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WABC focus

INFORMING AND INSPIRING REAL SWIMMING TEACHERS

American Pediatricians Relax Adverse Swim Policy

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Excerpt from the *Policy Statement —Drowning Prevention* released May 24, 2010. It is an updated statement by the American Academy of Pediatrics (AAP) and their Committee on Injury, Violence, and Poison Prevention.

". . . Swimming Lessons for Young Children

The position of the AAP has been that children are not developmentally ready for swimming lessons until after their fourth birthday. *11*

This position was based on (1) lack of data needed to determine if infant and toddler aquatic programs increase or decrease the likelihood of drowning, (2) concerns that such programs would cause parents to develop a false sense of security and lead them to provide inadequate supervision around water, and (3) evidence that starting swimming lessons at a very young age does not result in earlier development of proficient swimming skills. *12, 13*

In addition, there was concern that Swimming programs might reduce a child's fear of water and unwittingly encourage the child to enter the water without supervision.

A recently published case-control study report *[see page 3 of the WABC Focus newsletter)* from the Eunice Kennedy Shriver National Institute of Child Health and Human Development concluded that swimming lessons do not increase the risk of drowning in 1- to 4 –year olds and may actually provide a reduction in drowning risk in this age group. Drowning victims were less likely than matched controls (3% vs 26%, respectively) to have had formal swimming instruction. *14* A Chinese study of swim instruction revealed similar drowning-protection statistics. *15*

In light of this new research, it is reasonable for the AAP to relax its policy regarding the age at which children should start learning water-survival skills (see recommendation 6 *[listed on page two of this article]).* The evidence no longer supports an advisory against early aquatic experience and swimming lessons for children of any specific age.

However, the current evidence is insufficient to support a recommendation that all 1-to-4-year-old children receive swimming lessons. It must be stressed that even advanced swimming skills will not always prevent drowning and that swimming lessons must be considered only within the context of multilayered protection with effective pool barriers and constant, capable supervision.

In addition, the possible benefit of early swimming instruction must be weighed against the potential risks (eg, hypothermia, hyponatremia, infectious illness, and lung damage from pool chemicals). *16-19*

In recent years, water-survival skills programs designed for infants younger than 12 months have become popular both in the United States and internationally. Many movies of tiny infants who have been taught to swim underwater, float fully clothed on their backs, and even cry out for help have emerged on the Internet. Although there are anecdotal reports of - *cont'd p. 2*

Docs ease advisory against aquatic programs for kids *cont'd*

Cont'd from page 1 Infants who have "saved themselves, no scientific stud has clearly demonstrated the safety and efficacy of training programs for such young infants.

Additional details regarding childhood drowning are available in the accompanying technical report, online. *20*"

From column 2 page 1 reference to "recommendation 6" of 14
under the subtitle "PREVENTION OF DROWNING".

"6. Children need to learn to swim. The AAP continues to support swimming lessons for most children 4 years old and older. Because children develop at different rates, not all children will be ready to learn to swim at exactly the same age. For example, children with motor or cognitive disabilities may not be ready for swimming lessons until a later age. The evidence no longer supports an advisory against early aquatic experience and swimming lessons for children of any specific age.

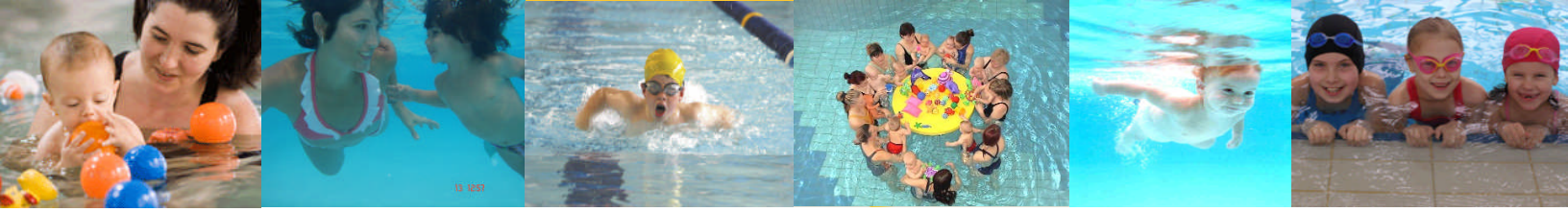
However, the current evidence is insufficient to support a recommendation that all 1- to 4-year-old children receive swimming lessons. A parent's decision about starting swimming lessons or water-survival skills training at an early age must be individualized on the basis of the child's frequency of exposure to water, emotional maturity, physical limitations, and health concerns related to swimming pools (ie, hypothermia, hyponatremia, infectious illness, and lung damage from pool chemicals). Parents should be reminded that swimming lessons will not provide "drownproofing" for children of any age. It is important that swim instructors stress this message as well as the need for constant supervision around water.

Swimming skills are just one potential prevention strategy that must be considered in the context of a multifaceted approach that includes effective barriers, appropriate adult supervision, and training in CPR. Knowing how to swim well in a swimming pool does not necessarily make a child safe in natural water environments. Children need to be taught never to swim alone and not to swim without adult supervision." ▪

See full AAP report on Drowning Prevention
http://pediatrics.aappublications.org/cgi/reprint/peds.2010-1264v1

See Technical Report text that accompanies the above report
http://pediatrics.aappublications.org/cgi/reprint/peds.2010-1265v1

See the other AAP policy statement (released in 2000) related swim programs
(still appears on AAP site though differs from May 24 release)
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;105/4/868.pdf



Swimming Lessons Do Not Increase Drowning Risk In Young Children, Study Finds

(Mar. 7, 2009) — Providing very young children with swimming lessons appears to have a protective effect against drowning and does not increase children's risk of drowning, report researchers at the National Institutes of Health.

The researchers state that the findings should ease concerns among health professionals that giving swimming lessons to children from ages 1 to 4 years might indirectly increase drowning risk by making parents and caregivers less vigilant when children are near bodies of water.

"Swimming lessons are appropriate for consideration as part of a comprehensive drowning prevention strategy," said Duane Alexander, M.D., director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the NIH Institute at which the study was conducted. "Because even the best swimmers can drown, swimming lessons are only one component of a comprehensive drowning prevention strategy that should include pool fencing, adult supervision, and training in cardiopulmonary resuscitation."

The findings appear in the March Archives of Pediatric and Adolescent Health. The study's first author was Ruth A. Brenner, M.D., M.P.H., at the NICHD's Division of Epidemiology, Statistics and Prevention Research when the study was conducted. Other authors of the study were Gitanjali Saluja Taneja, Denise L. Haynie, Ann C. Trumble, and Mark A. Klebanoff, also of the Division of Epidemiology, Statistics and Prevention Research; Ron M. Klinger, Westat Inc, and Cong Qian, Allied Technology Group, Inc.

To conduct the study, the researchers analyzed medical examiner and coroner records and interviewed families of children who drowned. The children ranged from 1 to 19 years of age. The researchers compared characteristics of each child who drowned to another child of the same sex and age who did not drown, and who lived in the same geographic area. The study analysis was confined to locations having relatively large numbers of drowning deaths and in which investigations of drowning were routinely conducted. Information on drowning deaths was obtained from the states of Maryland and North Carolina, 14 districts in Florida, three counties in California, one county in Texas, and one county in New York.

Of the 61 1-4 year olds who drowned, 2 (3 percent) had received swimming lessons. In contrast, 35 of 134 the children who did not drown (26 percent) had taken swimming lessons. Dr. Brenner said that the statistical methods she and her coauthors used to interpret the data suggest that swimming lessons provided some protection against drowning. It was not possible to calculate the exact extent of that protective effect. "From our calculations, we are confident that swimming lessons do not increase drowning risk in this age group and likely have a protective effect," Dr. Brenner said.

In the 5- to 19- year- old group, 27 children and youth had drowned, of which 7 had taken swimming lessons (27 percent). Of the controls, 42 of 79 had swimming lessons (53 percent). The findings suggested that swimming lessons were protective in this age group as well, but the differences between the two groups were not statistically significant.

Dr. Brenner noted that swimming lessons alone are not enough to protect a child from drowning.

"In our study, many of the children who drowned, particularly in the older age group, were relatively skilled swimmers," she and her coauthors wrote in the article.

The researchers added that 48 percent of drowning victims aged 5 to 19 years could swim 50 feet or more and 58 percent could swim continuously for at least a minute.

"Parents and caregivers who choose to enroll their children in swimming lessons should be cautioned that this alone will not prevent drowning and that even the most proficient swimmers can drown," the study authors wrote.

The authors concluded that their findings indicate that swimming lessons could appropriately be considered for inclusion as part of a complete prevention program, along with fencing for pools, appropriate adult supervision, and training in cardiopulmonary resuscitation for parents and caregivers. ▪ *- as earlier reported in the May-June 2009 WABC Focus newsletter, reprinted in that is a key research reference in the updated May 24, 2010 AAP policy statement on drowning prevention (see page 1 & 2).*

Warnings of Water Programs & Respiratory Issues

Children who start swimming before the age of 2 *may* be at increased risk of a common infant lung infection, and possibly asthma and respiratory allergies later in life, a new study suggests.

The findings, reported in the European Respiratory Journal, add to evidence that exposure to chlorinated pools may affect children's respiratory health -- particularly *if* they have a family history of asthma or respiratory allergies like hay fever.

Experts have suspected that the air quality around pools, particularly indoor ones, is to blame. When the chlorine used to disinfect pools combines with swimmers' sweat, saliva or urine, irritating chlorine byproducts are formed, and over time these chemicals may damage the airways.

In the new study, Belgian researchers found that infant swimming -- whether in indoor or outdoor pools -- was linked to a heightened risk of bronchiolitis.

Bronchiolitis is an infection of the lungs' small airways, usually caused by the respiratory syncytial virus, that is common in infants.

In this study, infant swimmers who developed the infection were also at increased risk of developing asthma or respiratory allergies by kindergarten."

This suggests that chlorinated pool attendance can increase the risk of asthma and respiratory allergies by making the airways more sensitive not only to allergens but also to infectious agents," said senior researcher Dr. Alfred Bernard, of Catholic University Louvain in Brussels.

He did not advise parents to keep their young children away from pools, since it is an "enjoyable" way for kids to be active.

"Parents should, however, not lose sight that chlorine-based disinfectants and their derivatives are strong irritants not only for the skin but also the airways," Bernard added.

He said that parents should be sure not to over chlorinate their home pools and to try to avoid public pools that are heavily chlorinated. Some clues to the latter, according to Bernard, include an overwhelming chlorine smell, and eye, skin and throat irritation in pool users.

Where possible, the researcher said, parents can also opt for public pools that use alternative disinfecting methods, like ozone treatment -- which has long been used in Europe and is becoming more common in the U.S.

For their study, Bernard and his colleagues assessed 430 Belgian kindergarteners and surveyed parents on their children's health history, swimming habits and other factors.

They found that of children exposed to chlorinated indoor or outdoor pools before age 2, 36 percent had a history of bronchiolitis, compared with 24 percent of their peers.

Among children who had used only indoor pools for more than 20 hours before age 2, the risk of bronchiolitis was 3.5-times higher compared with children who had never been to a chlorinated indoor pool at that age. Meanwhile, children who had spent that much time at an outdoor pool showed a two-fold increase in their risk of the lung infection.

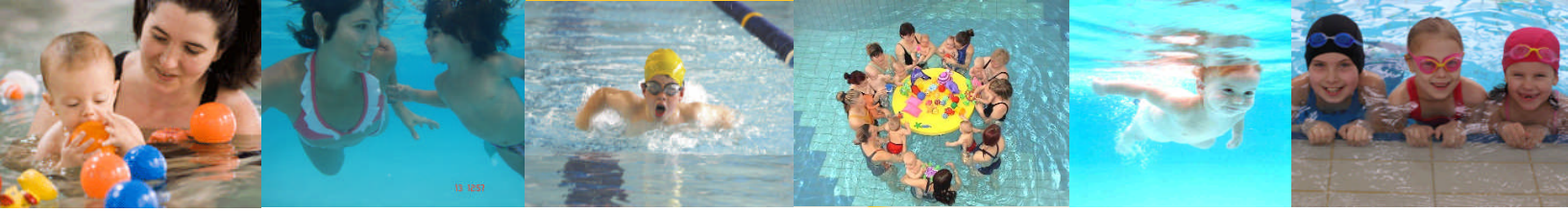
Overall, there were no significant differences in the rates of asthma and allergies among infant swimmers and their peers. But when the researchers looked at children with a history of bronchiolitis, only those who had been infant swimmers showed increased risks of asthma and respiratory allergies.

Among infant swimmers who had contracted the infection, 15 percent later developed asthma. That compared with 4 percent of swimmers with no history of bronchiolitis. The figures were nearly the same when it came to hay fever.

It is "very likely," according to the researchers, that airway irritation from chlorine byproducts makes babies more vulnerable to bronchiolitis.

From there, the infection and chronic chlorine exposure appear to "interact" to increase a child's risk of asthma and allergies later on. ▪

- European Respiratory Journal, online January 14, 2010



Facial Immersion, Breathe Control & Breath Holding

By Jim Reiser M.S. SwimLessonUniversity.com

The secret to success when teaching young children is to make learning like play. One of my favorite activities for teaching young children first time facial immersion, breathe control, and breath holding is an activity I call "Hide Frog Hide." I love to use this game with beginners between the ages of three and five years old. It is a fun activity for the teacher and for the student.

Please note that instructors - in this or any activity - should never forcefully submerge children underwater. Children learn just as well in a child-focused, learning environment where they can trust their teachers and go to swim class with nothing to fear and lots to look forward to for each trip to the swimming pool. Most don't look forward to being pushed under the water.

Here's how we do a fun activity for teaching young children first time facial immersion, breathe control, and breath holding:

- Instructor: *"We're going to play a game called **Hide Frog Hide!** What sounds do frogs make?"*
- Children: *"Ribbit, Ribbit, Ribbit!"*

Instructor: *"Now in this game, I am going to say the name of different sea animals and fish that frogs might be scared of and need to hide from. When I say, Alligator, you pretend you're a frog hiding from the alligator, and **put your face in the water, blowing bubbles out of your mouth and nose. If I say Octopus**, hide again!"*

Teaching Tips

Use Demonstrations:

When an activity is new, demonstrations are extremely effective. You might try something like this:

- Instructor: *"Let me show you. Let's pretend you are me! I will pretend I am you! Now, swimmers, say Alligator."*
- Children: *"**Alligator!**"*
- Instructor: Submerge underwater, demonstrating how to blow out the mouth and nose.
- Instructor: *"Now say Tiger Shark."* Children: *"**Tiger Shark!**"*
- Instructor: Submerges underwater demonstrating how to blow out the mouth and nose.
- Instructor: *"Now do have the idea? This is fun! Your turn!"*

Use Progression

- If your student is not ready to put his/her whole face in the water, then just have him/her put their lips in the water. Then progression is: 1. nose, 2. eyelashes, 3. eyebrows, 4. hair, etc.
- Another part of the progression is to increase the number of the "scary sea animal names" you use. This way you increase the repetition and decrease the duration of time the children have to get back under water.
- This way they are not only learning breath control, but the children will learn at a rate in which they are comfortable with and skill ready. *- cont'd page 6*

See also ***Swim Strokes 201 DVD*** on teaching freestyle and backstroke; also ***Butterfly 301*** on best ways to teach butterfly to youngsters.

Reiser—cont'd

Let's get started:

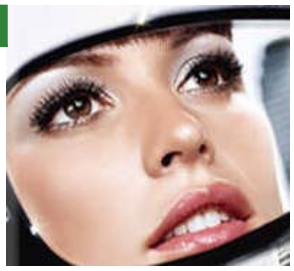
- Instructor: *"Ready . . . **Shark!**"* Children: Submerge and blow out their mouth and nose.
- Instructor: *"**Electric Eel!**"* Children: Submerge and blow out their mouth and nose.
- Instructor: *"**Swordfish!**"* Children: Submerge and blow out their mouth and nose.
- Instructor: *"**Jellyfish!**"* Children: Submerge and blow out their mouth and nose.
- Instructor: *"**Crocodile!**"* Children: Submerge and blow out their mouth and nose.

Of course you can do less or more, but in a 25-30 minute lesson, we generally spend about 5 minutes on breath control and breath holding. Now let's look at how we use this activity for breathe holding:

1. Instructor: *"Now we're going to play the game a little different so you can work on holding your breath. This time when I say the name of one of those scary sea animals I want you hold your breath for 2 seconds before you come up for a breathe. If you do, the sea animal will be not be able to find you. If you don't, the sea animal will get ya (playfully making the children laugh)!"*
2. **Teaching Tip:** Again, use progression. Start with 2 seconds, and then increase to 3 seconds, 5 seconds, 7 seconds, etc.
3. Instructor: *"Ready . . . **Sea Snake!**"*
4. Children: Submerge and hold their breath for 2 seconds. If the child does it, praise him/her and then add another second or two to the breath holding progression. If the child is unsuccessful, the teacher can playfully pretend to "get him/her" and make the student laugh and then try again.

Repeat! ▪

What is a Good Waterproof Eyeliner / Mascara?



Suggestions by 'swim'n women' ...

- **CoverGirl Lashblast waterproof mascara**—it is absolutely amazing! But don't put on too much or it no matter it will run.
- **Mabelline's XXL waterproof mascara** in intense black work great when swimming or snorkeling.
- **Boots No. 7 Maximum Volume Waterproof Mascara** is amazing. **Bare Escentuals** is good to (black only). , but if you can't get that then **Lashblast waterproof** is good and for eyeliner HIP cream eyeliner never moves, in water, heat or anything. It is amazing, Check out **Lancome Hypnose** too it is really good 16 hour one also.
- **Rimmel** or **Revlon** has a good waterproof eyeliner. It's the stick twistup kind, and also **Cover Girl Marathon** is a good one—I wear it even when not swimming.
- **Revlon Colorstay** [tm] eyeliner stays on for 16 hours and is waterproof. **L'Oreal HIP cream eyeliner** works well and doesn't smear.
- But **Covergirls LashBlast** waterproof mascara is the best I think. By the way, make sure that your mascara is dried up before you go in the water other wise if it isn't settled yet it can smear. ▪