



Woodstone Community Primary School

Heather Lane, Ravenstone, Leicestershire, LE67 2AH
Tel: 01530 519473 email: wpsoffice1@woodstone.leics.sch.uk
Headteacher: Mr P Mullins
Deputy Headteacher: Miss G Clement

Growing together, Learning forever

9th April 2024

Dear Parents/Carers

Safety information for parents regarding the use of swimming goggles

I understand that you have enquired about the use of swimming goggles during school swimming lessons, galas and festivals because your child has a medical or associated reason which necessitates their wearing. This letter includes some relevant safety information and a reply slip which must be completed by parents wishing to authorise the school to allow their son or daughter to wear swimming goggles during school swimming lessons.

We are advised that although swimming goggles look harmless, they have been found to carry considerable risks. A small percentage of casual swimmers find the water in the swimming baths to be irritant due to chlorination, nitrogenous content, aniline dyes and general detritus, but the hazard to themselves and others of wearing goggles is probably far greater than the protection provided by wearing the goggles. We are advised that little medical benefit accrues from the use of goggles and we therefore advise parents and children not to use them other than in the circumstances mentioned above.

It is considered that part of the learning to swim experience is for a child to be able to deal with splashing in the face and the ability to open their eyes whilst the face is immersed and swim under water with confidence. This experience would improve a child's ability to cope in a water related incident in a river, pond or canal.

Speed swimmers who undertake frequent, long periods of training and are exposed to excessive water friction may need to protect their conjunctivae. However, most children don't need this kind of protection during the normal short length of a swimming lesson, gala or festival. Please read the following points before authorising the school to allow your son/daughter to wear goggles.

Water safety and the use of swimming goggles

1. The parent must accept responsibility in writing for ensuring that the child understands the correct method of putting on the goggles and taking them off. Cold, slippery hands do not always grasp the fittings adequately and a catapult effect can result in eye trauma.
2. It is difficult to maintain accurately fitting eye protection and therefore, contact with the water in the swimming bath is almost inevitable.
3. The use of goggles when diving is dangerous due to the possibility of dislodgement on entering the water.
4. Some goggles are made of brittle plastic, glass or acrylic substances and in the event of any collision, may shatter resulting in serious injury and/or the deposit of hazardous material which is difficult to locate and remove from the swimming bath.
5. The British Standard for goggles (BS5883: 1996) includes the requirement that packaging of the goggles should contain instructions regarding the putting on and removal and the possibility of accident if the correct procedures are not followed.

If after considering these points, you wish to authorise the school to allow your child to wear goggles for school swimming lessons, galas and festivals please sign and return the slip below.

Yours sincerely



Mr P Mullins
Headteacher

✂.....

Use of Swimming Goggles – Summer 2024 Reply Slip

Declaration

1. I have received and read the letter entitled "Safety information for parents regarding the use of swimming goggles", including the water safety information.
2. I authorise the school to allow my son/daughter to wear swimming goggles for school swimming lessons because of _____
(please state medical or associated reason why).
3. I accept responsibility for providing suitable goggles and for ensuring that my son/daughter understands the correct method of putting on the goggles and taking them off. I understand that the teacher will not be responsible for the fitting and adjustment of the goggles.
4. I accept that members of staff may remove the goggles from my son/daughter, if they feel that the goggles are being used in an inappropriate or dangerous manner.

Name of Child _____

D.O.B. _____

Name of Class teacher _____

Name of Parent/Carer _____

Signature of Parent/Carer _____

Date _____

