BRITISH ROWING

Honorary Rowing Safety Adviser Monthly Report

December 2025

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TEAMWORK | OPEN TO ALL | COMMITMENT

Tragic event at the British Indoor Rowing Championships

A rower in their 70s collapsed when competing at the Championships.

British Rowing has issued A further statement from the British Rowing Indoor Championships - British Rowing, in which we state that "*We are deeply saddened to confirm that a competitor at yesterday's British Rowing Indoor Championships experienced a serious medical emergency during the event They received immediate medical attention from our medical team and paramedics and the emergency services arrived quickly to continue treatment. Tragically, despite the best efforts of all involved, they did not survive.*"

Further information on Resuscitation can be found later in this report.

Lifetime Achievement Award For Dr David Zideman LVO

Congratulations to Dr David Zideman, whose lifetime of service has been recognised at a recent awards ceremony.

Dr David Zideman has been awarded a Lifetime Achievement Award at the 2025 Air Ambulances UK Annual Conference and Awards of Excellence.

As current chair of the British Rowing Medical Advisory Panel, David has had a huge impact on rowing in this country. There is more information here Dr David Zideman LVO wins Lifetime Achievement Award - British Rowing.

On a personal note, David is always very helpful and supportive to me. He is a continual source of advice on matters relating to pre-hospital care and particularly on all matters relating to resuscitation. Congratulations and Thank you David.

Rowers probably save a person's life

When rowers arrived at their club at 6.30 am for an erg session, they could hear a person near the opposite bank calling out "Help me". One of the rowers ran round to help the person and others stayed at the club and phoned 999.

The person was in the river and was holding a branch. The rower managed to throw a life buoy to them and pulled them in.

A fire engine, ambulance and police arrived. Rowers helped to remove the person's wet clothing and provided a blanket to keep them warm. The person was taken away in the ambulance. The person told the rowers that they had tried to end their own life, and the police thought that they had jumped off the bridge.

These prompt and effective actions may well have saved this person's life.

Unfortunately, about 200 people in the UK each year take their own lives by (non-accidental) drowning. Even more will attempt to do so but are rescued or otherwise survive. In many cases people regret their actions and rescue comes as great relief as may have happened in this case.

Rowers may find themselves in a position where they can help a person contemplating an action of this kind. Please see the Safety-Alert-Small-Talk-Saves-Lives.pdf.

Incidents Reports for December

Know what is ahead

There were several collisions, including one between a 4- and an 8+ prior to the start of a head race, due to inadequate lookout. In another incident, in the marshalling area before the race, two crews were paddling in opposite directions towards each other and almost collided.

In a further incident a rower in a 1x was not concentrating on their steering. They had a brief look at the steering from the angle of the stern of the boat and thought that they would be fine. They carried on rowing along and suddenly hit a thorn bush on an island. The rower had to pull their arm and head out of the bush. Their arm was scratched and they had a headache for some hours.

Please remember what it says in RowSafe, section 5.1: -

"Coxes and steers (including scullers) are expected to: -

- *Always keep a good lookout when afloat. Coxes who cannot see directly ahead should enlist the help of members of their crew. .....*
- *If the cox or steers does not know that the water ahead is clear then they should stop, or at the very least, slow down"*

Not all collisions are harmless

Two 8+s collided at a crossing point. The bow of one boat collided with the stern of the other. Part of the bow section of one boat broke off after it had pierced the other boat and forced the cox into the water and caused a large laceration to their thigh. Coaching launches assisted the crews.

In another incident a 4- collided head on with a 1x and the bow rower in the 4- suffered extensive bruising to their back.

In a further incident there was a collision between an 8+ and a 2- in which the bow rower in the 8+ suffered concussion and bow rower in the 2- suffered a fracture to a spinal vertebra.

Please take care to keep a good lookout, keep to the correct part of the waterway and avoid collisions.

Anti-social behaviour outside a club

A rower's mobile phone was snatched from their hands outside the boathouse by a masked man on a bicycle. This occurred before dawn prior to the morning rowing session; it was still dark and there were not many other rowers around.

There were no injuries. The rower called the Police and reported the incident to the two police officers that arrived promptly. Other users of the boathouse have been notified, and the hazard has been included in the Risk Assessment.

Please take extra care if this could happen to you.

Teach rowers not to let go of their handles

An 8+ capsized just upriver of a bridge after three rowers had let go of their handles during an unbalanced roll up. The steam quickly swept the boat towards a bridge buttress. The coach positioned their launch between the buttress and the 8+ and turned off its engine and helped the crew to re-enter the 8. There were no injuries.

The comments on this report included the following: -

All boats can become unstable during catch drills, particularly when the blades are square in the water. If you want a crew to do these then have some members of the crew simply keeping the boat level. In an 8 this would mean six rowers doing the drill and two (one on each side) keeping the boat level. Alternatively, you could do "front end slaps" keeping the blades feathered so that they slap on the water at the "catch" rather than enter the water.

and

Please make sure you are well away from fixed obstacles before starting exercises.

Take care with glass

A rower dropped a lunch box containing a glass item. The item broke spreading glass on the floor. This was safely removed. Please take extra care with glassware.

Just one voice

While attempting to manoeuvre an 8+ onto its indoor racking, crew members began to shout different commands over the coxswain. This resulted in confusion and the bows being lifted, with the rigger of the 8+ stored above contacting the hull. A cracking sound was heard. There was some superficial damage. The crew have been reminded that only one voice should be heard when manoeuvring boats and that should be the cox.

Check your launch

A small launch was progressing upstream from the club but due to improper insertion of the bungs, the launch took on water and capsized. Another launch was close by and was able to recover the launch driver. The capsized launch was towed back to the clubhouse and removed from the water. As a result, the club has added a tag to the launch to remind drivers to check insertion of bungs. Refresher training has been provided.

Please be aware of your Wash

There was a suggestion from a rower in a 2- who has consistently been troubled by wash from launches that British Rowing or the Port of London Authority should require that rowing coaching launches should be of the low wash catamaran type by 2035.

The response was that the problem with catamaran launches is that they can easily become unstable and they are not good at rescuing people in the water. As soon as one of the sponsons or hulls is immersed then the launch is likely to capsize. They have their place, but it is unlikely that British Rowing will require their use. I also do not think that they are particularly good on rough water or strong cross winds.

It is incumbent upon all launch drivers to be aware of the effect their launch's wash is having on others and to operate their launch to minimise this effect. Please do so.

Wait for your coach

A 4x collided with a 2- when the 4x had become separated from its coach. The coach was not with the crew due to problems starting the launch. Please encourage crews not to move away from the landing area until their coach is able to escort them.

Take extra care near obstructions

A rower in a 4+ missed a couple of strokes and the boat was swept by the stream, into a post where the boat became fast. A member of the crew phoned for a safety launch, and all remained calm in the boat until it arrived in less than 5 minutes. The safety launch then towed the boat whilst the crew maintained the "safe position".

Please encourage crews not to turn upstream of an obstruction and to carry a means of communication so that they can call for assistance.

Do not be led astray

There was a near miss when a junior crew in a 4x+ was approaching blind bend following a pleasure cruiser which (wrongly) went through the bridge and the cox unthinkingly followed it, assuming the course must be clear. A Ferry (with priority) was approaching from the other side, obscured by bridge. Please take care not to be led astray.

The purpose of the Incident Reporting system

The purpose of the Incident Reporting system is to share what we have learned from incidents for the benefit of the entire rowing community. This learning provides a major contribution to rowing safety. A Regional Rowing Safety Adviser explained this very clearly in a comment on a report; they said: -

"To both crews: The purpose for sharing these reports is to learn from them for future avoidance - for all parties. Any collision involves two parties who both have a responsibility to avoid such incidents. The report system is not designed to be evidence for insurance purposes.

I would welcome commentary from each crew demonstrating taking responsibility on how such incidents can be avoided in future given what they learned, rather than using this process to try to assign blame; paraphrasing "not our fault" is not a learning."

Resuscitation of a casualty in cardiac arrest

It is important to be prepared and equipped to support anyone who suffers a cardiac arrest, but it is also important to understand that, even with the best treatment available, the chances of a return to spontaneous circulation are not great. However, it is import to understand that the 30-day survival rate after a cardiac arrest out of hospital is only 8%. Also, Ambulance services performed resuscitation in nearly 35,000 patients in England following an out-of-hospital cardiac arrest, and a quarter of patients had their hearts restarted by the time that they reached hospital. Survival rates depend on age, the underlying medical condition and the initial cardiac rhythm.

We encourage clubs to have AEDs, available and maintained in good condition, and for all club members and staff to know how to use them. They have been used to good effect many times. However, it is important to recognise that AEDs can help only when the casualty has a "shockable rhythm".

Heart rhythms associated with cardiac arrest are divided into two groups: shockable rhythms (ventricular fibrillation / pulseless ventricular tachycardia (VF/VT)) and non-shockable rhythms (asystole and pulseless electrical activity (PEA)). The first monitored rhythm is VF/VT in approximately 25% of cardiac arrests, both in- or out-of-hospital. VF/VT will also occur at some stage during resuscitation in about 25% of cardiac arrests with an initial documented rhythm of asystole or PEA. There is more information here.

This is why an AED may instruct users to "continue CPR" and at some point, later will re-analyse the heart rhythm and may then determine that the rhythm is shockable and a shock is needed.

Spot the warning signs if a rower collapses

A rower in their late 80s collapsed afloat, for about 10 seconds, with what was thought to be a "mini stroke". They then made a partial recovery saying that they were perfectly all right although it was clear that they were not. The remaining members of the crew rowed about 1000 metres back to the clubhouse where they had some difficulty taking the rower out of the boat.

A Stroke is a medical emergency that requires immediate attention as every minute is vital. If you see or experience or spot any of the signs below, don't wait. Call 999 straight away. A Stroke can be identified as follows: -

The FAST acronym (Face, Arms, Speech, Time) is a test to quickly identify the three most common signs of stroke.

- **Face weakness:** Can the person smile? Has their mouth or eye drooped?
- **Arm weakness:** Can the person raise both arms fully and keep them there?
- **Speech problems:** Can the person speak clearly and understand what you say? Is their speech slurred?
- **Time to call 999:** if you see **any one** of these signs.

Remember: Face **or A**rm **or S**peech, at the first sign, it's **T**ime to call **999**. There is more information here Stroke signs and symptoms | Stroke Association and here Stroke Symptoms & First Aid | St John Ambulance.

A mini-stroke or transient ischaemic attack (TIA) is not a trivial event. In the early stages of a TIA, it's not possible to tell whether a person having a TIA or a full stroke. It's important to call 999 immediately and ask for an ambulance if you or someone else has symptoms of a TIA or stroke.

A TIA is a warning sign that a person may be at risk of having a full stroke soon, and an assessment can help doctors determine the best way to reduce the chances of that happening. There is more information here Transient ischaemic attack (TIA) - NHS.

If you suspect that a person has suffered a TIA, then please do your best to ensure that they receive immediate medical care. This could save further consequences and even their lives.

The Health Benefits of Intensive exercise for older adults.

Intensive exercise, such as indoor rowing provides several health benefits but also introduces some risks. On balance, we believe that the benefits far outweigh the risks and that, with care these risks can be managed.

Intense exercise offers significant protective effects for older adults, including: -

- a reduced risk of chronic diseases (heart disease, stroke, diabetes, cancer),
- improved cognitive function (slowing dementia and cognitive decline),
- enhanced physical function (balance, strength, mobility), and
- better mental health.

These benefits are achieved through various physiological mechanisms that help counteract age-related decline at a cellular and systemic level. There is more detail in Appendix 1.

I will try to explain my personal approach to exercise, in the hope that this is helpful. I feel that it helps to have a clear understanding of what one is trying to achieve. In my case this is to reduce my blood pressure. I measure my blood pressure from time to time but try not to fixate on it.

I have discussed this form of exercise with my medical adviser. I am fit, well and have no underlying medical conditions. I have annual medical check-ups. I do not exercise if I am feeling unwell or if I have a cold.

I exercise, probably not frequently enough, using a Concept2 indoor rowing machine at home. We live in a village where ambulance response times are probably not quick, and the nearest public access AED is at the Village Hall about 500 metres away. I tend to be risk averse and am also aware that the prospects of a full recovery from a cardiac arrest in people my age are not good.

My personal approach to managing risk when using an indoor rowing machine at home is to: -

- Wear a heart rate sensor that links to the monitor on the rowing machine so that there is a continuous display of my heart rate.
- Control the intensity of the exercise so that my heart rate does not exceed 220 minus my age
- Only exercise when there is someone else in the house
- Try to keep the "split" times even through the piece
- Not to put pressure on myself to improve my personal best
- Complete longer exercises (5k and 10k) and keep the exercise relatively aerobic
- Exercise in the conservatory so that I can see my posture reflected in the glass
- Stop if the exercise becomes painful (I have never had to do this but a few 10ks have become 5ks)

This is my personal approach, but this may not suit everyone.

Please remember that, in all circumstances, it is always correct to attempt resuscitation. The chances of survival if resuscitation is not attempted is zero.

Care for a rower with severe migraine

A rower afloat in a 4x+ felt the onset of a severe migraine and informed the crew that they needed to get ashore. The crew rowed in pairs to take the boat in. The rower was helped out of the boat as they could not balance. The support that they may need has been discussed with this rower and it was concluded that the rower should only row in 4s and larger boats. This will protect their safety and that of their fellow crew members. They will also be encouraged to row on the river or canal where there is easy access to get out onto dry land in an emergency.

This rower experiences severe migraines which can result in loss of speech and co-ordination. They are usually able to tell when a migraine is coming on and can indicate in advance giving some time for the crew to get ashore. The rower has an alert wristband giving details of their spouse so that they can be called in an emergency.

The management of the risk and the support response to this incident were exemplary; the club should be congratulated.

There is more information on Migraine here Migraine - NHS and information on First Aid treatment for someone with a headache here Headache First Aid | St John Ambulance.

Check your Crewsaver lifejackets

Crewsaver has issued a service bulletin following a report that a UML Pro-sensor Elite capsule has been found with the main housing mis-molded, (please see image opposite). The water entry holes at the end of the capsule have not been fully cleared and would prevent the water from activating the unit. a fault found in some of its products. There is more information here servicing-technical-bullitin_no-095-uml-pse-mis-molded-issue.pdf.

Canal and River Trust (C&RT) Navigation Closures

I was asked to explain the meaning of C&RT Navigation Closures and whether British Rowing guidance was correct. The response was that I checked the C&RT website and this shows that a river (canal, lock, etc.) closure order is what you would expect it to be. It is an order stipulating that this item cannot be used for navigation, i.e. nobody can go afloat on it. Closure orders can be issued to enable the CRT to undertake remedial or maintenance works. Clubs and competitions can apply for a temporary closure order to keep the river/canal clear for their event.

Once an order is issued there is nothing we can do to circumvent it. It is absolute. British Rowing safety guidance on this matter is fully correct.

The Safety of Swimmers

A club has had a significant increase in the number of swimmers in its stretch of river in recent years and wondered whether there is any official guidance on what to do if a rowing boat hits a swimmer.

The response was that in the first instance, rowers should be encouraged to keep a good lookout for swimmers and avoid them. This is explained in RowSafe - British Rowing and in the Safety Alert Microsoft Word - Safety Alert - look out for swimmers (KB).

There are two issues, the first is prevention of hazardous events (i.e. Barriers to reduce the probability of a hazard leading to a hazardous event), and the second is support and rescue (i.e. Controls to reduce the severity of harm following a hazardous event).

The Barriers are described in and in RowSafe sections 5.1, Steering and Navigation, and 9.4, Other Water Users.

Section 5.1 contains the following: -

> ***Coxes and Steers***
>
> *Coxes and steers (including scullers) are expected to:*
>
> - *Watch out for swimmers at all times, even in areas where it is prohibited to swim and be alert to unexpected floating objects. See Safety Alert - Look out for swimmers.*

Section 9.4 contains the following: -

> ***Everyone***
>
> *Everyone is expected to:*
>
> - *Keep a good lookout for swimmers.*

and

> ***Coaches***
>
> *Coaches are expected to:*
>
> - *Keep a good lookout for swimmers and warn their crews if there are any present. Also warn the swimmers of the presence of the rowers.*

I was asked to provide further information on Controls; this was the response.

Controls that come into effect after the event to reduce the severity of harm. However, please do not forget the Barriers that reduce the probability of a hazard causing a hazardous event. I know that it is difficult to see a swimmer in the water if they are not wearing hi-vis swimming cap and not towing a hi-vis float. This needs the rowers and coxes to be extra vigilant.

The club's idea of sharing information about the presence of swimmers is excellent but it would work better if there was a communication device in each boat (radio or mobile phone in a waterproof pouch) so that information could be shared in real time. A mobile phone will also enable the rower to call for external help (999) if needed.

As far as controls are concerned then a rower alone in a 1x would find it very difficult to support someone in the water who was not capable of supporting themselves. Please consider operating a buddy system so that there would be at least two boats present. This would also help to make it more likely that one of the rowers would see the swimmer and be able to warn the other.

Please consider that swimmers are often not alone but swim as part of a group. Staying with the swimmer and alerting their colleagues so that other swimmers can help them may be all that is needed. A rowing boat is more conspicuous than a swimmer in the water so it should be easy for the other swimmers to find the rowing boat. The rower will need to shout "HELP" loudly and perhaps add that there is an injured swimmer in the water.

If a swimmer is hit on the head by a boat or oar then it is possible, but unlikely, that they may become unconscious or unresponsive and will need immediate assistance to survive. This is the nightmare scenario. It would be very difficult for a person in a rowing boat to support them in a position where their face is clear of the water so that they can breathe. Time is of the essence as even one breath in when the face is underwater can prove fatal. It may be necessary for a rower to enter the water to provide this support. This will only work if the casualty is floating on the surface of the water

The easiest way to support an unconscious person in the water would be to pass one arm under each of their armpits and put your hands onto a boat to provide buoyancy. It would be best to have the casualty facing away from you because if they regain consciousness, and are facing towards you, then they could otherwise grab you and use your body to provide buoyancy. People in trouble in the water tend to panic and it is not unknown for them to harm the person trying to help them. You should be able to support them in this way until further help arrives.

If the swimmer is conscious but dazed and needs help then it is possible that all that is needed, in the first instance, is to place part of your boat close to them so that they can use it for support. They may then recover sufficiently to be able to look after themselves or someone else (e.g. other swimmers, a coach in a launch, etc.) may be able to take over their care. Once they are out of immediate danger then normal First Aid guidance applies.

Announcement about British Rowing Systems

From 6 - 7 January 2026, we will be conducting planned maintenance on our in-house systems. This means that the following systems will be temporarily inaccessible during this period: -

- **BROE2**
- **Incident Reporting**
- **Rower Development Guide**
- **The British Rowing activity finder**
- **GoRow - the British Rowing Learn to Row platform**

If you need to report a concern within this timeframe, or you have any other queries, please email **info@britishrowing.org**.

Work with Paddle UK

There was an incident in which a near miss between an 8+ and a group of three kayaks. It was dark and the kayaks did not have lights. I have asked my colleague at Paddle UK to notify the canoe club.

Avian Flu

It is reported that there is an outbreak of Avian Influenza in the West Midlands. This is a highly infectious viral disease that may spread rapidly through the wild bird population. It is also a threat to birds on farms. The risk to human health is very low. There is further information in the Safety-Alert-Avian-Influenza-November-2021.pdf.

RowSafe update

In the past the updated issue of RowSafe has been issued in April as this was originally thought to be a quiet time in the rowing year. This has proved to have a disadvantage as the copy for the British Rowing Almanack is prepared at about the same time. This has resulted in the information in the Almanack being based on the previous year's version of RowSafe.

In 2026 we plan to update RowSafe in January so that it will be ready for issue before the text for the Almanack is prepared. In that way the text in the Almanack will reflect the then current version of RowSafe.

If you have any suggestions, then please let me know at safety@britishrowing.org. Please consider: -

- new items to include,
- items where further clarification is needed,
- items that can be simplified and
- items that can be removed

Appendix 1

Health Benefits of Intense exercise for the ageing person

Key Protective Effects

- **Cardiovascular Health:** Intense (vigorous) exercise can reverse a significant portion of age-related decline in aerobic power, lowering blood pressure and heart rate, and improving the heart's maximum pumping capacity. It enhances vascular function by improving blood flow and reducing arterial stiffness.
- **Musculoskeletal Strength and Function:** High-intensity and resistance training are particularly effective at building and maintaining muscle mass and strength, which helps prevent sarcopenia (age-related muscle loss) and osteoporosis (bone loss). This, in turn, vastly improves physical function and balance, significantly reducing the risk of falls and related injuries, a leading cause of injury in older adults.
- **Brain Health and Cognition:** Regular, intense physical activity is associated with a lower risk of dementia, including Alzheimer's disease, and can slow age-related cognitive decline. Exercise promotes brain health by increasing blood flow to the brain, enhancing neural cell growth (neurogenesis), and upregulating neuroprotective factors like Brain-Derived Neurotrophic Factor (BDNF).
- **Metabolic Health:** Intense exercise improves the body's sensitivity to insulin and helps manage blood sugar levels, which lowers the risk of type 2 diabetes and metabolic syndrome.
- **Immune System Modulation:** Exercise helps regulate the immune system by reducing chronic inflammation, which is often a factor in age-related diseases. It can also boost immune responses, for instance, by increasing the effectiveness of vaccinations.
- **Mental Well-being:** Intense physical activity can significantly improve mood, sleep quality, and self-confidence, while also reducing symptoms of anxiety and depression.

Safety and Recommendations

While the benefits are significant, older adults should approach intense exercise with appropriate precautions:

- **Medical Consultation:** It is important to consult a healthcare provider before starting any new, intense exercise program, especially if you have pre-existing medical conditions.
- **Gradual Progression:** Start with light or moderate activities and gradually increase intensity and duration as fitness improves.
- **Balanced Routine:** A comprehensive program should include a mix of aerobic, muscle-strengthening, and balance/flexibility exercises.
- **Supervision:** Initial supervision by a qualified professional can help ensure correct form and safety, particularly for resistance and high-intensity interval training (HIIT).