

---

# PLAYER HEALTH, SAFETY & SECURITY OVERVIEW REPORT

**MAY 2015**

# INTRODUCTION

The recent tragic deaths of Philip Hughes in Sydney and Ankit Keshri in Kolkata have twice united the cricket world in grief. The loss of two such young talents from our game, both from incidents on the field of play, has been a sharp reminder that playing competitive sport at any level carries with it inherent risks. The support and generosity of spirit that the whole game has shown to the families of both Philip and Ankit is something cricket can be proud of.

Furthermore, the sad passing of Richie Benaud, after losing his battle with skin cancer, directly attributed to a lack of sunscreen and appropriate headwear protection throughout his career, reminds us of some of the longer-term health risks in the game. And even more recently, Zimbabwe's announced intention to tour Pakistan, amidst differing security

assessments, highlights a need for consistent, global protocols and tour arrangements.

All of the above serve as stark reminders to the whole game that the health, safety and security of its players and participants is one of the most important issues that the game's administrators must address.

The modern, professional game places immense physical and mental demands on its players. Continuous travel, extended time away from home and the relentless pressure to perform create an environment where risk factors can be magnified. FICA believes it is time for the game to address all of the potential risks to players and participants in their professional lives in a comprehensive and considered way.

This report is FICA's opening contribution to this most important subject, an overview report of the main risk factors faced by players and participants in the professional game. It is not focused on one country or region but on the risks faced by the whole game. FICA not only represents the cricketers of its member associations but in taking responsibility for a global view on key issues, everyone will benefit from the work FICA does.

FICA is guided by its Principles, and it believes that cricket should provide a working environment and resources that protect welfare, health and safety, and physical, mental and social wellbeing as well as promoting personal growth and sporting excellence.

This report has drawn on the input from players and key team officials to identify the main risk factors in the game. It serves to first understand the current landscape and context of health, safety and security provision and to identify both best practice and areas of inconsistency. It is clear from this first report that whilst there are some areas of high quality provision,

there are many areas where the game falls short, provision is either poor quality, inconsistent or in fact non-existent.

FICA's single objective is to significantly increase the quality and consistency of health, safety and security provision across the game to all professional players and participants. Some of FICA's member associations already deliver world class programmes in a number of key areas. Health, safety and security are areas where FICA and its members already have significant experience and it is obvious that FICA should be leading in this area on behalf of players. However, for real and lasting improvements to be made we want to work with the game and its administrators, in a spirit of professional cooperation, on all the areas identified in this report. It is clear where additional research is required and FICA and the game should be focusing investment into continued joint research programmes to identify and set non-negotiable minimum standards in all areas as well as the delivery of education, health, safety and security programmes across the professional game.

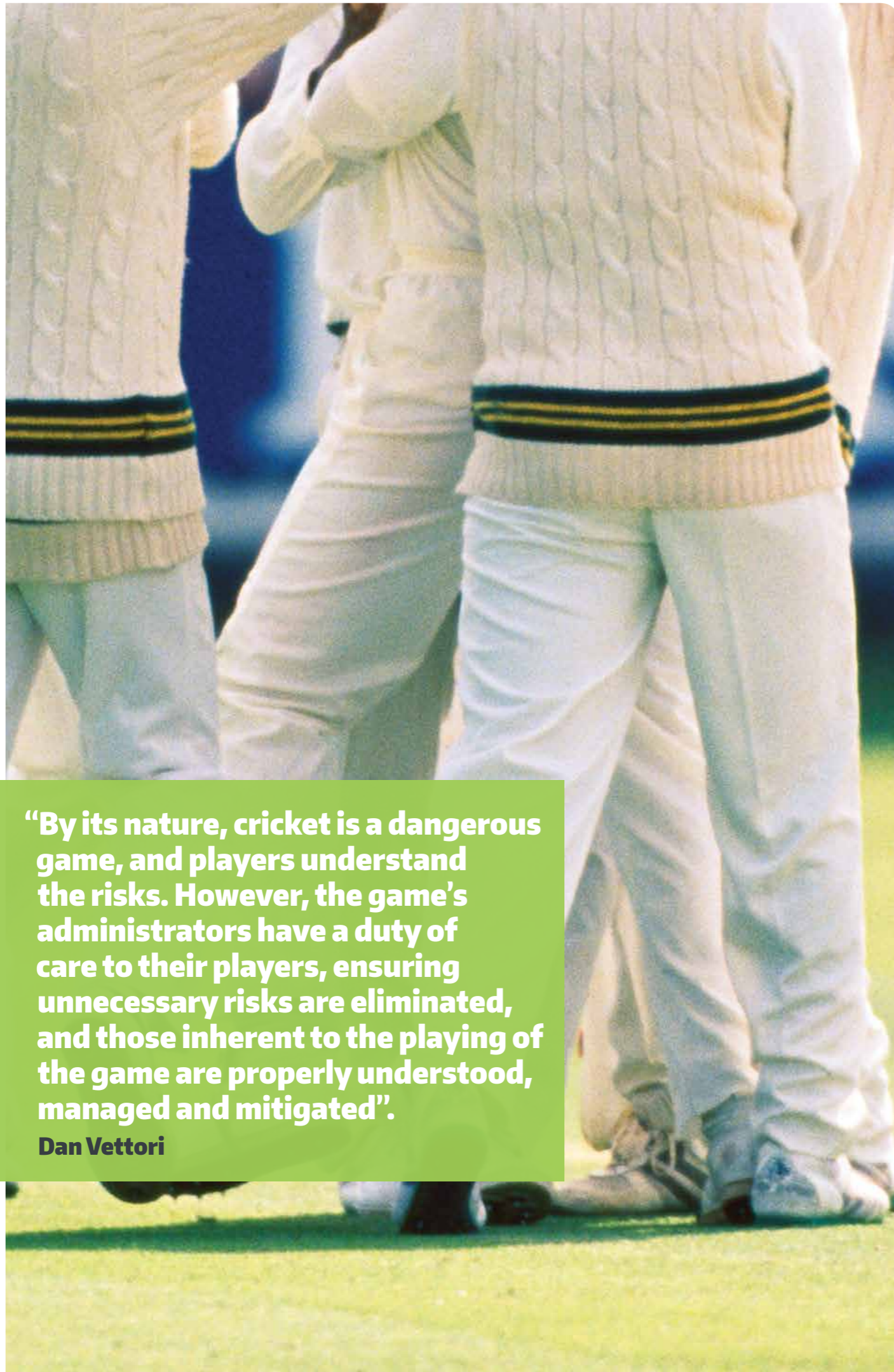


**Tony Irish**  
FICA Executive Chairman  
May 2015



# CONTENTS

Introduction	2
Contents	5
Executive Summary	7
Methodology & Risk Assessment Explained	8
<b>In Play</b>	<b>10</b>
On-Field Ball Impact	12
Lightning Strike	13
On-Field Injury	14
Sun / Heat-Related Conditions	15
Crowd Disturbance	16
<b>On Duty</b>	<b>18</b>
Tour & Event Security Occurrences	20
Travel Accidents	21
Reputational & Public Status-Related Incidents	22
Off-Field Activities Incidents	23
<b>Medical Issues</b>	<b>24</b>
Mental Illness	26
Acute Medical Conditions	27
Long-Term Health Issues	28
Other Physical Illness	29
Other Points For Consideration	31



**“By its nature, cricket is a dangerous game, and players understand the risks. However, the game’s administrators have a duty of care to their players, ensuring unnecessary risks are eliminated, and those inherent to the playing of the game are properly understood, managed and mitigated”.**

**Dan Vettori**

## EXECUTIVE SUMMARY

This paper assesses the risks faced by participants in professional cricket around the world. Its focus is primarily on the cricketers themselves but a number of the issues are relevant to other participants. The game has a duty of care to provide a safe and secure working environment not only for players but also team coaches and officials, match officials, game administrators, media and commercial employees.

The key findings of the report are:

- > The five most significant risks facing professional cricketers around the world have been identified as:
  - On-field ball impact
  - On-field injury
  - Tour & Event Security Occurrences
  - Mental Illness
  - Lightning Strike
- > There are significant areas of inconsistency across health, safety and security issues in both international and domestic cricket
- > There is a need for a dedicated programme of research across a number of health, safety and security areas, drawing on global best practice and learning from other sports
- > FICA proposes to work with the ICC and the other game stakeholders to build a dedicated health, safety and security programme that:
  - identifies global best practice
  - takes a centralised approach to the pooling of information and resources
  - specifies an approved set of minimum standards that apply to all ICC members, ICC events and bilateral tours (including Associate events, women’s internationals, A-teams and age-group squads)
  - ensures ongoing dialogue between the ICC, FICA and domestic boards to identify further opportunities for improvement and topics for further research

# METHODOLOGY & RISK ASSESSMENT EXPLAINED

This report has been completed using a conventional risk assessment methodology.

- 1** A list of 13 significant risk areas were identified and split into three main categories.
- 2** A comprehensive review of previously reported incidents under each risk area was then completed.
- 3** A programme of direct engagement to assess past experiences and the current situation on the ground across all risk areas was conducted with input from FICA's member player associations, team officials and players themselves.

**4** Each risk area was then evaluated to provide a simple Risk Score. The risk score was generated by a consideration of two factors:

#### Likelihood Score

An assessment of the potential for the risk to occur based on previous occurrence and current preventative measures, using the following 5 point scale:

- Has happened multiple times, including to a professional cricketer **5**
- Has happened multiple times, but rarely if ever to a professional cricketer **4**
- Has happened at least once to a professional cricketer **3**
- Has happened at least once but not to a professional cricketer **2**
- Possible but no known precedent **1**

(**Note:** whilst professional cricket is the focus of this study relevant occurrences from recreational cricket and other sports were also considered)

#### Impact Score

An assessment of the potential impact of the risk on the individual using the following 5 point scale

- Fatal **5**
- Lifelong disability **4**
- Career-ending illness / injury **3**
- Major career interruption – Long-Term Health Consequences **2**
- Short-term injury / illness **1**

#### Risk Score

The risk score was then calculated using the following simple equation:

- Likelihood score x Impact score = Risk Score

#### Risk Score Assessment

The risk score for each potential risk was then assessed against the following risk categories:

20 or greater	critical risk
15 to 19	high risk
7 to 14	moderate risk
0 to 6	low risk

**5** An assessment of the current mitigating actions and issues to consider was then completed for each risk area.

**6** Recommendations and proposed actions were then completed for each risk area.



## IN PLAY

1

ON-FIELD  
BALL IMPACT

2

LIGHTNING  
STRIKE

3

ON FIELD  
INJURY

4

SUN / HEAT-RELATED  
CONDITIONS

5

CROWD  
DISTURBANCE

**“As I know only too well, freak accidents do happen in cricket. The game must do all it can to pre-empt injuries on the field of play to prevent future cricketers’ careers from being cut short before their time.”**

**Mark Boucher**

# 1 ON-FIELD BALL IMPACT

<b>Summary</b>	> Injury caused by being struck by the ball while batting, fielding or umpiring
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>4</b></li> <li>&gt; Impact <b>5</b></li> <li>&gt; Risk Assessment <b>20</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Philip Hughes killed by being struck by a ball when batting</li> <li>&gt; Craig Kieswetter (potentially career-ending facial injury sustained while batting)</li> <li>&gt; Raman Lamba (India) died after being struck by a ball when fielding at short leg</li> <li>&gt; Mark Boucher (career-ending facial injury while wicket keeping)</li> <li>&gt; NZ bowler Bradley Scott suffered recent facial injury when hit by straight drive</li> </ul>
<b>Current Mitigating Actions</b>	> New helmet safety standard - BS7928:13 - designed principally with batsmen in mind
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; New standard represents a basic minimum level of protection, with helmet impacts being conducted at ball speeds significantly (20mph) lower than those seen in top level cricket</li> <li>&gt; Net and practice sessions are often more informal and full protective equipment is often not worn</li> <li>&gt; On-site medical provision is often not the same level at net and practice sessions</li> <li>&gt; Considerable risk of injury for on-field umpires</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Commission research into new helmet designs which offer protection significantly greater than that mandated by the new standard</li> <li>&gt; Learn from global best practice in other sports (eg baseball)</li> <li>&gt; Progress work on other protective equipment for other areas of the body and other playing positions beyond batting</li> <li>&gt; Progress work on protection for other at-risk groups (umpires and close fielders)</li> </ul>

# 2 LIGHTNING STRIKE

<b>Summary</b>	> Injury caused by lightning strike on the field of play
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>4</b></li> <li>&gt; Impact <b>5</b></li> <li>&gt; Risk Assessment <b>20</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Multiple deaths and injuries have occurred in recreational cricket and other sports</li> <li>&gt; A recent example of nine schoolboys struck while playing cricket in Johannesburg in 2013</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Protocols for halting play during thunderstorms defined/applied in some countries</li> <li>&gt; The ECB and CA have a 30-30 rule for lightning</li> <li>&gt; Other countries and boards have no such protocol in place and decisions are left to personal judgement</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Confirm best practice with other sports – notably golf</li> <li>&gt; Understand the risk to cricket due to the climate that cricket is often played in</li> <li>&gt; Note the risks to both ground staff and spectators, in stadia, once players have left the field of play</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Define and apply globally consistent protocols (eg based on “30-30” guidelines)</li> <li>&gt; Ensure protocols allow adequate protection for support staff including groundstaff</li> </ul>

## 3 ON-FIELD INJURY

<b>Summary</b>	> On-field injuries which are not ball-related
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>3</b></li> <li>&gt; Impact <b>5</b></li> <li>&gt; Risk Assessment <b>15</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Serious collision injuries such as the death of Ankit Keshri</li> <li>&gt; Injuries to fielders such as knees getting caught in the turf when sliding (eg Simon Jones at the Gabba)</li> <li>&gt; Jason Gillespie broke a leg in a collision with another fielder</li> <li>&gt; Impact injuries with perimeter boards or fences</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Minimum distances are specified between boundary ropes and boards</li> <li>&gt; Play is suspended when pitch or outfield conditions are considered dangerous – wet or broken up</li> <li>&gt; There are reasonable levels of at-venue medical provision standards across the game</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; New event spectator entertainment at grounds – cheerleading stages, flame-throwers, fire-works</li> <li>&gt; Net and practice sessions are often more informal whilst the risks are often the same</li> <li>&gt; On-site medical provision is often not the same level at net and practice sessions</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Ensure minimum distances are strictly maintained</li> <li>&gt; Consider minimum standards for pitch and outfield conditions</li> <li>&gt; Conduct risk assessments on flame throwers and other spectator entertainment</li> <li>&gt; Review best practice from other sports for at-venue medical provision and emergency protocols</li> </ul>

## 4 SUN / HEAT-RELATED CONDITIONS

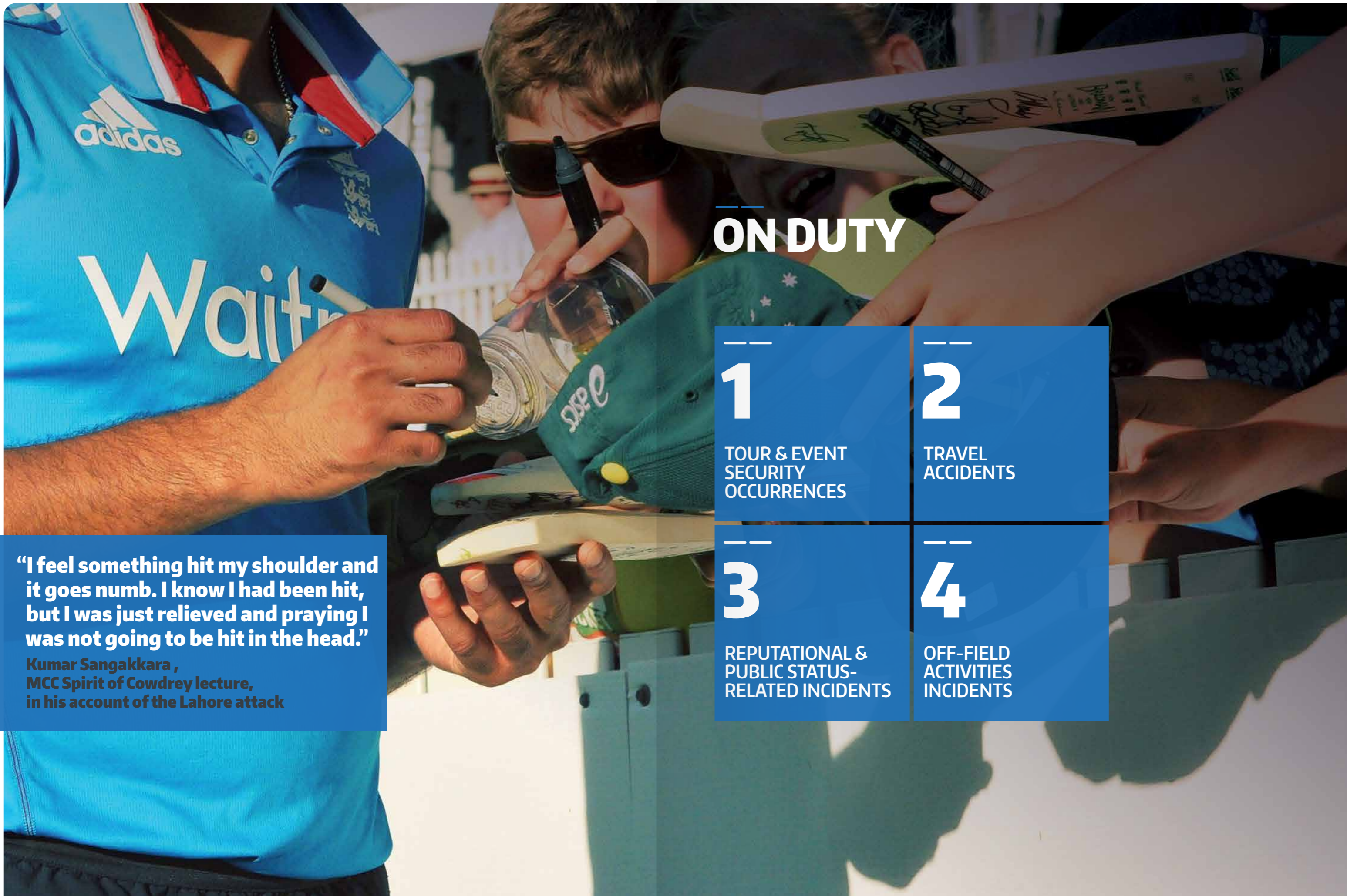
<b>Summary</b>	<ul style="list-style-type: none"> <li>&gt; Melanoma linked to sustained long-term exposure to the sun.</li> <li>&gt; Heat stroke/exhaustion as a result of acute exposure to extreme heat/sun</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>5</b></li> <li>&gt; Impact <b>3</b></li> <li>&gt; Risk Assessment <b>15</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Michael Clarke, Andy Flower, and John Emburey have all been treated for skin cancer</li> <li>&gt; Richie Benaud died of skin cancer attributed to lack of sun screen and appropriate headgear throughout his career</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Some cricketers have access to skin checks</li> <li>&gt; Increasing use of high protection sun screen and head protection but no regulations</li> <li>&gt; ICC playing conditions allow for regular drinks breaks in extreme conditions</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Review best practice from other sports</li> <li>&gt; There are inconsistent levels of medical training across different team's support staff</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Ensure all players receive regular skin checks</li> <li>&gt; Review best practice from other sports</li> <li>&gt; Consider regulations in this area</li> <li>&gt; Ensure minimum qualification standards of key members of team support staff</li> </ul>

# 5

## CROWD DISTURBANCE

Summary	> Injury caused by crowd intervention (individual or collective action) or projectile throwing
Risk Assessment	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>2</b></li> <li>&gt; Impact <b>2</b></li> <li>&gt; Risk Assessment <b>4</b></li> </ul>
Examples	> Multiple examples of injuries in other sports (eg by missiles/flares thrown by spectators) but no high profile or recent examples in cricket
Current Mitigating Actions	<ul style="list-style-type: none"> <li>&gt; Some modern grounds have been designed to deter incursion with ditches or fencing</li> <li>&gt; Routine deployment of stewards at major matches</li> <li>&gt; Some deployment of police rather than stewards</li> </ul>
Issues For Consideration	> The changing dynamic of the cricket crowd with the rise of T20 is worth monitoring
Recommendations	<ul style="list-style-type: none"> <li>&gt; Keep under review and learn from other sports</li> <li>&gt; Provide a player education programme on spectator and crowd behaviour</li> <li>&gt; Consider the provision of police alongside stewards to demonstrate more visible authority</li> </ul>





## ON DUTY

1

TOUR & EVENT  
SECURITY  
OCCURRENCES

2

TRAVEL  
ACCIDENTS

3

REPUTATIONAL &  
PUBLIC STATUS-  
RELATED INCIDENTS

4

OFF-FIELD  
ACTIVITIES  
INCIDENTS

**“I feel something hit my shoulder and it goes numb. I know I had been hit, but I was just relieved and praying I was not going to be hit in the head.”**

**Kumar Sangakkara ,  
MCC Spirit of Cowdrey lecture,  
in his account of the Lahore attack**

# 1 TOUR & EVENT SECURITY OCCURRENCES

<b>Summary</b>	<ul style="list-style-type: none"> <li>&gt; Injury caused by direct terrorist attack</li> <li>&gt; Collateral terrorist attack involvement - i.e. being in proximity to a dangerous environment</li> <li>&gt; Significant team security breach</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>5</b></li> <li>&gt; Impact <b>5</b></li> <li>&gt; Risk Assessment <b>25</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; SA team flew home from Sri Lanka after an explosion close to the team hotel (2006)</li> <li>&gt; Terrorist attack on Sri Lanka team in Lahore (2009)</li> <li>&gt; International teams would have been in the Marriott in Islamabad around the time it was bombed (2008) if the Champions' Trophy had it not been relocated</li> <li>&gt; Stadium explosion in Bangalore led to IPL teams being evacuated (2010)</li> <li>&gt; New Zealand tour of Pakistan abandoned after Karachi hotel bombing (2002)</li> <li>&gt; England flew home from tour of India after Mumbai terror attack (2008)</li> <li>&gt; Cancellation of CLT20 following the Mumbai terror attack (2008)</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Pre-tour and pre-event security risk assessments and appropriate security plans where there is manageable risk</li> <li>&gt; Some countries, like SA, prepare a significant programme of safety and security documentation for all teams visiting SA (Security Plan, Airport Security, Hotel Security, Stadium Security, Police Assistance)</li> <li>&gt; Appropriate protection of teams and individuals while touring high-risk locations E.g all international teams in SA are given police escorts</li> <li>&gt; Evacuation of teams if risks escalate</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; There is significant inconsistency in safety and security processes and arrangements from country to country</li> <li>&gt; Security assessments must be workable, independent and objective</li> <li>&gt; Security plans must be adhered to</li> <li>&gt; Need to be able to respond rapidly to changing threat levels.</li> <li>&gt; Limited consideration is given to security arrangements for players' families</li> <li>&gt; Limited or no consideration given to A teams, emerging teams or the women's game</li> <li>&gt; Consideration should be given to police escorts for all teams in high risk venues</li> <li>&gt; Learning via post-event reviews is critical</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Undertake a thorough review of the scope and application of all security risk assessments</li> <li>&gt; Increased communication and sharing of best practice between boards</li> <li>&gt; The ICC should set international minimum standards and directly engage with (individually and in a group setting) and provide guidance to all teams' security officers</li> <li>&gt; Extend the security assessment process to cover Women, A team and emerging age group teams, and Associate/Affiliate tournaments</li> <li>&gt; Adopt/transfer best practice in stadium design, including safe passage entry/exit routes</li> <li>&gt; Adopt appropriate non-compliance provisions for cancellation, postponement or curtailment of tours for safety and security reasons</li> </ul>

# 2 TRAVEL ACCIDENTS

<b>Summary</b>	> Incidents in transit to/from/between matches and on tour
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>3</b></li> <li>&gt; Impact <b>4</b></li> <li>&gt; Risk Assessment <b>12</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Ben Hollioake and Runako Morton died in car crashes (not cricket-related)</li> <li>&gt; Multiple cricketers have been involved in road-traffic accidents before or after matches</li> <li>&gt; Multiple reports of team coaches travelling at excessive speed and struggling to keep up with police escorts</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Pre-tour security assessments include consideration of journeys to/from/between matches</li> <li>&gt; The PCA in the UK has run driving awareness courses for its members</li> </ul>
<b>Issues For Consideration</b>	> Increasing numbers of players playing domestic cricket in other countries where they are not familiar with the travel rules and culture
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Formalise use of risk assessments and transport route reconnaissance</li> <li>&gt; Use drivers or coach travel where appropriate, not least to prevent players driving when exhausted</li> <li>&gt; Deliver player education programmes in each country on advice for travelling in that country</li> <li>&gt; Consider the need for coach drivers to have proper rest and breaks.</li> <li>&gt; Police escorts for team vehicles need to drive at a speed which recognises the manoeuvrability and speed of the team vehicle</li> </ul>

## 3 REPUTATIONAL & PUBLIC STATUS-RELATED INCIDENTS

<b>Summary</b>	<ul style="list-style-type: none"> <li>&gt; Attack linked to a player's reputation/high profile</li> <li>&gt; Either physical or media-based</li> <li>&gt; May involve elements of blackmail</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>3</b></li> <li>&gt; Impact <b>3</b></li> <li>&gt; Risk Assessment <b>9</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; David Hookes was killed by a punch, in an incident which was allegedly linked to his public profile</li> <li>&gt; Jesse Ryder seriously injured by two attackers following an altercation in Christchurch</li> <li>&gt; Father of Afghanistan captain Mohammad Nabi was kidnapped in 2013</li> <li>&gt; Eoin Morgan was the subject of attempted blackmail before the World Cup 2015</li> <li>&gt; Shane Warne was the subject of false accusation of a fight in New Zealand in 2005</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Some teams provide security support for players off-duty whilst on tour</li> <li>&gt; Some teams have access to high quality legal representatives at all times</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Increasing wealth and profile of players will increase their vulnerability</li> <li>&gt; Social media influences and widespread camera phone use make verbal and physical confrontation more likely and then more visible</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Pursue the opportunity for player education on strategies for avoiding or managing threatening situations</li> <li>&gt; Increase provision of player security for players when off-duty, on tour</li> </ul>

## 4 OFF-FIELD ACTIVITIES

<b>Summary</b>	<ul style="list-style-type: none"> <li>&gt; Injuries sustained in off-field activities during team duty or social activities or during individual leisure activities</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>4</b></li> <li>&gt; Impact <b>2</b></li> <li>&gt; Risk Assessment <b>8</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; James Anderson broke a rib while boxing during a pre-Ashes camp</li> <li>&gt; Stuart MacGill suffered a serious knee injury during a pre-Ashes camp</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Some teams have informal sets of rules about do's and don'ts</li> <li>&gt; Some teams request that players log proposed activities</li> <li>&gt; Some teams do pre-security and risk checks before off-field team activities</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Players will want to engage in 'fun' activities that may have risks associated (mountain biking, surfing, white-water rafting, travelling by 'informal' transport, etc.)</li> <li>&gt; Difficulty in monitoring and controlling player behaviour at all times</li> <li>&gt; Social media influences and widespread cameraphone usage make verbal (both on and off line) and physical confrontation more likely and then more visible</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Ensure proposed team activities are subject to risk assessment</li> <li>&gt; Consider ongoing team regulations about do's and don'ts for some activities</li> <li>&gt; Ensure individual players are educated about risks of activities</li> <li>&gt; Ensure players whereabouts is monitored whilst on tour and any potentially planned activity that has a risk associated with it is logged</li> </ul>



# MEDICAL ISSUES

1

MENTAL ILLNESS

2

ACUTE MEDICAL  
CONDITIONS

3

LONG-TERM  
HEALTH ISSUES

4

OTHER PHYSICAL  
ILLNESS

**“Depression was an inner force that, at its worst, left me trembling and shaking on the floor of my mother’s house, racked with a pain and terror that were palpably physical.”**

**Marcus Trescothick**

# 1

## MENTAL ILLNESS

<b>Summary</b>	<ul style="list-style-type: none"> <li>&gt; Suicide or career-ending illness linked to mental health</li> <li>• Illness manifesting itself on tour or whilst playing abroad away from home</li> </ul>
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>5</b></li> <li>&gt; Impact <b>4</b></li> <li>&gt; Risk Assessment <b>20</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Marcus Trescothick and Michael Yardy both had their international careers ended by mental illness</li> <li>&gt; Jonathan Trott had to leave the international game for an extended period of time and has recently retired from international cricket</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Inconsistent but growing availability of confidential help and support</li> <li>&gt; Mental health education programmes available in some countries (led by Player Associations)</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Lack of understanding of the subject by the wider cricket community, including officials and media</li> <li>&gt; Lack of consider research into understanding the cricket-related causes</li> <li>&gt; Increase in frequency of the issue</li> <li>&gt; The rise of other illness as a consequence of mental health issues – e.g. gambling, drink and drug addiction, lifestyle and personal problems</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Assemble expert panel to define best practice in managing mental health</li> <li>&gt; Ensure all participants in cricket have access to well-funded and confidential support and treatment for mental health issues</li> <li>&gt; Specify and implement protocols for touring (e.g. family visits, mandatory rest periods)</li> <li>&gt; Fund and deliver universal education programmes (e.g. resilience training)</li> </ul>

# 2

## ACUTE MEDICAL CONDITIONS

<b>Summary</b>	> Illness caused by an acute medical condition (eg a heart attack)
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>3</b></li> <li>&gt; Impact <b>5</b></li> <li>&gt; Risk Assessment <b>15</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Multiple examples of fatal heart attacks</li> <li>&gt; 29 year-old died playing club cricket in Mumbai (2014)</li> <li>&gt; Fabrice Muamba (Tottenham Hotspur footballer) – career ended by on-pitch heart attack</li> <li>&gt; The recent deaths, on the field of play, of Gregory Mertens (football) and Danny Jones (Rugby League)</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Major matches have trained medical staff and appropriate equipment (defibrillators etc.)</li> <li>&gt; Lack of consistency of provision across international matches and other professional matches</li> <li>&gt; Some players receive heart screening checks</li> </ul>
<b>Issues For Consideration</b>	<ul style="list-style-type: none"> <li>&gt; Variability of provision at grounds</li> <li>&gt; Lack of international guidelines for medical provision across the professional game</li> <li>&gt; Lack of consistent levels of training for team support staff</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>&gt; Full health screening, including routine heart screening for all players throughout their careers</li> <li>&gt; Define and apply agreed minimum standards for team support staff, medical staff and equipment</li> <li>&gt; Specify and enforce emergency response procedures</li> <li>&gt; Research medical response procedures from other sports – e.g. Formula 1</li> </ul>

## 3 LONG-TERM HEALTH ISSUES

<b>Summary</b>	> Long term health issues, where the playing of cricket was the primary cause or a contributory factor
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>4</b></li> <li>&gt; Impact <b>2</b></li> <li>&gt; Risk Assessment <b>8</b></li> </ul>
<b>Examples</b>	> Other sports, notably American Football and rugby, now recognise the dramatic long term health consequences of concussion. Whilst there are no known cases in cricket, many ex-players suffer from bad backs, arthritic joints, etc., which have significant consequences for quality of life
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; In some countries, retired players receive help paying for medical treatment from Player Association benevolent or hardship funds</li> <li>&gt; There have been some studies into injuries in fast-bowling but not comprehensive study of long-term effects</li> </ul>
<b>Issues For Consideration</b>	> Early diagnosis of problems and appropriate medical intervention will improve long term health outcomes. Workloads – especially for bowlers – need to be properly managed
<b>Recommendations</b>	> Undertake further research into the long-term health of past players, focusing: <ul style="list-style-type: none"> <li>(a) on understanding better the development of known conditions (eg arthritis)</li> <li>(b) investigating in what other ways the long-term health of retired cricketers deviates from normal patterns</li> </ul>

## 4 OTHER PHYSICAL ILLNESS

<b>Summary</b>	> Illness caused by tropical disease, poor sanitation, food poisoning etc.
<b>Risk Assessment</b>	<ul style="list-style-type: none"> <li>&gt; Likelihood <b>5</b></li> <li>&gt; Impact <b>2</b></li> <li>&gt; Risk Assessment <b>10</b></li> </ul>
<b>Examples</b>	<ul style="list-style-type: none"> <li>&gt; Multiple examples of food poisoning but no major serious outcomes</li> <li>&gt; Multiple examples of players contracting tropical or other diseases on tour but no major serious outcomes</li> </ul>
<b>Current Mitigating Actions</b>	<ul style="list-style-type: none"> <li>&gt; Most teams employ a team doctor on an ongoing basis</li> <li>&gt; Medical advice, preventative medicines and injections are commonplace</li> <li>&gt; Quality of hotels, ground facilities and food hygiene standards have improved significantly in recent years</li> <li>&gt; Pre-tour inspections set minimum standards</li> </ul>
<b>Issues For Consideration</b>	> Complacency
<b>Recommendations</b>	> Keep under review



**“Phillip’s spirit, which is now part of our game forever, will act as a custodian of the sport we all love. We must listen to it, we must cherish it, we must learn from it.”**

**Michael Clarke**

## OTHER POINTS FOR CONSIDERATION

- > FICA will maintain an international health, safety and security incident database from July 2015
- > FICA will invite the ICC to engage directly in dialogue on all of the above issues and to plan a programme of research and setting of international minimum standards across all issues
- > FICA, its member associations and key personnel will meet regularly to share knowledge and best practice in areas of health, safety and security
- > Consideration should be given to an annual health, safety and security forum bringing together key personnel for all major cricket nations, their boards, team support staff, player associations and industry experts
- > FICA would like to engage with all other leading game stakeholders including the MCC, Media and Broadcasters to take this report and its subsequent recommendations forward



Federation of International Cricketers' Associations

