

Introduction and scope

These Recreational Cricket Safety Guidelines (“Guidelines”) have been developed by the ECB’s Science & Medicine and Recreational Game departments in order to enhance the safety of everyone involved in Recreational Cricket in England and Wales. They accompany, and should be read alongside, the ECB’s Recreational Cricket Safety Regulations (accessible [here](#)).

These Guidelines apply to all cricket activity within a Club, including training activities, matches and net practices for players participating in Junior Cricket and/or Open Age Cricket. Although the principles and statements contained in these Guidelines are recommendations only, the ECB would strongly encourage all participants to observe them.

Defined terms used throughout this document have the same meaning as is given to those terms in the Recreational Cricket Safety Regulations.

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Introduction

Whilst cricket is not technically a contact sport, there are numerous scenarios whereby players can face significant risks of being hit/hurt by balls, equipment, or occasionally other players. The cricket ball is extremely hard and weighs between 140-166 grams and frequently travels at high speeds when bowled or hit off the bat. Therefore, if a player is struck by a ball there is a risk of significant injury. Numerous forms of Protective Equipment have been developed to help protect players from injury due to ball strikes.

Protective Equipment is currently mandatory in some instances when cricket is played with a hardball, as per the Recreational Cricket Safety Regulations. Protective Equipment is not currently mandatory in softball cricket, but a player may choose to wear Protective Equipment if they would like to.

Adults

The ECB recommends that all individuals aged 18 or over playing in Recreational Cricket with a hard cricket ball wear a helmet with a faceguard or grille in the following situations:

- batting in a game (whether indoor or outdoor) against any type of bowling;
- batting in nets or practice against any type of bowling (whether delivered by a bowler or bowling machine);
- wicket keepers standing up to the stumps (which for the purposes of these Guidelines means where the wicket keeper can reach the stumps with an outstretched arm without having to move their feet); and

d. when a player is fielding closer than 8 yards (7.3 meters) from the striking batter. A wicket keeper could wear a face protector rather than a helmet.

Players are also recommended to wear other Protective Equipment when in the situations described above, as appropriate to their activity (see the different types of Protective Equipment described below).

Junior Cricketers

In addition to the mandatory requirement for all Junior Cricketers to wear helmets when participating in certain cricketing activities (see Regulation 4 of the Recreational Safety Regulations), Junior Cricketers are recommended to wear other Protective Equipment appropriate for the activity they are carrying out at all times when they are required to wear a helmet (see the “Different Types of Protective Equipment” section below).

Recommendation on Helmets for Adult and Junior Cricketers

Any helmet is recommended to meet the latest British Safety Standard BS7928:2013. A list of helmets which currently meet this standard can be found here: <https://www.icc.cricket.com/about/cricket/rules-and-regulations/helmets>. If a wicket keeper chooses to wear a face protector instead of a helmet, it is recommended that the face protector meet British Safety Standard BS7929 –2:2009. If a player chooses to wear a neck protector with their helmet, it is recommended that the neck protector meet the latest British Safety Standard BS 7928:2013+A1 2019. More

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information on why a player might consider wearing a neck protector can be found in the “Different Types of Protective Equipment” section below.

It is recommended that a helmet worn by a Junior Cricketer to satisfy Regulation 4 of the Recreational Safety Regulations is tested against the size of ball the Junior Cricketer will be playing with (i.e. an adult ball if they are participating in Open Age Cricket). The hyperlink above leads to the ICC website where a list of all the compliant helmets, and which type of ball they have been tested against, can be found.

There is currently no testing for British Safety Standards against a women’s ball, and therefore Junior Cricketers and adults playing in Recreational Cricket where a women’s ball is used are recommended to wear a helmet that has been tested against both a junior and adult cricket ball. This is because the smaller women’s ball could potentially get through the gap above the faceguard on a men’s helmet.

Different Types of Protective Equipment

There are many different types of Protective Equipment that batters, fielders and wicket keepers can wear to help protect against the risk of injury. The following infographic outlines the different items of PPE that a player (adult or junior) is recommended to consider wearing when undertaking different roles:

BATTERS:

HELMET: Helmets are designed to protect the head and face from injury by absorbing some of the force applied to the head in the event of a ball strike. A grille prevents the ball from making contact with the face / jaw / eyes of



the player.

NECK PROTECTOR: Neck protectors (or stem guards) are attached to the rear base of the helmet and are designed to reduce the frequency and severity of injuries to the rear upper neck.

CHEST GUARD: Chest guards are usually worn to protect batters against fast bowling to protect their ribs and upper abdomen from impacts.

GLOVES: The fingers and hands are the most injured body parts in cricket. Gloves are a vital piece of batting equipment to protect from injuries to this area.

ARM GUARD: Injuries to the arm area are less frequent but still do occur when batting. Some players chose to wear an arm guard to protect from this.

GROIN PROTECTOR (BOX): Groin protectors are designed to protect the groin/genital area from being struck by the ball and are a vital piece of Protective Equipment.

THIGH PADS: Evidence indicates that the thigh is the second most common injury site in Recreational Cricket. Wearing a thigh pad helps protect this area from injury due to being struck with the ball.

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WICKET KEEPERS:

HELMET: Helmets are designed to protect a wicket keeper's head and face from injury due to being struck with the ball.

GLOVES: Wicket keepers experience repeated impacts to the hands during a game, catching balls bowled by the bowler, hit by a batter, or thrown by a fielder. Padded wicket keeping gloves can help to reduce injuries that may occur due to this.

GROIN PROTECTOR (BOX): Groin protectors are designed to protect the groin/genital area from being struck by the ball and are a vital piece of Protective Equipment.

WICKET KEEPING PADS: Wicket keeping pads are usually a slightly different shape to batting pads due to the position they stand in. These pads are designed to protect the wicket keeper's shins from impact by the ball.



FIELDERS:

Wearing Protective Equipment when fielding is less common than during batting and keeping wicket. However, when fielding in certain positions on the field (close to the batter) Protective Equipment can be beneficial



to reduce the risk of injury. Even highly skilled players can be struck by the ball on occasion, and therefore appropriate Protective Equipment is always recommended to ensure the safety of those involved in cricket.

HELMET: Helmets are designed to protect the head and face from injury due to being struck with the ball.

GROIN PROTECTOR (BOX): Groin protectors are designed to protect the groin/genital area from being struck by the ball and are a vital piece of protective equipment.

SHIN PADS: As with the other types of pad, these are designed to form a barrier to protect a player's shins against strikes from the ball.



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Fast Bowling Guidelines

Background

Fast bowling places enormous load on the lumbar (lower) spine, with forces estimated to be approximately three times a bowler's bodyweight every delivery.

The movement of the lumbar spine during fast bowling, including extension (leaning back), flexion (bending forwards), side flexion (leaning away from the bowling arm) and rotation, causes the bones within the lumbar spine to bend, contort and twist under this immense loading. This loading, coupled with adequate bowling volume, intensity, and rest, triggers large adaptation to the lumbar spine with the bone mineral density (a surrogate measure for bone strength) in elite fast bowlers being up to 44% greater than the typical person, and up to 33% greater than rugby players. This remarkable bone adaptation provides protection to lumbar bone stress injury (LBSI). LBSI is the most prevalent injury in cricket, meaning that at any one time the highest number of cricketers are unable to play due to these injuries.

Too much bowling, particularly over short periods (e.g., 7 days), can result in small areas of bone damage or cracks in the bone, which if not immediately addressed with sufficient rest periods, can lead to LBSI. LBSIs are a group of injuries which range from swelling around the bone (also known as bone stress, hot spot, or edema) to stress fractures. Approximately 15 years of development and progressive training is required to obtain the necessary bone strength to resist this bone damage. Therefore, young bowlers, who have not accrued these protective effects, are at higher risk of injury. In short, **extraordinary load** is applied to **underdeveloped bones**.

If a bowler suffers a spinal stress fracture, they may be unable to compete for up to 8 months or, in some instances, longer. This period out of the game can be hugely detrimental to the skill and physical development of a young Fast Bowler, typically falling a year behind in both compared to their peers. Therefore, preventing these injuries from occurring is vital.

Research indicates that two of the key risk factors for LBSI are:

- The age of the bowler – adolescent bowlers, particularly those in, or shortly after a growth spurt are of greatest risk, due to their lower bone strength.
- The bowler's workload – multiple factors related to workload are associated with LBSI. This includes:
 - o too many overs per week, particularly if significantly greater than any other week in that season, causes excessive bone damage;
 - o too few overs per month, causes a reduction in bone strength; and

- insufficient rest between bowling prevents bone damage from healing.

As it is impossible to change the age of a bowler, coaches are recommended to focus on ensuring correct workloads for the bowlers in their care and promote behaviours that support bone health.

Carefully managed workloads aid the prevention of LBSI by ensuring that protective bone strength is developed. These Fast Bowling Guidelines are a tool to do this and are designed to support safe development of players and reduce the risk of injury to junior Fast Bowlers.



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These Guidelines are supplemental to, and do not replace, the bowling limits per Spell and per day outlined in the ECB Fast Bowling Regulations.

The recommendations in this document apply to those players aged 19 or under that are Fast Bowlers participating in any level of cricket in the Recreational Game, excluding Academy Players and EPP Players, who are subject to specific protocols established by the Talent Pathway Programmes.

A fast bowler is a bowler who attempts to deliver the ball at high intensity. This includes seam bowlers, swing bowlers and medium pace bowlers. Once a bowler has attempted to deliver one ball at high intensity, they are deemed a Fast Bowler and therefore should adhere to these recommendations whether they then go on to bowl other forms of delivery.

It is recommended that players and coaches follow the Guidelines that corresponds to the age of a Fast Bowler, and not the level of cricket they are playing in. For example, a 13-year-old playing in an U15 match is recommended to follow the Guidelines for a 13-year-old. If a player is going through a growth spurt, which is defined as a rapid increase in growth velocity in excess of 7cm a year, it is recommended that they follow the Guidelines for the Age Group below their current Age Group e.g., an U12 player deemed to be going through a growth spurt is recommended to follow the Guidelines for U11s.

A bowling delivery will count for the purposes of these Guidelines when it is delivered during a match or in training with the intention of bowling at match (or near match) intensities. Deliveries where there is a clear intention to bowl slower should not be included, for example walk throughs or running in at half (or slower) typical run-up speed.

Overs bowled with a soft cricket ball and hard cricket ball result in similar forces being transferred through the body. Therefore, when following the Guidelines laid out below it is recommended that overs bowled with a soft ball **and** a hard ball are considered.

Recommended Workload Management

The ECB recommends the following maximum and minimum number of overs for a Fast Bowler to bowl per week. Within these thresholds a protective effect against injury is expected to occur. Bowling loads greater or less than these recommended amounts (outside of prescribed in season or post season breaks) may place bowlers at greater risk of injury.

Age in years	Target overs per week
11 and below	12 – 16
12 & 13	16 – 20

14 & 15	20 – 24
16 & 17	22 – 26
18 & 19	24 – 28



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In any 7-day period, it is recommended there should be a maximum of 4 bowling days with only 1 instance of bowling on consecutive days.

Recommended Rest Periods

In the recommendations below a 'rest day' means a day where an individual does not bowl. Carrying out other cricketing activities and participation in other sports does not prevent a day from counting as a rest day. However, if a Fast Bowler also plays another 'overhead' sport (such as tennis or badminton) it is recommended that these workloads are managed carefully alongside bowling.

A full day of rest from bowling is recommended between bowling days, except in the instance where very low or very high overs have been bowled, in which case multiple days of rest may be necessary.

The minimum number of rest days recommended following different bowling workloads is outlined below:

Age in years	0 days' rest	1 day's rest	2 days' rest
11 and below	<2 overs bowled	2 – 7 overs bowled	>7 overs bowled
12 & 13	<2 overs bowled	2 – 8 overs bowled	>8 overs bowled
14 & 15	<2 overs bowled	2 – 10 overs bowled	>10 overs bowled
16 & 17	<3 overs bowled	3 – 12 overs bowled	>12 overs bowled
18 & 19	<3 overs bowled	3 – 14 overs bowled	>14 overs bowled

If a very high number of overs have been bowled in a week, the ECB recommends that a Fast Bowler's bowling workload for the following week is adapted appropriately.

Recommended bowling adjustments following loads which exceeded the recommended daily maximums are set out below:

Age in years	Overs Bowled	Recommended overs for following week	Overs Bowled	Recommendation
11 and below	16 – 22	8 – 10	> 22	7 consecutive days bowling rest to begin within 14 days of the breach of maximum workload.
12 & 13	20 – 26	12 – 14	> 26	
14 & 15	24 – 30	16 – 18	> 30	
16 & 17	26 – 32	18 – 20	> 32	
18 & 19	28 – 35	20 – 22	> 35	

It is also recommended that Fast Bowlers adhere to the following general Guidelines on rest:

1. A 7 to 10-day bowling break either during the middle of the season, or when the recommended maximum weekly overs has been exceeded.
2. A low bowling volume week every 4 – 5 weeks, or when target overs have been exceeded, where 50% of target overs are bowled.



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3. A post-season 4-week bowling break.

Ready to Bowl – recommended overs to build up to regular bowling

It takes time for the body to be appropriately prepared to bowl at full intensity and at the necessary volumes for competition, even after only a short break. In fact, bone strength is reduced after only two weeks. The templates below outline recommended target overs for a Fast Bowler to follow to ensure they are ready to return to full intensity and volume of bowling after a break of two weeks or longer. This break in bowling could be due to an enforced rest period, injury, returning post off-season or other circumstances.

The templates outline a gradual return to bowling that aims to prevent over-loading of the player but help ensure tolerance to regular bowling is accrued.

Ready to Bowl template for overs bowled (bowled across 2-3 days in a week):

Number of weeks break	11 years and below	12 & 13 years	14 & 15 years	16 & U17 years	18 & 19 years
7 or more	4 – 6	6 – 8	8 – 10	8 – 10	8 – 10
6	6 – 8	8 – 10	8 – 12	10 – 12	10 – 12
5	6 – 8	10 – 12	10 – 14	12 – 16	12 – 16
4	8 – 10	10 – 12	12 – 16	16 – 20	16 – 20
3	10 – 12	12 – 16	14 – 18	16 – 20	16 – 20
2	12 – 14	14 – 18	16 – 20	18 – 22	20 – 24

			18 – 22	18 – 22	20 – 24
				20 – 24	22 – 26



ECB Recreational Cricket Safety Guidelines **First Aid**

Definitions

In this section, the following defined terms apply:

First Aid means basic medical treatment that is given to someone as soon as possible after they have been hurt in an accident or suddenly become ill.

First Aider means any individual aged 18 or over who has received a qualification for completing an in-person First Aid course within the last three years where that course lasted at least three hours and covered treatment for the following conditions: (a) head injuries (including concussion); (b) spinal injuries; (c) treating unconscious casualties and those having seizures; (d) basic life support (including the recovery position and practical CPR); and (e) skeletal injuries, including breaks, fractures, strains and sprains.

Qualified Health Practitioner means a person qualified to provide medical treatment and advice based on formal training and experience and who is required to maintain an up to date First Aid qualification as part of their profession.

Introduction

There is an inherent risk of injury or a medical event taking place during cricket activities, either to the players, coaches and umpires involved, or to spectators on the boundary edge or in the stands. As such, the ECB recommends that clubs have First Aid provision at all cricket activities they run. The risk of an injury or medical event occurring varies dependant on several factors, therefore the ECB recommends that clubs make informed decisions prior to each activity as to the level of First Aid provision that is required. The Guidelines below further outline the ECB's recommendations with regards to First Aid.

First Aiders

The ECB recommends that: (a) each Club appoints at least one First Aider; and (b) each Club ensures that at least one First Aider is present when any cricket activity is taking place at the Club (whether training or matches, and whether using a hard ball or a soft ball).

A Qualified Health Practitioner can act as a Club's First Aider even if their First Aid qualification is not equivalent to that described in the definition of "First Aider".

It is recommended that any individual who will take up the role of First Aider at a Club or particular event, including a Qualified Health Professional, agrees in advance to take on the role of First Aider and is aware that they are assuming that role.

It is recommended that Clubs consider who their First Aiders are relative to the needs of the participants involved. For example, a participant may wish to only be treated by a First Aider of the same gender. The ECB recommends that Clubs endeavour to provide same gender First Aiders

wherever possible. It may also be beneficial to have an individual prepared to act as a chaperone to treatment if requested.

First Aid Equipment and other Provision



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The ECB recommends that clubs have a fully stocked First Aid kit and that this is easily accessible on each occasion that cricket activity is taking place at the Club. British Standard 8599-1:2019 outlines the required contents of a First Aid kit.

Clubs are recommended to have access to a telephone (mobile or landline) to ensure that the emergency services can be contacted when needed, and that there is a clear access route for an ambulance or other emergency vehicle to access the Club's ground.

It is recommended that First Aiders are aware of the location of the closest accident and emergency ("A&E") unit (<https://www.nhs.uk/service-search/find-an-accident-and-emergency-service>), and defibrillator (<https://www.defibfinder.uk>) and that these locations are displayed publicly at the Club.

It is also recommended that Clubs allocate and signpost a private area for First Aid treatment. First Aid areas are recommended to provide shelter from weather and include access to drinking water, hand washing facilities, a chair, and facilities to dispose of waste.

Risk Assessments

It is recommended that Clubs carry out a risk assessment to determine the risks associated with a particular activity at their Club. It is recommended that these risk assessments inform the safety procedures put in place by a Club, including the number of First Aiders that should be present on each occasion that any cricket activity is taking place at the Club. It is recommended that the risk assessment considers all details of the event including (but not limited to):

- a. type of activity (e.g., match, nets);
- b. type of ball used (hard ball, soft ball etc);
- c. number of participants attending;
- d. age of participants attending;
- e. distance to closest A&E or emergency medical services;
- f. defibrillator access; and
- g. reliability of mobile phone signal / access to a landline phone (more pertinent in rural areas).

In line with the outcome of their risk assessments, Clubs are recommended to consider if it is appropriate to allow cricket activity to take place unless and until the appropriate number of First Aiders are present.

Medical Emergency Action Plan

It is recommended that Clubs produce a Medical Emergency Action Plan ("MEAP") identifying locations of local A&E units and defibrillators, as well as identifying the appropriate procedures to follow in the event of a medical emergency. The ECB recommends that the MEAP is shared with all relevant individuals (such as First Aiders, coaches, and Team Managers). A MEAP can be produced on an annual basis but it is recommended that it is updated immediately in the event of a change of circumstances. A template MEAP can be found at Appendix 1.

Other First Aid Training

The ECB recommends that all coaches, umpires and Captains (or in Junior Cricket, Team Managers), complete the ECB's Concussion E-Learning Course (<https://concussionlearning.ecb.co.uk>), and a Basic Life Support Course such as that provided by the British Heart Foundation Revivr



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(<https://revivr.bhf.org.uk/>) or UK Coaching (<https://www.ukcoaching.org/courses/elearning/courses/sudden-cardiac-arrest>).



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Appendix 1

Template Medical Emergency Action Plan

Club Name:	
Club Address:	
Postcode:	
Other information about your location that the emergency services may require:	
MEAP Owner:	
Club First Aid Lead:	
Where will the MEAP be stored:	

Where are the following equipment and facilities located?

Item	Location during training / matches	Location NOT during training / matches
Closest Defibrillator		
2nd Defibrillator*		
First Aid Kit		
First Aid Room		

* It is vital to understand the location of the second closest defibrillator in the instance that the closest one is unusable.

What is the access route for an ambulance/paramedics?

To your clubhouse:	
To your net facility:	
To your main pitch:	
To any further pitches (if you have them):	
Where will any required keys (to open gates or doors) be stored?	

What are the details of your nearest medical facilities?

Facility:	Address (inc. postcode):	Contact Number:
Accident and Emergency		
Alternate A&E Facility		
Walk-in Centre		
Emergency Dentist		
Pharmacy		



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Consider who will be responsible for the following duties:

Task	Responsible Individuals	Other notes:
Provide immediate care to the individual (<i>N.B. this should be a qualified first aider, or other registered health professional</i>)		
Control of bystanders / players / spectators		
Who will be in charge overall?		
Calling the ambulance or other emergency services		

Meeting and directing the ambulance		
Travel with the injured individual to hospital (<i>N.B. a junior player should never be left alone with an adult who is not their parent / guardian so a second adult should travel to the hospital if necessary (if travelling by ambulance a paramedic can count as a second adult)</i>)		
Informing next of kin, parents etc.		

Once the incident has been dealt with there are further actions that will be required:

Action:	Responsible Individual:	Other Notes:
Completing the appropriate documentation e.g., injury report form. (<i>N.B. The ECB are also encouraging clubs to log injuries via the 'day-to-day' reporting tool on Play Cricket</i>)		
Check in with the injured player / their next of kin		
Restocking First Aid Kits		
Incident debrief and review of MEAP. <i>Was the process as effective as possible?</i>		