



# SURVIVAL SWIMMING LESSON SHARING WORKSHOP

Summary Report

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## Survival Swimming Lesson Sharing – Workshop Report

### 1. Background

In 2014 the World Health Organisation (WHO) published the first [Global Report on Drowning](#), highlighting the burden of the problem (particularly in low-and middle-income countries), and recommending ten actions for governments, organisations communities to implement, to address drowning.

Included within the recommendations these actions were:

1. Provision of safe places away from water for pre-school children
2. Teaching of school-aged children basic swimming, water safety & safe rescue skills
3. Training of bystanders in safe rescue and resuscitation.

Since the publication of the 2014 Global Report, the WHO have published several technical documents providing further detail on the implementation of three interventions at community level:

- [Preventing drowning: an implementation guide \(May 2017\)](#) – A strategic document aimed at helping policy makers and practitioners approach drowning in an evidence-based and multi-sectoral way.
- [The WHO Guideline on the prevention of drowning through provision of day-care, and basic swimming and water safety skills \(July 2021\)](#) – this document summarises an extensive GRADE (grading of recommendations, assessment, development and evaluations<sup>1</sup>) evidence review process, on the appropriateness of basic swim skills and the provision of day-care to reduce drowning among children in low-and-middle income countries. The outcome of this review was a strong recommendation (with moderate certainty of evidence), for the implementation of both interventions.
- [Preventing drowning - Practical guidance for the provision of day-care, basic swimming and water safety skills, and safe rescue and resuscitation training \(May 2022\)](#) – Aimed at practitioners, this publication provides best practice recommendations for the provision of day-care, basic swimming and water safety skills, and safe rescue and resuscitation training.

There is increasing interest in the prevention of drowning in LMIC settings, spurred by both a growing evidence base on the epidemiology of drowning, this work by WHO (and [2021 Regional Status Reports on Drowning for South-East Asian and the Western Pacific](#)), and emerging high-profile political consensus of on the necessity and opportunity for increased action on the issue (e.g. the 2021 [UN General Assembly Resolution on Global Drowning Prevention A/RES/75/273](#)).

Existing WHO practical guidance documents for these key interventions provide a useful overview of the processes, policies and documents needed to run safe and effective interventions for these actions (published May 2022). However, they remain a relatively high-level synopsis, with an absence of detail and granularity on how to implement them within a low-resource setting.

In the context of survival swimming, due to the limited number of organisations with experience delivering survival swimming skills in such settings, without access to more detailed instructions there is a risk that inexperienced organisations and individuals may attempt to teach swimming/survival swim skills without appropriate safety measures and controls in place. Creating the potential for the intervention to be ineffective, and at worst increasing risk of harm to

intervention recipients and implementors. Which could be a detractor in recruiting and implementing effective programmes.

## 2. Rationale

Recognising that teaching basic swimming skills is one of the few interventions shown to be effective at preventing drowning in children, and with the expectation that more countries (including LMICs) will look to include swimming tuition as a component of a national drowning prevention strategy or action plan<sup>3</sup>, there is a need for further detailed guidance on how to implement safety critical components to limit the risk of harm to participants.

There are no current plans by WHO to provide detailed technical “how to” guidance (as described above) or consolidate implementation guidance around safety critical components.

Without action, important safety critical guidance won’t be available to organisations looking to implement basic swimming skills in low resource settings, now or in the future. Presenting potential risk and harm, and leaving an on-going gap in information and knowledge required to support safe practical action on drowning prevention.

## 3. Workshop Objectives

This four day, in-person workshop, run in Zanzibar, Tanzania, provided a forum for organisations who are already delivering basic swimming skills in low-resource contexts to come together to identify, discuss and agree current best practice on the implementation of safety critical components.

The workshop sought to address three key objectives:

**1: Identify safety critical components of a basic swimming intervention (in low-resource contexts)**

**2: Agree best practice on how to implement safety critical components for a basic swimming intervention (in low resource settings)**

**3: Develop outputs that can be used by organisations in low-resource settings to implement safety critical components**

## 4. Methods and Process

### Pre-workshop

#### *Analysis of WHO guidance*

Prior to the workshop an analysis was conducted of the WHO Practical Guidance document to identify process, policy and documentation recommended for the delivery of basic swimming skills in low-income settings. The analysis highlighted areas where these recommendations were supported (or not) by more detailed guidance, or links to best practice case studies.

#### *Identification and selection of implementing organisations*

Organisations delivering survival swimming programmes in low-resource settings were identified through relevant networks, including the Royal Lifesaving Society Commonwealth (RLSSC), RNLI leadership networks, and snowballing contacts through global experts in the field. An expression of interest (Eoi) form was circulated to potentially relevant organisations, with clear inclusion criteria set out for organisations and participants.

19 organisations expressed interest in attending the workshop, and 23 participants completed the application process. After screening, 17 participants representing 13 countries were selected for attendance at the workshop, with one participant withdrawing.



Table 1- Country representation at workshop

Country	Organisation
Sudan	Sudanese Sea Scouts
Sri Lanka	Sri Lanka Lifesaving Association
Kenya	Kenya Lifesaving Federation
Thailand	Thai Life Saving Society
Vietnam	Hue Help
South Africa	National Sea Rescue Institute
Cameroon	RLSS Cameroon
India	Rashtriya Life Saving Society
Bangladesh	Centre for Injury Prevention and Research Bangladesh
Mozambique	Marine Mega Fauna Foundation
Malaysia	Life Saving Society Malaysia, Penang
Tanzania	Arusha Swimming Club
Tanzania	The Panje Project

In addition, representatives from the Royal Lifesaving Society Commonwealth, World Health Organization, Royal National Lifeboat Institution and Swim England attended to facilitate sessions and share experience from other settings (including high resource).

Following selection for attendance, participants were then required to complete a questionnaire, detailing their existing practice around the 12 areas of guidance detailed in the WHO Practical Guidance document.

#### *Identification of focus areas*

Responses from participant questionnaires were reviewed, to identify areas where there were strong examples of current practice against the 12 WHO guidance areas.

A comparison was then conducted against the initial analysis of the WHO guidance. Three areas were identified where there was evidence of strong examples of current practice but where there is a lack of required supporting documentation within the WHO guidance document:

- Site Identification and Auditing
- Emergency Action Planning
- Informed Consent

One area was identified where there was an absence of current practice, but where more detailed supporting information is referred to in the WHO document:

- Medical Screening

The scope of each of the focus areas was developed following a review of current practice, to explore what topics might need to be covered within the workshop to adequately summarise a process.

Due to the amount of time scheduled for the workshop (4 days), participants were allocated to two of the four focus areas. Allocations were made based on their organisations current practice, and individual expertise. Focus areas were shared at least 2 weeks prior to the workshop to give participants time to liaise with relevant implementors within their organisation.

## **The Workshop**

The workshop was run as a series of mini-workshops. Each topic was assigned three 2-hour workshop slots, and each mini-workshop was guided by a series of structured questions, to aid facilitators in achieving the final workshop outputs. The workshops broadly followed the same structure:

*Workshop 1:* Gaining consensus on current practice

*Workshop 2:* How can we help others doing this? (What would be useful for new implementors to understand, and what resources would be required to do this?)

*Workshop 3:* Mock-up of draft resources

Group sizes ranged between 8 and 10 people. Each session had a facilitator and administrator, and key discussion points were captured using a paper-based crib sheet or entered directly into a computer.

Following group discussion, key discussion points were shared in a 'plenary session' with the rest of the group, allowing for peer feedback and wider group input into the topic.



The workshop also included a mixture of activities including site field visits to Survival Swimming programme areas run by the Panje Project in Stone Town. This offered the participants an opportunity to reflect on the context of discussion being held (grounding ‘classroom based’ discussion in reality) and ask questions to swimming instructors and programme managers.



Evening events provided an opportunity for networking and knowledge sharing between participants, supported by an active Whatsapp messaging group.

## 5. Outputs

A summary of the key discussion points for each topic area is captured below:

Informed Consent	
Definition	Informed consent is permission granted in full knowledge of the possible consequences.
WHO Guidance	Gain documented, verbal or written informed consent for children to participate in basic swimming and water safety skills lessons from parents or guardians.
Scope of the workshop	The WHO guidance document refers to the need to adapt the consent process for low literacy environments, noting that there may be specific processes required for obtaining consent in different places. The guidance also highlights the need for parents to be informed of the risks inherent in such training, be provided with information about the general running of the programme (e.g. schedules, timings, venues etc), and where cultural norms may be challenged (e.g. same sex instructors or classes, type of swim etc).

	<p>Within this stream of the workshop, we discussed and explored the informed consent process, acknowledging the need to inform both the community and parents/guardians on the details of the programme, and the challenges of recording consent within low literacy environments.</p>
<b>Discussion areas</b>	
Summary of current practice	<p>Most organisations reported that guardians must sign a form consenting to their child attending a survival swimming programme. Consent forms included information on the organising body, timing and logistics of the programme, and in some cases included a 'waver of liability'. Some organisations also included consent to collection and use of media (photos) for promotional use by the organisers.</p> <p>Some organisations were bound by government statutory regulations regarding obtaining parental permission for attendance. Where a signature from a guardian was not possible due to low literacy, organisations used close relatives or friends of the guardian as an intermediary and took their signature on their behalf.</p> <p>Organisations working in schools largely relied on consent being obtained through the school authorities. There was discussion in the group on the ability of teachers to provide informed consent on behalf of parents, particularly while they were in their care.</p> <p>There was agreement that gaining parental consent was best practice where possible, but also noted in some cases parents may not be contactable, and these children are likely to be particularly vulnerable to drowning risk (reduced adult supervision). In such cases consent should be gained from an older guardian who has primary care responsibilities (e.g. older sibling).</p> <p>Participants noted that informed consent requires engagement prior to the completion of a written form. Examples included the use of community drama, posters, flashcards, brochures, and giving caregivers the opportunity to watch the programme being delivered prior to their children attending.</p> <p>While most organisations communicated the benefits of learning to swim, and noted the qualifications and expertise of their staff (e.g. in rescue and resuscitation, first aid), few organisations detailed the inherent risks involved in the learning process (major and minor injury and safeguarding).</p> <p>Discussion was held on the importance of informing guardians of these rare events, against the possibility of 'putting off' parents to who might reconsider sending their child to a swimming programme. It was agreed that potential safety risks should be conveyed to guardians, but should be balanced by including mitigating actions taken by the training provider.</p>
Best practice identified following discussion	<p>Communities should be engaged early, using context appropriate communication methods to inform them of the benefits of learning swimming skills.</p> <p>Informed consent forms should be used, in a local language, and be clear and concise.</p>



	<p>The informed consent form should contain information about the benefits of learning swimming skills, the potential risks involved, and the mitigating measures the training provider is taking to mitigate against those risks.</p> <p>The forms should be context compliant with local regulatory requirements.</p>
Output	A generic informed consent form was drafted, that included a medical screening component (see Medical Screening) below.

<b>Medical Screening</b> – identified due to an absence of current practice, but where more detailed supporting information is referred to in the WHO document	
Definition	Medical screening is a strategy used to look for as-yet-unrecognised conditions or risk markers, which may affect a person’s ability to participate in an activity.
WHO Guidance	Screen potential child participants targeted for basic water safety and swim skills programmes for disability or medical conditions. This should be completed by trained medical professionals where possible and parents/guardians should be included in the process.
Scope of the workshop	<p>The WHO guidance document notes that medical screening can be used to decide on whether a child can be enrolled onto a programme, and what accommodations can be made where medical conditions or disabilities are present. The guidance emphasises the importance of involving parents/guardians in the screening process to build an accurate picture of the child’s medical history and health. Many health conditions are not identified early on in childhood, so it is important to ask screening questions which may identify as-yet unrecognised conditions. The guidance notes that non-medical staff can also be trained to undertake medical screening in the absence of medical professionals.</p> <p>Within this stream of the workshop, we discussed how medical screening can be undertaken in a low-resource setting and what measures could be taken to ensure that all potential children who take part in basic swim and water safety sessions are not harmed, and can benefit from involvement.</p>
Summary of current practice	<p>Most organisations had no formal process for pre-screening for medical conditions, and none had a list of conditions or symptoms to be screened against.</p> <p>Medical conditions were usually highlighted through conversation with forthcoming parents. In some cases, parents were required to sign a form, but no guidance was given on what should or shouldn’t be reported.</p> <p>Participants thought parents might be hesitant to complete a medical screening form due to fear (/stigma) of disclosure.</p> <p>Organisations found it difficult to involve medical professionals in the screening process, due to both cost and availability. Most screening was currently conducted by non-medical professionals, usually swimming teachers.</p>
Discussion on future practice	The group discussed the importance of being able to identify medical conditions that would require an adaptation of training, or need for additional supervision/support.

	<p>Medical conditions considered important for pre-screening included: breathing problems, seizures, cognitive difficulties, physical impairments/limitations, visual impairment, skin diseases, difficulty in hearing.</p> <p>Daily screening was recommended for other conditions, including signs and symptoms of infectious diseases (e.g. Covid-19).</p> <p>The group acknowledged that due to resource limitations, in most cases screening would continue to be conducted by swimming teachers, and that it would not be feasible to expect engagement by medical professionals.</p> <p>The WHO lead noted that a medical screening proforma has been produced by the WHO, and the group agreed that an adaptation of this document for application by non-medically trained personnel would be beneficial. It was agreed that this could be undertaken in consultation with parents during the informed consent process.</p>
Output	Following agreement within the group, the 'medical screen process' was subsequently merged with 'informed consent process' as it was identified that both processes could be undertaken concurrently.

<b>Emergency Action Planning (EAP)</b>	
Definition	Emergency action planning is a strategy to respond to different kinds of crises or situations. An Emergency Action Plan is an organisation's written document that details how individuals should respond to such situations.
WHO Guidance	Develop an emergency action plan that lays out the procedures to be followed in the event of any emergency during training (beyond standard operating procedures ensuring routine safe operation).
Scope of the workshop	<p>The WHO guidance provides examples of a range of emergencies that may occur during basic swimming and water safety skills programmes. The guidance notes that an emergency action plan sets out what needs to be done in specific types of emergency, who will respond, what each person's role will be during the response, and what equipment is required as part of the response.</p> <p>Within this stream of the workshop, rather than focusing on the content of an Emergency Action Plan, we discussed the context in which emergencies may occur within low-resource settings. We discussed the management and response challenges, and the impact this might have on who needs to be involved in the development and implementation of an Emergency Action Plan.</p>
Summary of current practice	<p>The group discussed the fact that risk assessment and management was a primary focus for all organisations. Preventing the emergencies from occurring took precedent over planning for emergencies themselves.</p> <p>The majority of attendees had an emergency action plan, but many had not formalised this into a written document. The overall incidence of scenarios where an emergency action plan needed to be used was very low, with few participants having dealt with serious emergencies as part of a survival swimming programme.</p>

Discussion on future practice	<p>The group discussed the importance of having a written Emergency Action Plan, and highlighted the fact that a different EAP is required for different environmental conditions (i.e., open water vs swimming pools).</p> <p>The group discussed the fact that regular training for all staff involved in the delivery of EAPs, and regular reviews of the EAP process were important to ensure safe practice. This review process should include an audit of assets available for emergency responses, including local emergency services. All personnel should be quizzed on their knowledge of a given EAP, and role plays could be used if helpful.</p> <p>The group discussed the fact that safety briefings in relation to emergency action planning should include both staff and children. There was a widespread recognition that child participants in programmes can be effective in sounding an alarm and keeping track of fellow participants, particularly through a buddy system.</p> <p>The group noted that community assets can also be a valuable part of emergency responses in low resource settings, e.g., local committee members trained in CPR or with vehicles for transportation to health facilities. This element integrated with the WHO's separate recommendation to train bystanders in CPR.</p> <p>It was noted that communication between swim teachers and lifeguards was key, both before and during emergency responses. Attendees agreed that swim teachers and lifeguards should be trained in emergency responses, and that the closest person to the emergency should undertake the rescue.</p> <p>The group identified that any EAP must align with the Standard Operating Procedures set out by the organisation. This joined up approach ensures that safety critical elements are not neglected in implementation and also that accountability is clear when it comes to emergency responses.</p>
Output	<p>It was agreed that the specific content of EAPs is highly context dependent and so any organisation implementing survival swimming programmes should produce a bespoke EAP on the basis of a guided process / question list.</p> <p>A questionnaire was developed to guide organisations on the development of an EAP.</p>

<b>Site Identification and Safety Auditing</b>	
Definition	Site-safety audits are intended to assure that effective programme elements are in place for identifying, eliminating, or controlling hazards that could adversely impact on anyone involved in an activity.
WHO Guidance	Engage with local authorities and stakeholders to identify safe local training locations. Conduct site-safety audits regularly and ensure that monitoring is carried out for quality assurance purposes. Perform a safety assessment using a checklist each time a swimming training site is used for a lesson.
Scope of the workshop	The WHO guidance document emphasises that schools, parents, local community groups and service providers should be consulted when identifying suitable locations for water safety and swim skill programmes. The document gives examples of where local committees have been formed and meetings held to share knowledge about suitable locations. The document states that site-safety

	<p>auditing should be completed by someone with suitable qualifications to do so. Audits should consider the physical environment, capability of instructors to provide safe sessions and availability of necessary safety equipment. Safety assessment checklists should be standardised and written down to ensure that all potential risks and hazards are mitigated during every session.</p> <p>Within this stream of the workshop, we discussed the process of ensuring that water safety and swim skills programmes are safe for everyone involved. We discussed how to get authorities, communities and individuals involved in the process of identifying suitable sites. We also discussed who should complete site-safety audits and how often. We considered how to ensure that safety checklists are practical and easy to use for instructors at each session.</p>
Current practice	<p><i>Site Identification</i></p> <p>Suitable (safe and accessible) teaching sites are currently identified through a combination of community engagement and formal risk assessment.</p> <p>Community and school engagement is used to identify existing ‘swimming areas’, considered by communities to be ‘safe’. Discussion on what constitutes ‘safe’ was largely in split into three areas:</p> <p><i>Water Quality</i></p> <ul style="list-style-type: none"> <li>- Pollutants</li> <li>- Water use (e.g. contamination due to aquaculture)</li> </ul> <p><i>Site Conditions</i></p> <ul style="list-style-type: none"> <li>- Water flow rate/ tidal conditions</li> <li>- Weather</li> <li>- Animals</li> <li>- Topography</li> <li>- Site accessibility</li> </ul> <p><i>Resources</i></p> <ul style="list-style-type: none"> <li>- Appropriately trained instructors/ rescuers/ first aiders</li> <li>- Availability of appropriate rescue and first aid equipment</li> </ul> <p>After identifying the above, most organisations conduct a risk assessment. In some cases, this is done in collaboration with local community members, community groups or schools. Where the site is a managed facility (e.g. swimming pool) organisations liaise with the facility manger to check the suitability of existing risk assessments or produce a new one.</p> <p>The group noted that they faced challenges around assessing water quality, as water testing is often either unavailable, costly, or slow.</p> <p><i>Site Safety Auditing</i></p>

	<p>The group split 'site safety auditing' into two areas:</p> <p><i>Daily safety checks</i> – checks that should be conducted daily by the swimming teachers, largely checking that there have been no significant changes to the teaching area since the previous session (e.g. debris in the teaching area, removal of safety equipment etc).</p> <p><i>Full safety assessment</i> – less frequent assessments aimed at assessing site safety and teaching practice. It is also a feedback opportunity for management to understand any challenges faced by the swimming teachers. It was agreed that full safety assessments should be conducted <i>at least</i> at the beginning, middle and end of a training programme.</p>
Outputs	<p>The group agreed that checklists for site safety identification and safety audits would be beneficial for organisations as a basis for developing risk assessments. Adaptable checklists were developed by the group.</p>

## 6. Dissemination of Outputs

The WHO, RLSS and RNLI will consider the best options for effective dissemination of outputs. This may include global webinars, regional in-person training events, and e-learning modules. In the short term, outputs will be hosted on the Royal Life Saving Society Commonwealth website and all participants agreed to share links to the resources through their organisational websites.

## 7. Workshop Evaluation

The workshop was evaluated using an anonymous feedback form. 15 participants completed the feedback, with a good spread of country representation (10 countries) and participant roles/backgrounds.

Key findings and organiser responses are as follows:

Finding	Organiser Responses
<p>Participants indicated strong agreement that the workshop was an effective way for sharing information and learning (87%) but indicated lower likelihood that they would change their current practices in line with the tools discussed.</p>	<p>73% of participants reported a high likelihood that they would change their current practice.</p> <p>As participants were recruited due to their expertise in the topic areas, and the tools developed were based on their experiences, it was not expected that everyone would change their current practices.</p> <p>However, it would be interesting to explore this further – in particular to understand any barriers to change.</p>
<p>There was limited representation of women (only 13%).</p>	<p>In future events we will make specific effort to increase female attendance, as it is unlikely that the views and perceptions of women are fully represented, particularly in smaller group discussions.</p>

	<p>Unfortunately, there were only a small number of female applicants. We had feedback from one potential female applicant who noted the difficulty in securing child-care for the duration of the workshop.</p> <p>We did consider options for hybrid attendance at this event, but decided that network capacity at the venue was insufficient. We will make an effort to circulate final outputs to female practitioners in low-resource settings for feedback.</p>
<p>Most participants (80%) indicated a significant level of interaction and learning from each other at the workshop and all respondents proposed ideas for ongoing engagement. These ideas related to opportunities to meet and/or collaborate amongst themselves, as well as continued engagement with the whole group. There was interest in both meeting face to face (18%) and through a regular online platform or meeting (14%). A quarter of respondents suggested forming of WhatsApp/Facebook/email group and around the same number indicated the need for RNLI support in convening or helping to fund ongoing meetings etc.</p>	<p>The organisers will explore options to continue to engage with participants, and facilitate communication between the group.</p> <p>The Whatsapp group has continued since the workshop and remains active, and a shared online folder will be used to share workshop outputs and other resources.</p>
<p>There was a high level of satisfaction (over 80%) with the workshop content, facilitation, and venue and 93% of participants indicated strong likelihood in attending similar future event.</p>	<p>Great!</p>
<p>Suggestions for improvement included more time (25%), sending more background information in advance and increased participant involvement in the workshop preparation and design to enable advance briefing and ensure common understanding of expectations. Also, facilitation in other languages.</p> <p>Given the limited time available for the workshop, there may be significant benefits in engaging all participants earlier through an online forum/series of meetings to provide some advance information/briefings and give them an opportunity to 'get to know one another' prior to the event.</p>	<p>We will take these suggestions on board for future workshops.</p> <p>While we would have liked a longer workshop, we were limited by budget and other commitments in the region.</p> <p>We will explore options to set up an online forum to facilitate discussion before/after future workshops.</p>

## Annex

## WHO Basic Swimming Guidance

	Guidance
1	Target school-age children aged 6 years and older with structured swimming and water safety skills lessons, especially those in rural communities who are regularly exposed to water.
2	Screen potential child participants targeted for basic swimming and water safety skills training for medical conditions or disability, and any necessary accommodations.
3	Gain documented, verbal or written informed consent for children to participate in basic swimming and water safety skills lessons from parents or guardians.
4	Perform a safety assessment using a checklist each time a swimming training site is used for a lesson.
5	Select and recruit local people (male and female), already certified for a recognized training curriculum (or willing to be trained), able to provide water rescue (both in-water and non-contact, or dry-water rescue), first aid and CPR, and experienced or trained in teaching and managing groups of children.
6	Engage with local authorities and stakeholders in basic swimming and water safety skills programmes.
7	Develop an emergency action plan that lays out the procedures to be followed in the event of any emergency during training.
8	Use a structured curriculum to teach basic swimming and water safety skills, adapted to the local population and context, and covering basic swim skills, water safety, and basic rescue.
9	Specify a maximum instructor-participant ratio of 1:5. The ratio must be appropriate for the skills level of participants and for the water conditions.
10	Ensure that incident-reporting mechanisms that capture important incidents (such as adverse effects on health, increase in risk, activation of emergency action plan etc.) are in place.
11	Conduct site-safety audits regularly and ensure that monitoring is carried out for quality assurance purposes.
12	Ensure strong safeguarding policies, procedures and measures are incorporated throughout the training cycle, involving the community in providing “good character” references for potential instructors, and ongoing monitoring from community leaders.