

Water Safety Data; What are the figures telling us? National Water Safety Congress – 2005 Paper

Dr Holly Henderson B.A., PhD.,
RoSPA Research Manager (Water and Leisure)

Overview:

Accidental injury is a leading cause of death and disability – the World Health Organisation (WHO) suggests that by 2020, injury will be the largest single reason for the loss of healthy human life years (Towner 2001). Every year in the United Kingdom, 10,000 people will die from accidental injury (DoH 2002). Non-fatal injuries result in 720,000 people being admitted to hospital a year and more than six million visits to accident and emergency departments each year (British Medical Association 2001). Treatment of injuries costs the National Health Service £2 billion and the consequences of injuries received at home costs society £25 billion (DoH 2002). Disability from injury is responsible for a considerably greater burden of potentially healthy life-years lost than cancer, heart disease or stroke (British Medical Association 2001).

Drowning is the second leading cause of unintentional injury mortality globally behind road traffic injuries. It is estimated that a total of 409, 272 people drown each year (WHO 2003). This equates to an incident rate of 7.4 deaths per 100, 000 worldwide and relates to a further 1.3 million Disability Adjusted Life Years (DALYs) which were lost as a result of premature death or disability (Peden 2002). These figures identified only included accidental drowning and submersion, which are included within the International Classification of Disease 10 code W65 – 74 (WHO 2003). “The problem is even greater and these Global Burden of Disease (GDB) figures are an underestimate of all drowning deaths, since they exclude drownings due to cataclysms (floods), water and other transport accidents, assaults and suicide” (WHO 2003 Pg.1).

Peden (2002) estimated that 1.3 million people are injured as a result of near drowning episodes globally and that many more hundreds of thousands of people are affected through incidents and near misses but there is no accurate data. ‘Death’ represents only the tip of the injury “iceberg” (Towner 2002). For every life lost from an injury, many more people are admitted to hospital, attend accident and emergency departments or general practitioners, are rescued by search and rescue organisations or resolve the situation themselves.

New Research Undertaken in the UK in 2004:

This is not an exclusive list of research, but a cross section of what has been done since the last Congress in Brighton (2004). For full reports and papers please use the contact information provided.

SAPC and the University of Strathclyde: Scottish Water Based Accidents: The development of an accurate database. For further information please contact Janet Castro or Nina Saunders (nina.saunders@strath.ac.uk)

University of Wales College of Medicine: A retrospective study of childhood swimming pool drowning deaths in the UK and abroad. For further information please contact Tom Winter or David Walker (djwalker@rospa.com)

SWIM Group: Bath Seat Study. For further information please contact Professor Jo Sibert (sibert@cf.ac.uk) or Peter Cornall (pcornall@rospa.com)

University of Birmingham: An investigation into the epidemiological surveillance of inland water incidents in the UK. For further information please contact Holly Henderson (heh165@bham.ac.uk or hhenderson@rospa.com)

RYA: Entrapment Study. For further information please contact David Ritchie (david.ritchie@rya.org.uk)

National Water Safety Forum – Information Group:

As you will be aware over the past year or so there has been some restructuring of the National Forum. One of the new advisory groups that have been formed is the Information Group.

Aim:

- To bring together in one place, information and research about incidents, casualties and fatalities in water
- Improve the quality of information and data available enabling it, for the first time, to develop strategies and policies based on statistics, analysis and research
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Objectives:

- To encourage the gathering, monitoring and evaluation of drowning/incident data and relevant research
- To assess the need for intervention
- To assess the need for better information and data

Outputs:

- Improvements to statistics and levels of analysis
- Regular reporting to the Co-ordinating committee
- A data led approach to drowning prevention

Contributors:

- Nominated person from each of the NWSF Advisory Groups
- Academics with specialist interest in water safety

Presentation Summary:

Each of the research projects presented has brought **new** valid and credible knowledge into the water safety community. This is due to the organisational understanding of data and statistical analysis and a proactive mindset.

Key Issues to remember from the past:

- In some instances in the past quality control measures have not been in place and poor quality data has slipped into the public domain.
- Data set development is a key factor, we can all learn a lot from other sectors that have been collecting data routinely. Both the Department of Health and

the World Health Organisation give clear guidance on what are the key elements for success

- Many people have thought that historically because there was a Unique Identifier for a record this would suffice in data linkage. Data linkage is far more complex and does not purely exist on one variable.
- Reporting Mechanisms need to be constantly reviewed and updated and evaluating whether the information collected is meeting the aims and objectives of the system – if its not then it needs changing or the data is worthless
- There is no point in producing national statistics about crude areas, a full picture needs to be covered using population based analysis and risk based analysis
- This will ultimately build and create a hierarchy of evidence to build prevention strategies, policies and evaluate the deployment of resources

From a personal point of view I would like to take this opportunity to congratulate – Scottish Accident Prevention Council and the University of Strathclyde, The University of Wales College of Medicine, The SWIM Research Group and the RYA for the proactive approach to research in this area.