

Development-led Archaeology Health and Safety Survey 2024-25

FAME Health and Safety Survey Series

Development-led Archaeology Health and Safety Survey 2024-25. Version 1, July 2026.

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Key findings

1. Archaeology has lower RIDDOR accident rates than the construction industry.
2. Ill health causes the most work absences.
3. Slips/trips/falls cause the most injuries in development-led archaeology.

Background

A goal of FAME's Health & Safety group is to gather data to support preventative measures and improved safe ways of working. This is FAME's 8th Health and Safety Survey¹. The first was for the 2009-10 financial year, and since 2018-19, we have commenced these surveys annually. This report covers the financial year 2024-25 and only covers archaeologists working in the UK.

Methods

The questions used for this survey were included in the 2024-25 State of the Archaeological Market Survey. This survey samples the sector and assumes that the rates for this sample are reflective of the whole sector. A total of 21 responses were received² from organisations employing 1648.89 full-time equivalent³ positions. This represents 33% of the estimated 4937 FTE (full-time equivalent) archaeologists working in UK development-led archaeology⁴ as contractors and consultants – curators are not included in this total. 33% coverage is a great response for a survey like this.

¹ Previously called the Health and Safety Injury survey, but the name changed as it no longer focuses just on injuries.

² not all respondents to the SoAM survey (28) responded to the H&S questions.

³ 37.5 hours per week, 52 weeks per year

⁴ Due to low responses from Irish organisations to SoAM these data focus only on the UK

Results

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

In the UK, RIDDOR is the legal instrument that requires employers and those in charge of work premises to report and keep records of:

- work-related accidents which cause deaths
- work-related accidents which cause certain serious injuries (reportable injuries)
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm)

Respondents were asked about their RIDDOR reportable injuries, and their responses can be found in Table 1⁵. Development-led archaeology had another low year of RIDDOR reportable injuries (see Appendix for all years).

Table 1: Reported number of different RIDDOR injuries 2024-25, for development-led archaeology.

Type	2024-25	2018-25 average
Specified injuries (including fatality)	2	1.14
Injuries resulting in over 7 days absence	0	1.43
Occupational diseases ⁶	1	0.86
Occupational disease other ⁷	0	0.00
Specified dangerous occurrences	0	0.57
Total (n=)	3	4.00

Injury Frequency Rate and Incident Rate

There are two primary injury figures: Incident Rate and Frequency Rate⁸.

- The Injury Frequency Rate is the number of Reportable Injuries for every 1,000,000 hours worked.⁹
- The Incident Rate is the number of Reportable Injuries per 100,000 employees¹⁰.

⁵ The Regulations were last updated in 2013. The 2013 changes mean that the 2009-10 data from the first FAME Health and Safety Injury Survey are mostly not comparable to the data collected by FAME since 2018 and thus not included in any of the tables.

⁶ including carpal tunnel syndrome, tendonitis and occupational dermatitis

⁷ caused by exposure to carcinogens, mutagens & biological agents (including occupational cancers)

⁸ for more information see <http://www.hse.gov.uk/statistics/adhoc-analysis/injury-frequency-rates.pdf>

⁹ Calculated as (Number of Reportable Injuries in the period / Total hours worked (by all employees) during the period) X 1,000,000

¹⁰ Calculated as (Injuries per year / employed) * 100,000

The estimated Injury Frequency¹¹ and Incident Rates for the sector were calculated for this year and can be found in **Table 2** (all years can be found in the Appendix).

Table 2: Estimated RIDDOR Injury Frequency and Incident Rate of respondents to the survey in 2024-25 and the average between 2018-25.

RIDDOR	2024-25		2018-25 Average	
	Injury Frequency Rate	Incident Rate	Injury Frequency Rate	Incident Rate
Specified injuries	0.62	121.29	0.43	77.63
Injuries resulting in over 7 days absence	0	0	0.48	88.57
Occupational diseases	0.31	60.65	0.27	53.31
Occupational disease other	0	0	0.00	0.00
Specified dangerous occurrences	0	0	0.18	35.13

RIDDOR rates context

To put those findings into perspective, an individual working for 40 years full-time in archaeology ($37.5 * 52 * 40 = 78,000$ hours worked) would likely never experience a RIDDOR reportable injury. The highest rate is for 'Injuries resulting in over 7 days absence' at ~.5 per million hours worked, which means that person only has a 4% chance of having such an injury during their working career of 78,000 hours.

Compared to other sectors

The Health and Safety Executive (HSE) provide Incident Rate data for different sectors¹². Given how incident rates are calculated, per 100,000 workers, and the size of the development-led archaeological industry, 4-5k people, one reported accident in archaeology can greatly alter the results. Because of this, we use the average Incident Rates for archaeology from 2018-24. Compared to the construction sector, which we work in and alongside (**Table 3**), Archaeology has better RIDDOR rates, and this average Rate is significantly lower than many sectors, though higher than the lowest sectors, like financial services.

¹¹ Using 37.5 hrs per week x 52 weeks x 1648.89 FTE archaeologists – because we do not know holiday time, these numbers could be deflated by 7% (48 weeks of work instead of 52, assuming a standard four weeks of holiday). Conversely, some may work 40 hours. It is assumed that there is a wash in terms of potential effects on the results. All results should be assumed to be approximate and not precise.

¹² The Health and Safety Executive only reports data using the Incident Rate by Standard Industrial Classification codes (SIC 2007) <https://www.hse.gov.uk/statistics/tables/index.htm#riddor> and does not report on Frequency Rates. However, they do provide a methodology for generating the Frequency Rates for sectors, see <http://www.hse.gov.uk/statistics/adhoc-analysis/injury-frequency-rates.pdf>. In past reports, we have made these calculations, but have stopped doing this as they have consistently shown the Frequency Rate for archaeology places the sector in a similar position as the Incident rate.

Table 3: Calculated average RIDDOR Incident Rates, non-fatal, for different sectors 2024-25 vs archaeology's average of 2018-25

Industry	Total	Specified	Over-7-day
Highest two sectors			
Other manufacturing	1,454	401	1,053
Waste collection, treatment & disposal activities	1,436	388	1,048
Archaeology & Construction			
Construction	280	115	165
Archaeology	167	78	89
Lowest two sectors			
Computer programming, consultancy and related activities	1 ¹³	1	1
Activities auxiliary to financial services & insurance activities	1		1

Non-Reportable accidents and near misses

To gather data on the prevalence of commonly occurring accidents/incidents across the sector, respondents were asked to report the number of accidents and near misses, which were **not** RIDDOR reportable (**Table 4**).

Table 4: Non-RIDDOR accidents and near misses from 2018-25.

Type	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2018-24 avg
non-reportable accidents	147	159	235	285	212	340	236	230
near misses reported	140	133	132	90	30	39	49	94
Total (n=)	287	292	370	375	252	379	285	326

For the third year, to better understand the seriousness of these non-RIDDOR reportable accidents, respondents were asked to report on how many incidents resulted in a day or more of absences from work. This year, 27% of those incidents resulted in any absences (**Table 5**, **Table 6**, **Table 7**), and the majority come from slips, trips or falls and the other category.

¹³ Because of rounding this is one.

Table 5: Non-RIDDOR accidents (resulting in no days absence), 2022- 25, by type.

Type	2022-23	2023-24	2024-25
slip, trip or fall	63	39	43
injured while handling, lifting or carrying	45	70	28
struck by moving object - including vehicles	21	18	20
vehicle related incident (including all business usage)	8	46	41
musculoskeletal injury (repetitive type injuries) ¹⁴	11	7	5
Other ¹⁵	36	101	35
Total (n=)	184	281	172

Table 6: Non-RIDDOR accidents (resulting in 1+ days absence), 2022- 25, by type.

Type	2022-23	2023-24	2024-25
slip, trip or fall	4	12	10
injured while handling, lifting or carrying	0	0	12
struck by moving object - including vehicles	8	0	0
vehicle related incident (including all business usage)	2	3	18
musculoskeletal injury (repetitive type injuries)	6	0	1
Other	8	44	23
Total (n=)	28	59	64

Table 7: Non-RIDDOR near-misses, 2022- 25, by type.

Type	2022-23	2023-24	2024-25
slip, trip or fall	5	6	11
injured while handling, lifting or carrying	0	5	6
struck by moving object - including vehicles	5	0	0
vehicle related incident (including all business usage)	13	3	12
musculoskeletal injury (repetitive type injuries)	0	20	0
Other	7	5	20
Total (n=)	30	39	49

Near misses context

There should be significantly more near-misses reported than accidents – the Health and Safety Executive believes there are ninety near-misses for every one injury.

¹⁴ sustained over a period of time rather than due to a specific accident e.g. repetitive strain injury, tendonitis, chronic back pain.

¹⁵ Respondents could provide more detail on the other category, two did so - 'minor scalding incident when pouring water for making tea' and 'cut using a pen knife'.

Days absence

For the third year, respondents were asked about days of absence relating to injuries, ill health, stress/depression/anxiety and musculoskeletal disorders to better understand what is causing absences. Ill health is, again, the number one driver of absences, resulting in an average of six days lost each year for each FTE archaeologist¹⁶ (Table 8).

Table 8: Days of absence and causes in 2022-5.

Causes	2022-23		2023-24		2024-25	
	days absence	average per FTE	days absence	average per FTE	days absence	average per FTE
injuries	73.00	0.11	56.00	0.06	205.50	0.19
ill health cases	3662.00	5.43	2426.26	2.57	6725.75	6.17
stress, depression or anxiety	526.50	0.78	295.83	0.31	659.56	0.61
musculoskeletal disorder	347.00	0.51	216.50	0.23	500.00	0.46
Total (n=)	4608.50		2994.59		8090.81	

There are HSE data for absences caused or made worse by their current or most recent job. However, this was not specified in the question in this survey and thus cannot be compared. Future surveys will aim to fix this.

Mental health

For the fourth year, we have asked questions about mental health provision. Respondents covering 96% of the FTE staff do track staff mental health concerns (Table 9), similar to previous years.

Table 9: Respondents tracking staff mental health 2021-24.

Tracking mental health concerns of staff	2021-22		2022-23		2023-24		2024-25	
	n	FTE staff	n	FTE staff	n	FTE staff	n	FTE staff
Yes	16	1577.75	11	1391.5	11	1150.1	11	1398.89
No	3	20.1	6	120.1	5	94	4	58.7
Total (n=)	19	1597.85	17	1511.6	16	1244.1	15	1457.59

The respondents track mental health incidents and levels in the following ways:

- Sickness absence reporting procedure x3
- Informal chats x3
- Return to work forms x2
- Specific record, if disclosed x2
- MHFA forms
- Quarterly stress questionnaires

¹⁶ Respondents representing 1089.89 FTE responded to this question.

Those same organisations provide the following mental health provisions:

- Mental Health First Aid x8
- Counselling services x2
- Awareness for Managers Training 2x
- Employee Assistance Programme
- Monthly newsletters offering various services
- Wellbeing Champions
- Involvement in national and site-specific initiatives
- Toolbox Talks
- Other Training Resources



Appendix

Table 10: Reported number of different RIDDOR injuries from 2018-25, for development-led archaeology.

Type	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2018-24 average
Specified injuries (including fatality)	4	1	0	0	1	0	2	1.14
Injuries resulting in over 7 days absence	3	2	3	1	0	1	0	1.43
Occupational diseases ¹⁷	0	0	5	0	0	0	1	0.86
Occupational disease other ¹⁸	0	0	0	0	0	0	0	0.00
Specified dangerous occurrences	0	1	1	0	0	2	0	0.57
Total (n=)	7	4	9	1	1	3	3	4.00

Table 11: Estimated RIDDOR incident rate of respondents to the survey from 2018-25.

Injury frequency rate	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2018-24 average
Specified injuries (including fatality)	2.01	0.16	0	0	0.247775	0	0.62	0.43
Injuries resulting in over 7 days absence	1.51	0.33	0.96	0.2805	0	0.3	0	0.48
Occupational diseases	0	0	1.6	0	0	0	0.31	0.27
Occupational disease other	-	-	-	-	-	-	-	0.00
Specified dangerous occurrences	-	0.16	0.32	0	0	0.6	0	0.18

¹⁷ including carpal tunnel syndrome, tendonitis and occupational dermatitis

¹⁸ caused by exposure to carcinogens, mutagens & biological agents (including occupational cancers)

Table 12: Estimated RIDDOR incident rate of respondents to the survey from 2018-25.

Incident rate	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2018-25 average
Specified injuries (including fatality)	342	31.83	0	0	48.32	0	121.29	77.63
Injuries resulting in over 7 days absence	256	63.65	187.50	54.64	0	58.22	0	88.57
Occupational diseases	0	0	312.50	0	0	0	60.65	53.31
Occupational disease other	-	-	-	-	-	0	0	0.00
Specified dangerous occurrences	-	31.83	62.50	0	0	116.43	0	35.13