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Do swimming pool incident, accident and medical emergency rates correlate with training provision?

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Pool Lifeguard training programmes contain a large number of training topics which are assigned varying training hours by award providers. However, do these training topics and training hours provision correlate to the actual incidents, accidents and medical emergencies Lifeguards have to manage?

Can a greater focus within pool lifeguard training programmes, on actual incident prevalence, help to reduce the global drowning burden.

The aims and objectives of the study were to evaluate incident, accident and medical emergency statistics to ascertain how they correlate with training provision. Incident, accident and medical emergency rates were collated and analysed at ninety-one European health and leisure clubs over a three year period. All swimming pools within which the study was completed were shallow, with a maximum depth of no greater than 1.4 meters.

During the period of the study club management teams were tasked with recording and logging on a online database, in detail every incident, accident and medical emergency that took place at their club. Statistical analysis was undertaken using key terms and points of reference to ensure the study and outcomes were comprehensive. All statistics were formatted on rates per 100,000 users for comparative purposes.

Lifeguard training provider's policies, lesson plans and schemes of work were analysed to determine the guided learning hours for specific incidents, accidents and medical emergencies.

Comparisons were then made between incident, accident and medical emergency rates for specific categories against training provision.

The research results show that although many lifeguard training programmes are very comprehensive in terms of training topics, the allocated learning time for these topics does not correlate in full with the actual incidents, accidents and medical emergencies lifeguards in the study had to manage.

The aims and objectives of the study were achieved in full.

The study generated unexpected results in terms of the number of suspected spinal injuries reported. Across the whole three year study only one suspected spinal injury was reported and this was caused by a bather colliding with the pool wall and not by diving. However many pool lifeguard training programmes focus heavily on aquatic spinal cord injury management, with up to 21% of training time allocated to this topic.

The results show a clear gap in many areas between the training pool lifeguards receive and the actual incidents, accidents and medical emergencies they are involved in whilst conducting their duties.

The research will continue to be evaluated and updated on a regular basis to monitor any changes in accident prevalence rates.

The work completed in this study can and should be replicated and adopted worldwide to ensure that pool lifeguard training programmes are fully specific to the role. This will inevitably lead to pool lifeguards being better equipped and competent to deal with emergencies they face in the line of their duties.

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