

# Written evidence submitted by the Health and Safety Executive

## Committee Inquiry into Concussion in Sport

### The Health and Safety Executive

HSE is Great Britain's health and safety regulator. Our purpose is to prevent work-related death, injury and ill health. We apply a range of regulatory tools to improve health and safety, bringing together different interventions to achieve impact. We influence and engage stakeholders, create knowledge and awareness of health and safety risks, and encourage behaviour change through assessments and direct interventions including inspections and investigations. Our science, engineering and analytical capability complements our policy and operational activities. HSE is internationally recognised for developing and supporting practical solutions to workplace health and safety problems.

Engagement in organised sporting activities can provide benefits to participants such as supporting positive health outcomes, both physical and mental, for the population as a whole. Every week throughout Great Britain a large number of the population may be seen undertaking a variety of recreational sporting activities and these can include individual or team events.

Whilst HSE has the overarching responsibility for workplace health and safety from a policy perspective, enforcement is shared with other regulatory bodies. For leisure and sport, it is mainly the Local Authorities who fulfil the frontline inspection and enforcement role.

### Overview

#### The balance of risk v benefit of sport

All sport, at all levels contains an element of risk of injury to the participant. This risk can be from the individual participant's own activities e.g. muscle strain from inadequate pre-start preparations, collision\impacts with others participating or equipment required in the activity e.g. team sports, or the failure of equipment required to undertake the sport.

At the elite and semi-professional levels of sport, i.e. competitive sport as opposed to leisure pastime, there are governing bodies who are the gatekeepers and historically have set the rules and laws of playing and participating. It is the governing bodies and the rules of the sport that dictate how the sport is played. The rules will look to ensure that the sport is a positive and enjoyable experience for the athletes and those spectating whilst also looking to reduce risks to participants or potential for injuries by use of specified equipment e.g. headguards for certain levels of contact and high speed sports. The relevant sporting bodies in the governing of their sport and its management of risk must, or should, consider the element of reasonably practicable controls that would reduce the potential for injury while at the same time not serve to prevent the sport from continuing. Any measures introduced need to be focussed on practical controls and ensuring participants are informed, and their health in monitored

#### The application of RIDDOR (accidents and specified diseases v long-term health conditions, which wouldn't be reported)

The reporting of injuries and illness relating to work activities is required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR requires the reporting by an employer of certain specified injuries and diseases.

Those diseases specified within the regulations are medically diagnosed Carpal Tunnel Syndrome, Cramp of the Hand or Forearm, Occupational Dermatitis, Hand Arm Vibration Syndrome, Occupational Asthma and Tendonitis or tenosynovitis. In relation to the reporting of injuries a report is required to be made for any crush injury to the head causing damage to the brain or internal organs. A crush injury is different to an impact injury which is more common within a sporting environment.

It is unlikely that RIDDOR reports for concussion injuries would be received as they would not fit into the specified diseases or injury criteria as described above.

The University of Glasgow found in 2019 that former footballers are 3.5 times more likely to die of dementia, five times more likely to die of Alzheimer's and four times more likely to die of motor neurone disease. As identified above these diseases are not specified as reportable under RIDDOR and would not normally be apparent at the time of concussion type injuries.

### **Routine sporting injuries v failures in H&S management**

There is a balance to be struck between managing safety and ensuring that people can take part in sporting activities, which bring many health benefits. On the whole HSE would not expect to be involved in incidents where sportspeople (either professional or amateur) have been injured during normal participation in a sporting event. The exception would be if inadequacies in the premises, equipment or organisation of an event had in some way led to an incident meaning that any injury must be reported.

### **Importance of the role of the NGBs**

Most sporting activities, by their very nature, present a risk of serious injury to those who voluntarily take part. As a regulator we believe sports' governing bodies are best placed to make judgements on the risks and we would expect them to regularly review their rules and procedures as appropriate. As the gatekeepers of their industries and business(es) the expectation is that they are in the prime position to identify and implement advances in sports technology and knowledge of advances to reduce risk of concussion.