carried in rats' urine which contaminates water and wet river banks. The bacteria does not survive for long in dry conditions. It can be a serious illness requiring hospital treatment, and can lead to kidney or liver failure. ***Weil's Disease is a notifiable illness.*** The bacteria are absorbed through the skin or mucous membranes of the mouth and eyes. It gets into the blood stream very easily if you have a minor cut on your skin or feet, if you become immersed. If you feel ill after training - particularly in stagnant water or pools - or have any of the following symptoms, call your doctor promptly. The most common early symptoms are high temperature, an influenza-type illness and muscle pains. ***Tell your doctor that you have been undertaking water activities and where and ask if you can have a blood test for Weil's Disease.***

Prevention

Prevention measures are largely common sense:

- Cover all cuts and abrasions with waterproof plasters
- Always wear footwear to avoid cutting the feet
- Avoid capsize drill or rolling practice is suspected waters.
- Where possible shower soon after the activity
- If in doubt contact your doctor as soon as possible.

Blue-green algae

Certain species of the blue-green algae can produce toxins which, upon contact, may cause a number of conditions such as dermatitis, asthma, eye irritation, rashes, blistering of the skin around the mouth and nose, nausea, gastroenteritis, muscle cramps, headaches and pneumonia in some people. They have also caused fatalities in fish, livestock and pets.

These organisms can undergo a very rapid population increase in favourable conditions (i.e. prolonged, warm, still weather and high levels of nutrients in the water such as nitrogen runoff from fertilisers used on adjacent land) and therefore, produce very high levels of toxin quite suddenly. This is sometimes, but not always, associated with the production of a scum at the surface of the water.

Situations where recreational water users are at most risk from toxins are:

- Ingestion of scum on water including drinking raw water or inadequately treated water.
- Skin contact with scum or water or raw water.

Those most at risk from blue green algae are, in order of risk:

1. Children playing at the water's edge.
2. Swimmers.
3. Board Sailors.

4. Paddling (Canoeists & Kayaks).
5. Dinghy sailors.
6. People engaged in non-capsizing type sailing or motor cruising.

Many areas of water, particularly those used by sailing clubs, will now display information about blue green algae and where high levels of blue-green algae are found, a flag will be flown to warn the public. The flag will be half blue and green with the word **toxic** across it. For other water areas contact your local river authorities or water company to find out whether blue-green algae is present.

Other potential hazards

Cryptosporodium

This is a parasite infection which is widespread in the United Kingdom. Enhanced personal hygiene should be encouraged at all times. The symptoms are an acute diarrhoea illness, commonly of two to three weeks duration from which the patient recovers fully unless there are underlying conditions.

Hepatitis A (Infectious Hepatitis)

Hepatitis A is a virus infection of the liver which can vary from a mild or inapparent illness to, rarely, a severe disabling disease lasting several months. Infection has been caused by swallowing water during water sports.

The incubation period varies from two to six months after swallowing the virus. The onset of the illness is abrupt, with loss of appetite, fever, nausea, and abdominal discomfort, following within a few days by jaundice. If you become ill at any time with these symptoms, call your doctor and tell him you participate in water sports.

Gastro-intestinal disturbance

The commonest illness associated with water sports is mild gastro intestinal disturbance (tummy upset) which can occasionally lead to diarrhoea and vomiting. When this happens you are advised to consult a doctor. Flu like symptoms and mild respiratory symptoms may also occur, as may eye and ear symptons. Those generally resolve rapidly without treatment.

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