A future without drowning? The evidence base

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accidents don't have to happen

David Walker | Head of Leisure Safety
djwalker@rospa.com | 01212482020
@davidjwalks | @nwsf_web

263

UK

46

Scotland

Accidental drowning deaths (National Water Safety Forum: WAID 2018)

Evidence within the revised public health model for injury prevention

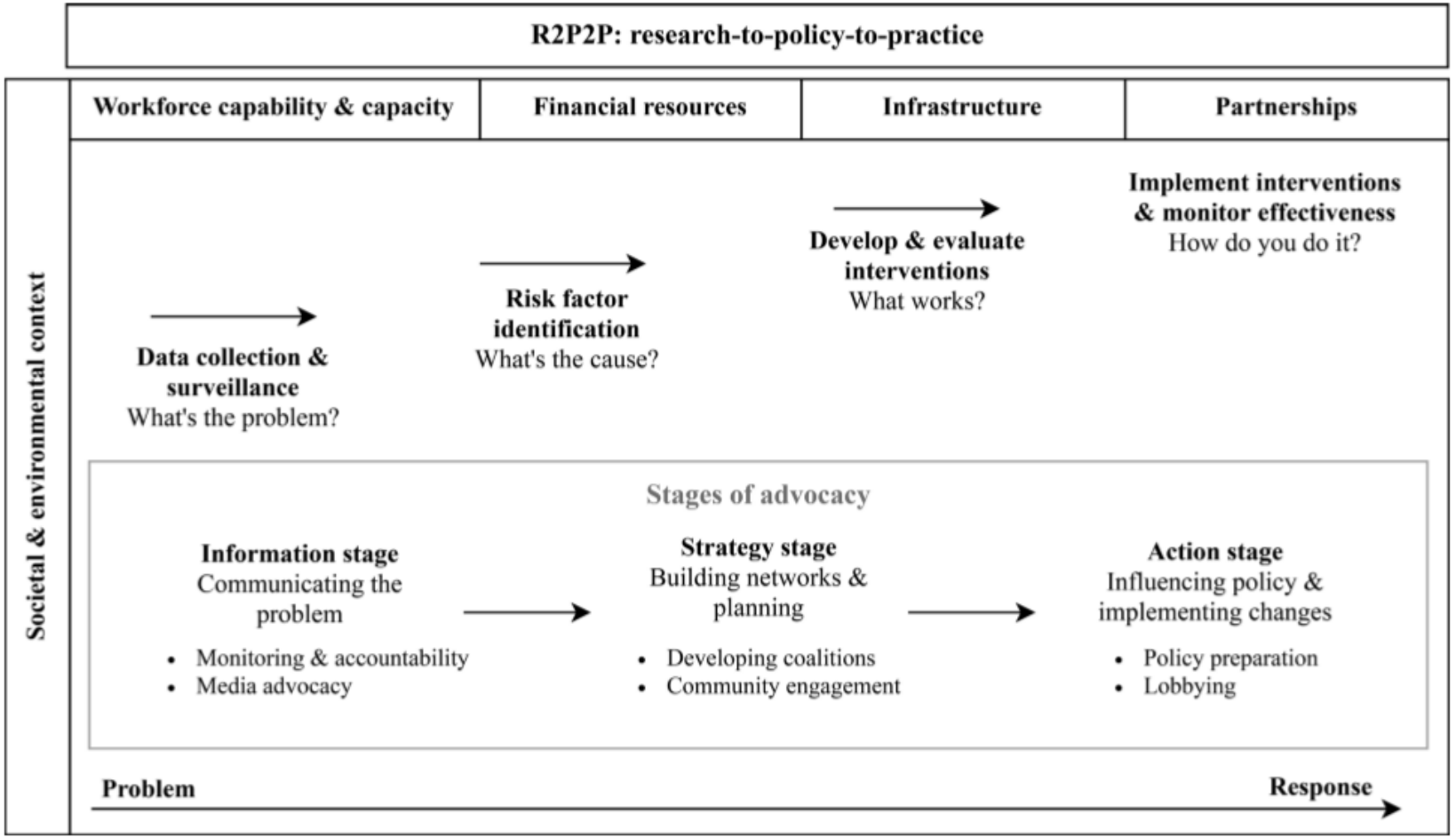

Figure 1 The revised public health model for injury prevention. Source: Adapted from Mercy *et al*.[1]

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Scotland has twice the drowning fatality rate

Males

-

Over 60's

-

Fall in

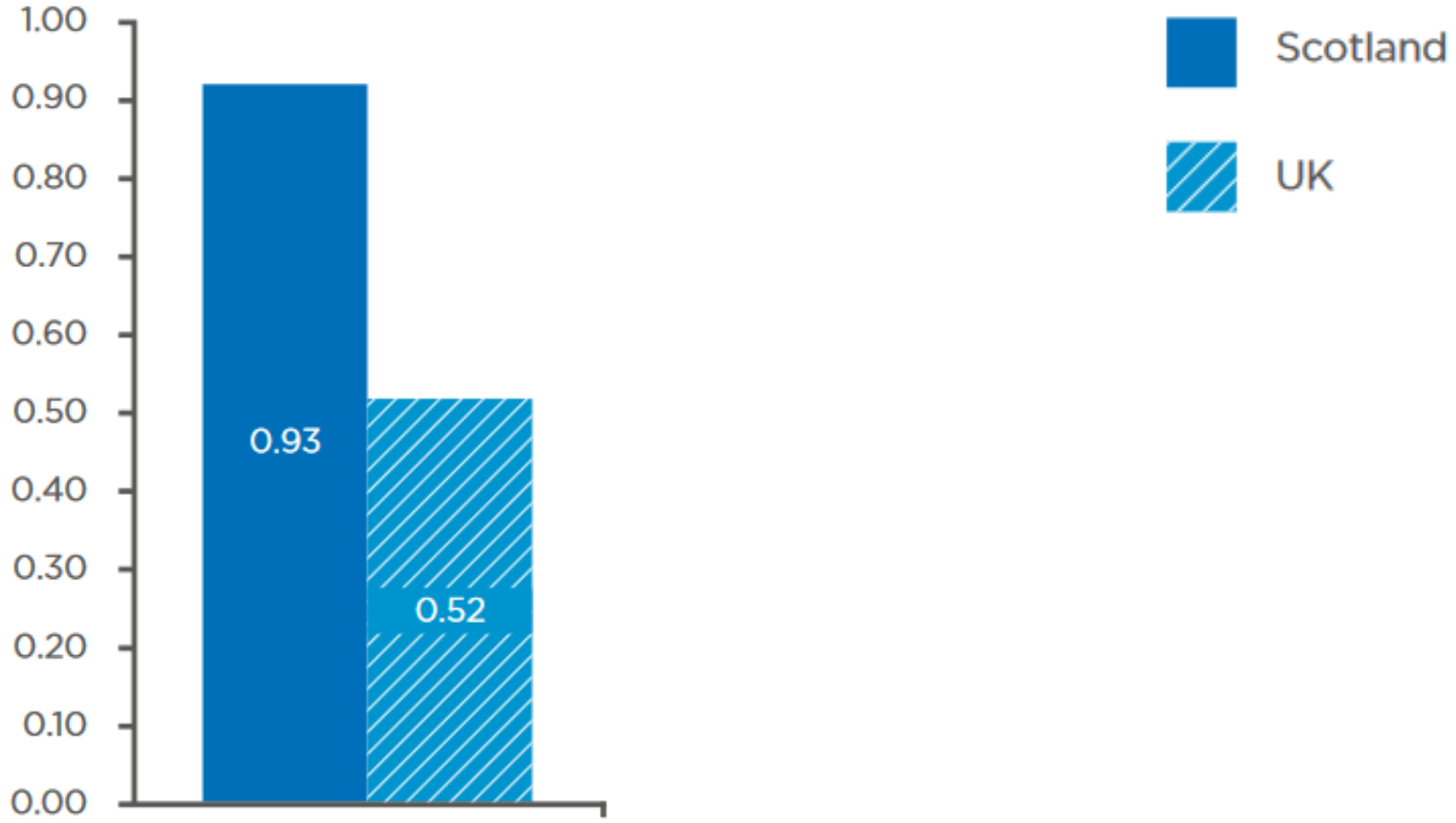

Figure 1: Rate of accidental drownings. Based on Scotland drowning statistics (WAID 2013 – 2015) and ONS 2015 population estimates

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Cost of one drowning death (average)

£1.7 Million

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DFT/Health estimates

Non fatal drowning: A hidden and life-changing burden

1 : 3 : 5

For every drowning death

Approx. three non fatal drowning

Five days stay

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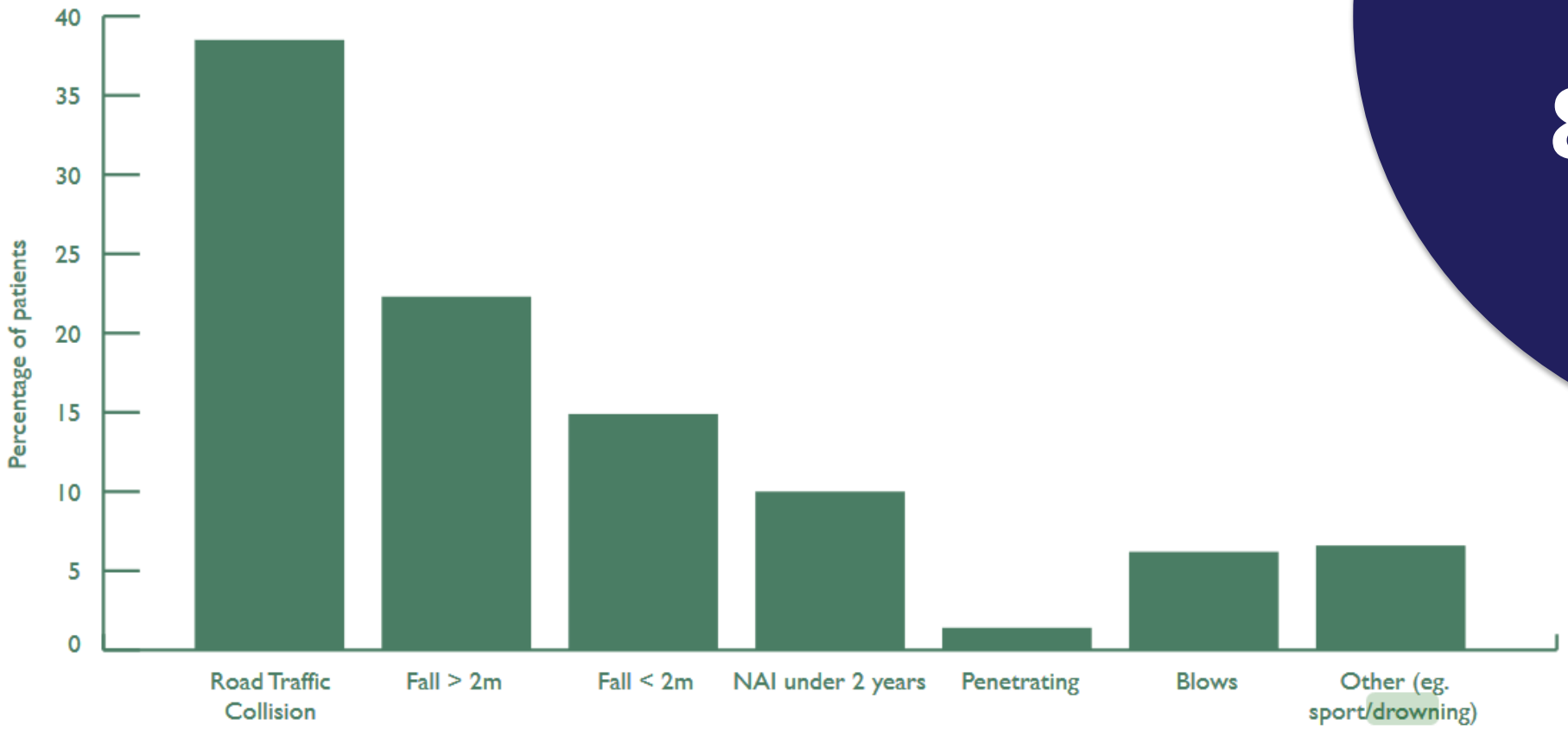
Retrospective analysis of hospital episode data (Wilson, Henderson)

1 in every 20 of all life-changing childhood



5% of non fatal drownings

=

88% of long term costs (Aus)

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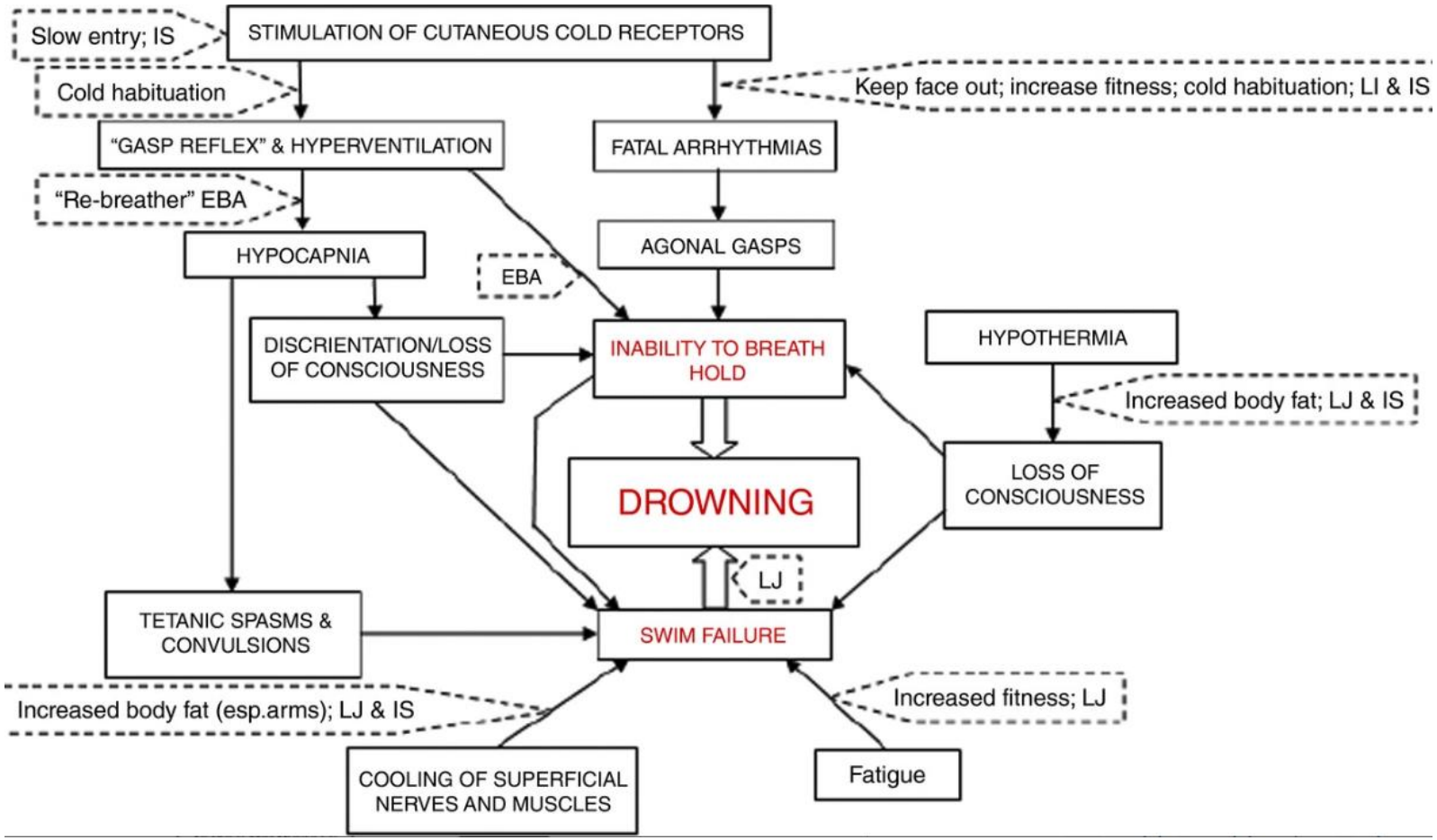
Child patients with an inury sevreiry scor eof 15(TARN) England & Wales (Graph)
A study of non-fatal drowning in RLSS Australia (Quote)

Drowning via Cold Water Shock… the most significant contributory factor?



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https://physoc.onlinelibrary.wiley.com/doi/full/10.1113/EP086283 **Credit: @profmiketipton**

Accidental drowning – what interventions works?

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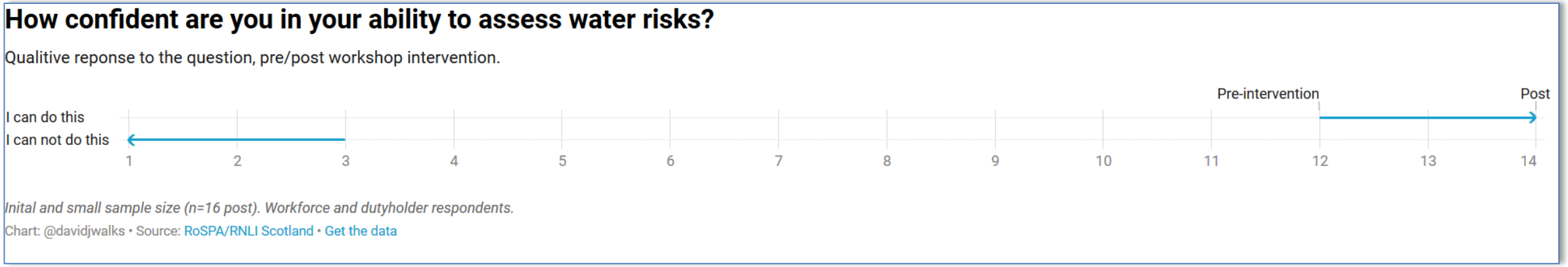
Selected global strategies to reduce or prevent harm (Various)

Workforce capability and capacity… a national platform for drowning prevention



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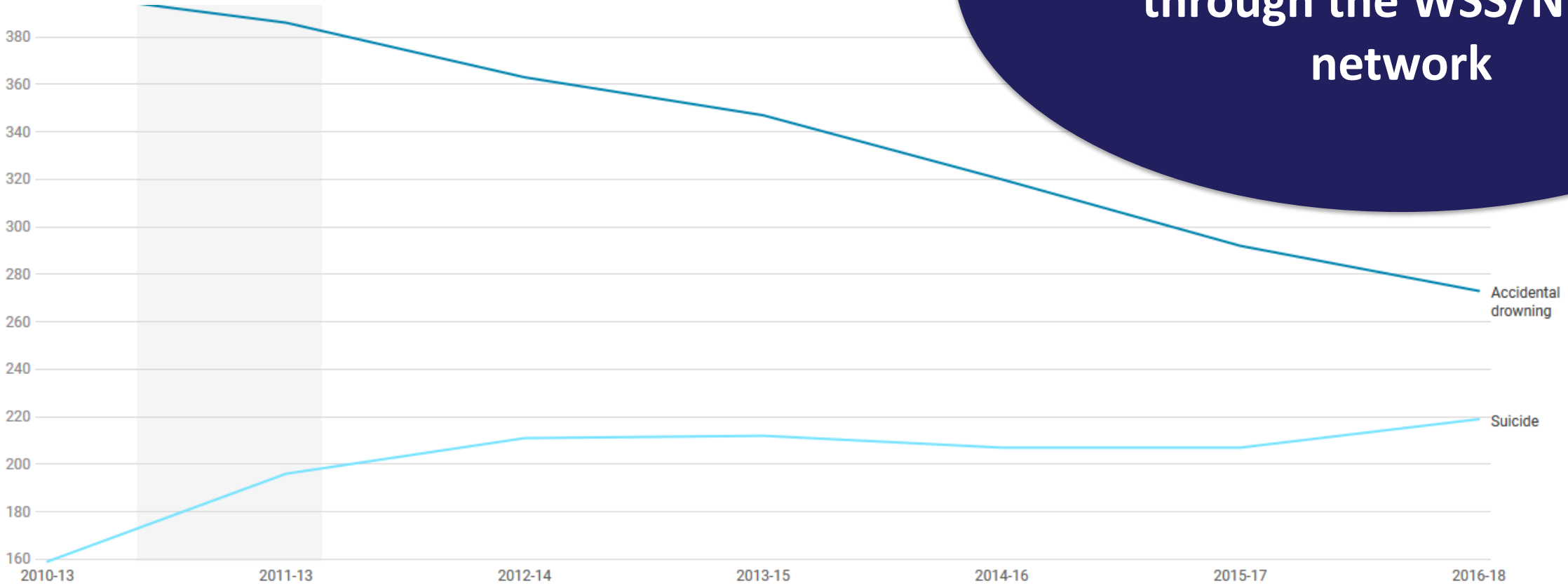
A hopeful thought

100+ organisations working together to #enddrowning through the WSS/NWSF network



Excluding criminal activity and 'undetermined causation' events. Accidental drowniing include natural casue outcome events. Adminstrative change in highlighted period.

Chart: @davidjawalks • Source: WAter Incident Database • Get the data

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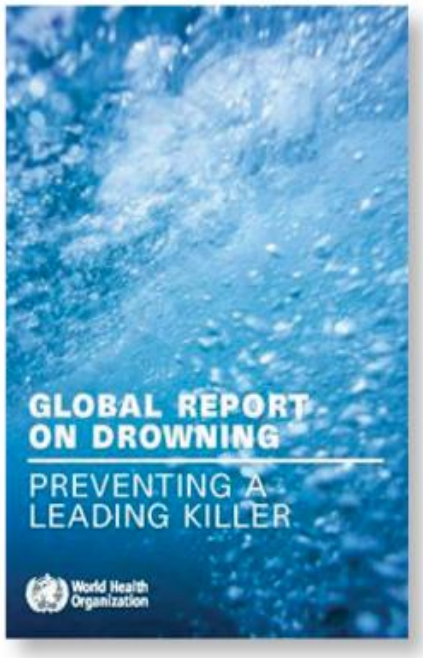
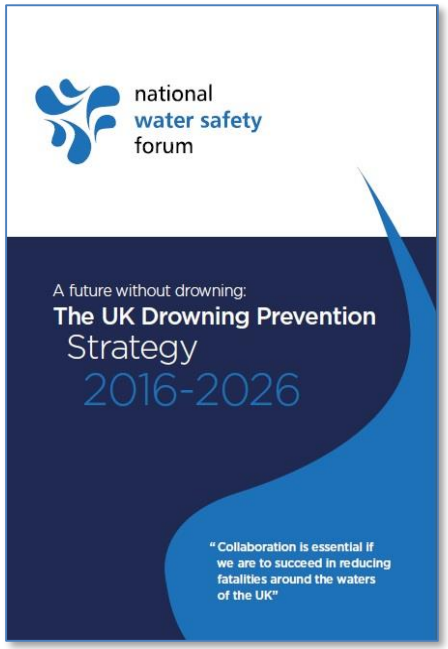
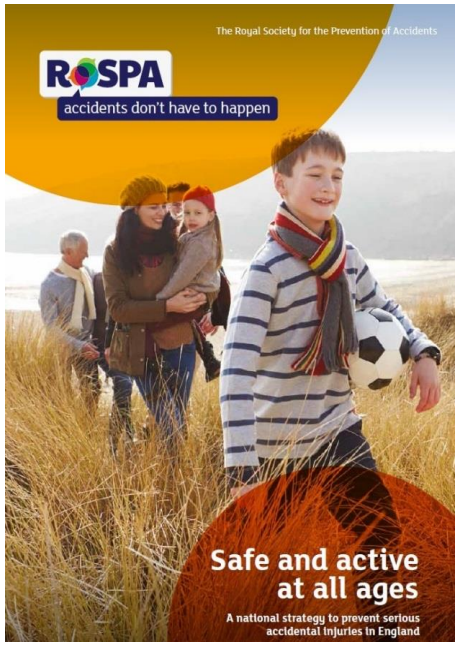
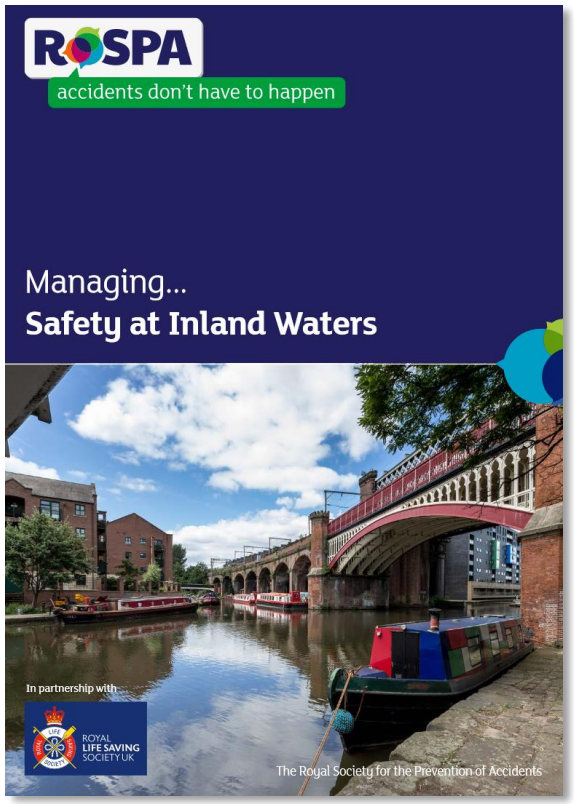
UK Water Related Fatalites

2010-2018 Rolling three-year-average.

Where next?

- Need to consider through a lens wider than just injury data… it doesn't always lead to action or the right action.
- We do not know enough about the true impact and scale of non-fatal drowning in the UK.
- Still working to unlock and align operational data… making improvements on health data.
- Need to be smarter on evaluation… lots of good interventions but not routinely published in 'health' journals… Evaluation concepts/models do not help us as a sector e.g. large scale RCT as the gold/only standard.
- Workforce capacity needs thought/investment… from those risk assessing to those shaping policy.

(Personally – know and understand about cold water shock, float, CPR)

Policy context and development