



NATIONAL POLICE WELLBEING SERVICE

**POLICE WELLBEING:
A STAGED APPROACH WHEN
DEALING WITH MAJOR INCIDENTS**

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FOREWORD



Oscar Kilo, the National Police Wellbeing Service exists to provide world class wellbeing support for the police family.

We focus on engagement so that we can tune in to the needs of our people. We have built a global network of experts, academics and practitioners to provide guidance which the leadership of the service can actually pick up and use under the extreme pressure of a crisis. The pandemic has tested our commitment and our major incident guidance is structured around the Gold Silver Bronze command structures because we recognise how vital it is for HR and Occupational Health to establish themselves early in the decision making process.

Please share the guidance with your teams, staff associations and operational commanders, asking them to think about their own experiences during the intensity of the pandemic. We are all learning and this guidance will only help us if it shared with an open mind and a determination to keep improving.

Chief Constable Andy Rhodes
National Director, National Police Wellbeing Service.

INTRODUCTION

The aim of this guidance is to provide a framework of support to Human Resources and Occupational Health teams responding to major incidents. The approach is structured around Gold, Silver and Bronze functions and is designed to protect the physical and psychological wellbeing of officers and staff. The list below identifies some of the key stakeholders when developing and providing wellbeing support:

Emergency Planners

Business Continuity

Strategic Management

Operational Management

Resource Management

Occupational Health

Human Resources

Trainers

Post Incident Managers

Federation/Union Reps

Local Resilience Forums

ESTIM practitioners

Peers

Chaplains

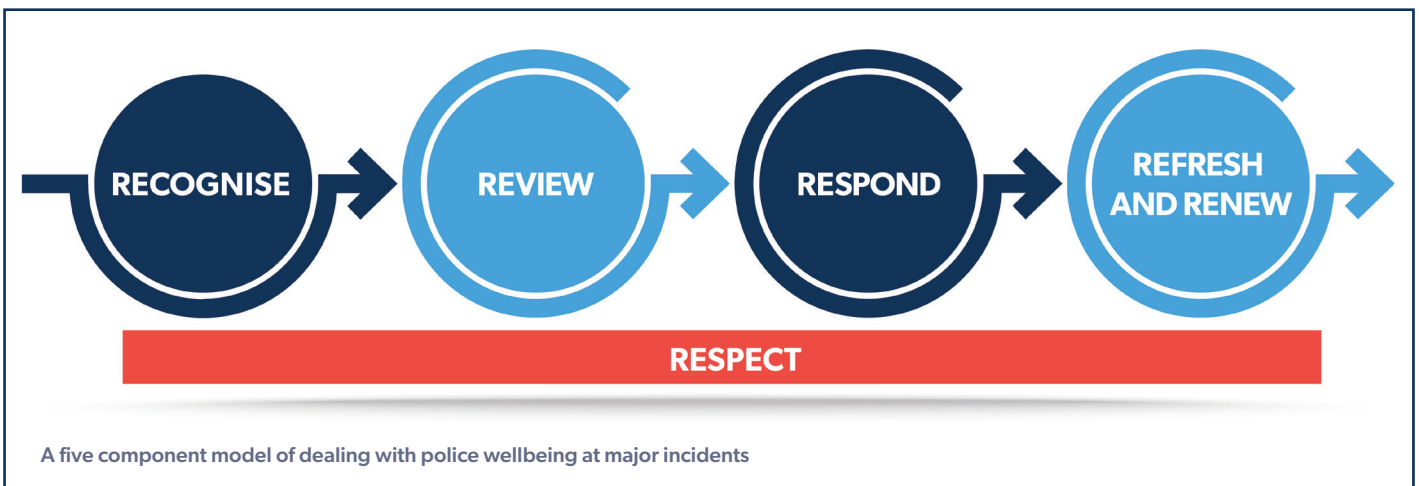
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A five component model of dealing with police wellbeing at major incidents

The five R's staged approach to dealing with major incidents is psychologically informed and designed to capture the essential elements of dealing with major incidents in emergency services.

This guide provides a simplified overview of the guidance available from the National Police Wellbeing Service.

1. **RECOGNISE** the actual or potential risks to the officers and staff of being exposed to a major incident
2. **REVIEW** the physical and psychological risks to officers and staff and opportunities for improvement
3. **RESPOND** to the needs of the situation using two-way communication, empowerment and evidence based practice
4. **REFRESH AND RENEW** by monitoring against agreed performance standards, look for systemic failures and successes
5. **RESPECT** underpins the process through the use of open and honest consultation which uses inclusive approaches to respond to disability and diversity needs



The process of dealing with a major incident should be seen as involving a process of constant review and improvement. To make the process more manageable the response to major incidents has been split into four stages:



1. Preparing to respond to major incidents

Emergency services are well versed in dealing with traumatising incidents and have policies and procedures in place to support their workforces ¹. However, major incidents such as those involving major fires (e.g. Grenfell, Buncefield), terrorist attacks (e.g. Manchester bomb and London Bridge) transport crashes (e.g. Shoreham Air Show, M5 road crash, Paddington rail crash and Leicester helicopter crash), flooding (e.g. Cumbria, Yorkshire, Lancashire and Somerset), chemical attacks (e.g. Salisbury), Deaths on Duty (e.g. Thames Valley, Manchester) and pandemics (e.g. Covid-19, Foot & mouth) can seriously impact on emergency services operations. Emergency services have duties under Civil Contingency and Health and Safety legislation. This dual responsibility means there needs to be a balance between meeting the needs for civil protection with the health, safety and welfare of emergency service professionals.

A. Recognise

Emergency services have a duty towards the community and their employees. Dealing with a major incident is demanding, particularly where there is a lack of training and experience. Some of the areas for consideration are:

- Dual responsibility for meeting the needs of Civil Contingency and Health and Safety legislation.
- Potential psychological harm caused by exposure to major incidents.
- Value of taking Occupational Health advice in identifying and reducing the physical and psychological hazards created by the major incident.
- Advantage of building a trauma informed organisation and workforce.
- Importance of integrating the roles of Occupational Health and Human Resources into all emergency planning exercises.
- Need for clear roles and responsibilities for protecting wellbeing at Gold, Silver and Bronze levels.
- Benefit of undertaking regular major incident exercises which involve protecting the health and wellbeing of emergency personnel.
- Necessity for clinical governance and monitoring of post incident interventions.

B. Review

In consultation with senior leadership, contingency planners, emergency service, OH and HR professionals and stakeholders:

- Identify the top major hazards including: floods, fires, chemical, terrorism, pandemics, civil unrest, communication failures, transportation disaster (air, sea, road, rail), power, nuclear, weather.
- Current level of preparedness for dealing with a single or multiple hazard incident.
- Need for constant and ongoing risk assessments and planning.
- Opportunities for improvement in practices, procedures and interventions.
- Level of trauma awareness at all levels and within all functions.

¹ Hesketh & Tehrani (2019) Psychological Trauma Risk Management in the UK Police Service, Policing: A Journal of Policy and Practice, 13 (4) 377-385
<https://doi.org/10.1093/police/pay083>

C. Respond

- Creation of a local hazard catalogue and the development of “worst case” scenarios involving two or more hazards affecting an area concurrently.
- Regular exercises involving Local Resilience Forums, Gold, Silver and Bronze teams with involvement from OH, HR and other support agencies (e.g. Red Cross, Chaplains).
- Annual major incident exercises involving supporting groups (e.g. OH, HR, Chaplains, Peers).
- Identify the multi-functional infrastructure required to advise and support emergency personnel at gold, silver and bronze levels.
- Increase learning through feedbacks, stand-ups, showcasing and retrospectives.
- Strive to maintain the shared sense of common purpose.
- Focus on sustainable developments.
- Educate supervisors and workers to recognise signs of stress, compassion fatigue and trauma.
- Offer evidence-based psychological interventions.
- Develop a trauma informed major incident policy and procedures.

D. Refresh and renew

- Identify and agree the key success indicators.
- Monitor performance against indicators.
- Acknowledge when current systems/processes are not working.
- Examine systemic influences which may be promoting or preventing progress.
- Restart the cycle and adopt an ongoing process for driving personal and organisational growth.
- Recognising this process will help make the service more resilient to future major incidents.

E. Respect

Underpinning the cycle of change is RESPECT for the organisation, its workers, stakeholders, users and customers showing:

- **Inclusivity:** Recognition and responding to the needs of all without discrimination.
- **Open Communication:** Transparency, truthful, two way, open to discussion.
- **Capacity for growth and change:** A shared sense of purpose, acknowledgement of the pain, ability to learn from adversity.
- **Evidence based support:** Interventions at all levels are based on evidence, levels of experience acknowledged and boundaries maintained.
- **Empathy:** The ability to understand the needs of others without becoming overwhelmed.
- **Compassionate Management:** Awareness of the needs of others, non-judgemental, resilient, accountable and responsible.
- **Social Learning:** Everyone can contribute, diversity of thought is valued, consultation to increase engagement.

2. Acting to reduce the immediate hazards

Once a major incident has been called, time becomes of the essence. Operationally there is a need to find the people and resources to deal with the demands of the situation. However, even in these early stages the needs of the people should not be forgotten. Consideration that OH, HR and other stakeholders can be made available within the first hour.

A. Recognise

It is essential to have a quick and accurate appraisal of the strategic, tactical, logistical and wellbeing hazards involved in dealing with a major incident.

Where necessary OH and HR professionals should be on-hand to provide information and guidance at gold, silver and bronze levels on dealing with people related hazards.

Each employee has their own needs and vulnerabilities, the major incident can have a special meaning (e.g. death of a colleague).

There is a need to consider:

- Who has been exposed? What was their level of exposure? What is their level of vulnerability?
- Personal wellbeing factors including: physical, social, emotional and psychological health.
- Organisational wellbeing factors including: demands, control, support, relationships, role and change.

Supervisors may be impacted by the major incident, but not have the skills to deal with the impact.

Supervisors may be needed to meet the demands of the major incident and require help with demobilising and defusing their teams.

B. Review

Organisations need to review what is available to reduce the immediate hazards to psychological wellbeing by reviewing:

- Is there a bronze wellbeing lead?
- Is there a suitably trained and experienced OH trauma lead available to advise Emergency Service management in the first hours of the Emergency being called?
- Is there a defuser/peer lead to mobilise initial support sessions?
- Is there a way of recording those attending the scene of the major incident and other significant places (e.g. body recovery, mortuary).
- Has a people impact assessment been undertaken to measure situational and personal factors.
- Is there a process of standing people down?
- Do the front line have the support and resources they need?
- How important information be fed back to gold, silver and other stakeholders?
- How often will these briefings need to take place?
- How flexible is the organization in providing support?

C. Respond

- Senior management visibility in leading the response to the major incident and the support of the emergency service personnel.
- Briefings at silver/bronze levels to co-ordinate responding.
- Appointment of a Bronze/Silver People Lead.
- Providing time, space and resources to allow demobilising and defusing to take place.
- Ensure OH facilitates the supervision and support sessions for peers.
- Where the PIM process is activated ensure there is support for the manager and officers.
- Where appropriate request additional support including:
 - Oscar Kilo Wellbeing Outreach Service
 - Mutual aid
 - Chaplains
 - Peer Supporters
- Internal communications to individual, team, face to face, virtual together with other feedback channels.
- External communications to families particularly where there has been a serious injury or death on duty.

D. Refresh and renew

- Wellbeing messages may need to be repeated.
- Priorities may change and needs re-evaluating.
- Surveys may be required to monitor levels of stress, trauma and wellbeing.
- Records of support and interventions to be maintained to ensure effectiveness of the intervention.
- Feedback gathered regarding the effectiveness of the initial responses and areas for improvement identified.

Recognise that the active engagement of all stakeholders will help make the organisation more resilient to future challenges and crises.

E. Respect

Providing support for emergency service personnel needs to be done in a way which respects their needs and contribution. Open communication which recognises the needs of everyone including those unable to participate in some aspect of the major incident due to personal circumstances or vulnerabilities is important.

Not everything will go well, pain and loss should be acknowledged, feelings of guilt and regret can lead to long term psychological problems particularly where they are not recognised or transformed into learning. Colleagues can help by showing empathy and understanding.

Supervisors and managers need to be able to understand the needs of their teams without becoming overwhelmed, to be resilient, accountable and responsible.

Recognising that everyone can contribute to supporting their colleagues. All contributions are valuable and should be recognised.

3. Recovering health and resilience

In major incidents large numbers of officers and staff can be psychologically impacted. Even a relatively small major incident could directly involve several hundred emergency service personnel in handling the immediate demands and the longer-term follow-up or investigations. Distributing appropriate and helpful wellbeing and trauma related information to those in need should be a high priority. Most people will recover in the first few weeks, but their recovery can be facilitated and supported by appropriate trauma focussed interventions, screening, assessments and support.

A. Recognise

There needs to be a recognition of the factors which facilitate recovery and to make sure that there is some consideration of how the aftermath of the major incident will be handled in terms of emergency personnel health and workability.

- Major incidents typically arrive suddenly bringing major challenges and threats to the community and workforce.
- The impact is felt by everyone even those with little or remote engagement in handling the immediate response.
- The normal workload does not decrease leaving those handling the normal daily work having to reschedule or to work with reduced resources.
- For some with direct exposure to the incident the magnitude or nature of the responses may be upsetting particularly when they include flashbacks, nightmares and constant state of arousal and sense of threat.
- Those with pre-existing mental health conditions will be particularly vulnerable.
- People develop their own ways of coping which can be disrupted if inappropriate early interventions are forced on them.

B. Review

To ensure emergency services are able to respond to the needs of those experiencing trauma related symptoms they should make sure they have the appropriate evidence based systems, resources, knowledge and clinical support to provide the guidance and interventions:

- Is there easy access to evidence based guidance for emergency service supervisors, personnel and their families in hard copy and electronically?
- Do you know who has been involved in dealing with the incident and their level of exposure?
- Was anyone exposed to a significant physical hazards without the benefit of PPE, what has been done to reassure them regarding their health?
- How many employees have pre-existing mental health problems or experiencing symptoms of trauma or grief?
- Do you have the capacity to offer psychological screening to identify those at greatest need?
- Are there groups who have experienced a particularly distressing aspects of the major incident together? (e.g. witnessing a terrorist stabbing or dealing with a multiple killing).
- How the support can be tailored to meet the needs of a Post Incident Investigation process.
- Do you have trained and experienced OH practitioners and peers competent in delivering a defusing, and a trauma focussed early intervention? (e.g. ESTIM).
- Have you adopted measurement tools to check the effectiveness of the model and progress to recovery?

- Is there adequate clinical supervision and support for those carrying out post-incident interventions?
- Can you offer trauma therapy internally or through external trauma therapists?

C. Respond

It is recognised that most people will recover from working on a major incident and some may find their experiences bring about increased personal awareness and growth. However, a few (between 5- 10%) may go on to develop significant mental health problems including major depression, ongoing anxiety and post-traumatic stress disorder. Responses to the psychological reactions to trauma during the first month needs to focus on providing appropriate support at the right time and in ways to return people to work in good health. Where there are more serious problems a timely referral for treatment (via GP or Trauma Therapy) should be provided.

- Develop a package of guidance relevant to the major incident and available to all major incident responders (consider providing guidance for families).
- Information on the trauma support programme including timing of interventions and how it can be accessed.
- Appointment of a Defusing Coordinator(s) to manage the programme of defusing with clinical governance from Occupational Health.
- Liaison between Bronze People Lead, Defusing Coordinators and Occupational Health.
- Occupational Health to oversee the delivery of the trauma focused intervention (ESTIM) for those emergency responders requiring this level of support.
- Identification of emergency responders requiring defusing or ESTIM interventions using incident screening and incident assessment tools.
- Follow up for everyone going through defusing and ESTIM.
- Referral process for emergency responders not showing signs of recovery.
- Occupational Health to facilitate psychological screening and assessment and to make referrals for trauma therapy or other interventions as appropriate.

D. Refresh and renew

During this stage there should be communication between all stakeholders to review processes, communications and interventions. This should include:

- Gathering the levels of satisfaction with the approach and interventions from all stakeholders
- Identify where processes could be improved
- Review communications and update where necessary
- Identify lessons learnt

Recognise that building resilience following major incidents will help make organisation more resilient to future challenges and crises.

E. Respect

People are individuals and not everyone likes to deal with their traumatic experiences in the same way. There is a need to respect the wishes of those who prefer to find their own solutions. However, the organisation needs to identify psychological fitness to undertake a role. Where people have significant symptoms of trauma or other mental health conditions which may interfere with their safety or the safety of others there may be a need to find them a role where they would be less at risk. Clinicians can provide advice to enable supervisors to protect the wellbeing of emergency responders.

4. Evaluating the effectiveness of the approach

Evaluation is the last stage in dealing with a major incident. To help build more resilient emergency services it is essential to develop a standard approach to the review of capability in dealing with Major Incidents. The purpose of the framework is to encourage a process of quality improvement through the systematic review of processes, procedures and outcomes against specific criteria with the goal of improvements being made at individual, team and service levels leading to further review and increasing improvement in standards.

The review is more than a simple benchmarking process in that it involves a full cycle of improvement including the defining of a standard, measuring performance against that standard and then if any deficits or improvement opportunities are identified is organisational structures, processes or interventions an action plan is developed.

Some reviews can be carried out locally, but others may benefit from joint working with other services or inviting reviews to be carried out by external professionals or as part of clinical audit or tested in a Major Incident exercise.

The framework should be regarded as part of a wider programme of review which also includes the Blue Light Wellbeing Framework ² and the Foundation Occupational Health Standards for Police Forces ³.

A. Recognise

- The HSE recognises that emergency responders face significant and serious physical and psychological dangers during the course of their work.
- There is a requirement as far as is reasonably possible for these risks to be minimised
- The HMICFRS has the role of assessing how well emergency services are at building, developing and looking after its workforce.
- The Blue Light Framework and the Foundation Occupational Health Standards adopt a monitor and evaluation process to improve standards
- The Major Incident guidance sets a standard against which emergency services could be measured.
- Occupational Health, Human Resources and Operational emergency service management have a shared responsibility to protect the health, safety and wellbeing of emergency responders

B. Review

Emergency services need to undertake monitoring and evaluation of the effectiveness of each level of the post-incident interventions. Real life monitoring and evaluation of post-trauma interventions in policing is problematic due to the high number of incidents and the impracticality of using the so-called 'gold-standard' Random Controlled Trials. In policing, dealing with crisis, disaster and trauma is not an experiment; it is a way of life. Nevertheless, central to policing is the continual quest for best evidence and for this reason there is a keen interest in finding out what is best practice in terms of policy, procedure, training and intervention in this field.

² Hesketh, I., Williams, S. (2017). 'Blue Light Wellbeing Framework.' College of Policing Ltd. Available at: <https://oscarkilo.org.uk/wellbeing-framework/>

³ National Police Wellbeing Service (2019) Foundation Occupational Health Standards for Policing <https://oscarkilo.org.uk/foundation-occupational-health-standards-for-police-forces/>

C. Respond

The NPWS has developed a framework for assessing performance in trauma and post-incident management. This framework can be found in the full guidance for managing major incidents which is available on the Oscar Kilo site. The framework, which has the same structure as the Blue Light Wellbeing Framework, is in three parts:

1. Primary service related

- A UK Policing strategic framework for trauma and post-incident management
- Engaging professional groups including: OH, HR, H&S, Emergency Planners in developing effective disaster management planning for police officer and staff wellbeing
- Initiating annual disaster planning exercises (2 table top per year) including Mobile Outreach Service deployments

2. Secondary service related

- Identifying the trauma related risks faced, or likely to be faced in policing
- Highlighting those who may be directly or indirectly affected by trauma
- Approaches to reducing the risks and mitigating the impact of traumatic incidents
- Training for line managers, supervisors, Occupational Health and Human Resource professionals in delivering in procedures to reduce the impact of trauma exposure
- Gold group input on Trauma, Post Incident and Disaster Management in Policing, including deployments criteria for the Mobile Outreach Service

3. Tertiary service related

- Monitoring and screening of exposed individuals
- Creating Peer Supporters in the skills to delivery of post incident assistance
- Introduction of the ESTIM
- Engaging OH professionals in assessing and supporting officers and staff with symptoms of traumatic stress
- Adopting a protocol for the use of internal and external trauma counselling and other post incident services
- Evaluating post-trauma interventions
- Integrating new research into the biopsychosocial model of trauma into practice

D. Refresh and renew

The NPWS is also committed to help Emergency Services by reviewing its support and guidance by consulting with the police and fire services in addition to gathering feedback and evaluation data. Where appropriate additional guidance will be produced and research published. The following are examples of areas where there will be a constant re-evaluation and improvement:

- The NPWS Minimum Standard of Trauma, Post-Incident and Disaster Management
- NPWS best practice guidance and support to police forces on developing the professional frameworks for OH, HR, H&S and Emergency Planning on protecting the wellbeing of officers and staff
- Table top disaster management exercises and training (two per year over five years)

- Trauma role risk assessment tools to assess levels of risks within roles
- Individual trauma risk assessments
- Trauma Aware and Trauma Informed training for peer and line managers
- Trauma screening
- Early Intervention Model for Policing
- Training for OH professionals in Early Interventions/Trauma Focussed CBT/Psychological Structured Interviewing
- Recommendations on engaging trauma therapists/trauma psychologists

Recognise that by introducing a continual process of monitoring, reviewing and improvement emergency services will become more resilient to future challenges and crises.

E. Respect

The NPWS recognises and respects the autonomy of individual emergency services determining the best way to serve their community and support their emergency responders. The goal of this programme is not to create a one-size fits all but rather to concentrate on a culture of continual improvement where each emergency service is open to learning and developing its capacity to meet complex and diverse needs of its community and workforce. We will respect emergency services who work to create safe, appropriate and effective post-incident management and support best on best practice and rigorous evaluation and benchmarking.

CONCLUSION

It is recognised that no two incidents are the same and therefore it was important to set out a model that can be adapted to the circumstances of any major incident event, from a terrorist attack and natural disaster to a major health event such as COVID-19. This guide also addresses potential dilemmas between duties under Civil Contingency to protect the population and duty of care under Health & Safety legislation to protect the workforce. This five component model provides a framework to support Human Resources and Occupational Health in responding to major incidents and emphasizes the importance of a coordinated focused approach to wellbeing support of personnel across the four stages of a major incident; whilst enabling forces to adapt to their own circumstances and resources.

This guide provides a simplified overview of more detailed guidance documents available from the National Police Wellbeing Service.



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