

Police wellbeing and major incidents guidance update



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**The National Police
Wellbeing Service**



**College of
Policing**

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Introduction

In 2018, the National Police Wellbeing Service (NPWS) carried out an extensive review of major incident wellbeing support which resulted in the 'Police wellbeing and major incidents' guidance being developed and later published (Tehrani, N., Hesketh, I. & Eades, L. (2020)).

The guidance provides forces with a framework and a five-component model adhering to gold, silver and bronze command protocols and was used to good effect during COVID19 particularly. The guidance remains relevant and should be used by specialists in police forces as part of the wider contingency planning regime.



More recently, that guidance was applied following the major incident and subsequent disorder in Southport in summer 2024. The NPWS also provided support to the Operation Navette gold command, supporting co-ordination in key areas such as Occupational Health (OH) collaboration.

The HMICFRS review of Operation Navette and learning from within the gold group has since enabled the National Police Wellbeing Service to look at refreshing the guidance so that the inspectorates' recommendations are addressed, the post incident learning is taken forward and new developments in national wellbeing capabilities are incorporated.

This update document is the result of that work.

Purpose of this document

This document does not replace the existing 'Police wellbeing and major incidents' guidance. It seeks to add to it, to provide a more practical and accessible prioritisation list for leaders operating at gold, silver and bronze levels.

It also does not replace existing emergency plans in specialist areas such as CBRN nor will it duplicate legal requirements under the Health and Safety Act or similar legislation e.g. working time directive.

What it does provide is a simple, accessible 'game-plan' that can be quickly implemented. It provides action lists for four key roles which can be used pre, during and post major incidents whether pre-planned or spontaneous. The four roles:

- **Gold commanders**
- **Silver commanders**
- **Bronze commanders**
- **Occupational Health leads**

The National Police Wellbeing Service will use a variety of channels to ensure that this update is accessible and available to those in these key roles. This will include, but not limited to:

- **The Police Executive Leaders Programme inputs**
- **Gold POPs courses**
- **Force CPD**
- **Force / OH liaison and network inputs by Chief Medical Officer / NPWS OH team**
- **The NPWS website – www.oscarkilo.org.uk**

Background: The HMICFRS review.

The fatal stabbings of Bebe King, Elsie Dot Stancombe and Alice Da Silva Aguiar in Southport on Monday 29 July 2024 triggered a rapid spiral of violent disorder across the UK. Local forces tackled early flashpoints, but the scale and ferocity of assaults, criminal damage and attacks on officers soon out-stripped regional capacity.

At first, the police responded to incidents of disorder at local and regional levels. Forces collaborated quickly as the violence escalated. After several days of extensive violence, the police service decided it had to respond more widely to stop the disorder, especially in the north of England.

On Monday 5 August, the National Police Chiefs' Council authorised Operation Navette. Managed jointly with the National Police Coordination Centre, from 7 August, the mobilisation became the largest deployment of public order and public safety (POPS) officers since 2011: 1,622 police support units delivered roughly 40,000 duty days. Peak resourcing came on Saturday 10 August, the opening day of the English Football League season, when 6,675 POPS officers were on the streets, reinforced by regional organised crime units, RICC's, Counter Terrorism Policing and the National Crime Agency.

With violence subsiding by Monday 19 August, Operation Navette moved into recovery and forces returned to routine duties. On 6 September 2024, the Home Secretary commissioned a rapid review of policing's cross-force response.

On the 18th of December 2024, 'An inspection of the police response to the public disorder in July and August 2024' was published. This first report presented the findings, recommendations and urgent lessons arising from local, regional and national actions during the disorder. Three themes were identified as a result of this inspection. Each with their own recommendations.

This document, and subsequent updates and additions to the major incident guidance focus on the findings and recommendations from the third theme 'How the wellbeing and resilience of officers might be affected by repeated exposure to incidents of disorder.'

Findings in relation to the third theme: ‘How the wellbeing and resilience of officers might be affected by repeated exposure to incidents of disorder.’¹

Officers must respond to incidents of violence and disorder that place them at risk of harm. The review examined how the recent violent disorder had affected their resilience and wellbeing. The review also wanted to identify what support was available to them during and after the disorder.

The review found that the psychological and physical rehabilitation support forces gave to officers during and after the disorder was inconsistent. Officers responded positively when forces provided systematic and well-planned wellbeing support. But when forces considered their wellbeing as an afterthought, they felt let down. This tended to be when a force hastily completed its plan to deal with the effects of responding to the disorder.

Officers acted bravely and many were injured during the violent disorder

Commanders and senior officers described exceptional levels of violence. One interviewee said:

“The violence was sustained and directed with extreme malice and with an intent to seriously injure police officers.”

Another stated that:

“What we saw this summer was simply not peaceful protest. It was concerted violent attacks on police officers who were doing their job protecting the public.”

¹ An inspection of the police response to the public disorder in July and August 2024: Tranche 1 - His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services

In a witness statement compiled for court proceedings, one POPS commander reflected on what had happened, saying that:

“The vitriol and violence directed towards officers was extreme.”

We learned how some senior police leaders attended local hospitals to visit and support injured officers. Officers spoke highly of their personal support.

Some forces had particularly good plans in place to deal with injured officers. For example, one force transferred injured officers to a safe place where the ambulance service assessed their injuries.

But officers didn't always get the help they needed.

Some told us about how they had to make their own way to hospital, or how they waited for triage and treatment when still in uniform. This shouldn't happen. Forces need to make sure they work with ambulance services and hospital trusts to put in place effective protocols that support the treatment of injured officers.

Officers suffered from dehydration, hunger and exhaustion

Because of the arduous nature of policing scenes of violence and disorder, officers need easy access to drinking water. This is particularly the case during prolonged deployments. Some forces made sure officers remained hydrated. But in other cases, water supplies were too far away, or forces simply ran out of supplies altogether. This put officers' health at risk and reduced their resilience. We learned that some officers needed medical help due to dehydration.

The supply of food and nutrition is equally important. Some forces were better than others at making sure officers were fed. But some officers needed to source food themselves. Accessible toilet facilities also need consideration. Some officers told us that they restricted their water intake over significant periods of time because there were no toilet facilities.

We learned that this particularly affected female officers, whose one-piece personal protective equipment overalls make accessing toilet facilities even more difficult. Female officers told us that forces need to make two-piece protective overalls available. We agree.

The Police Federation's welfare vans supported officers and staff during the disorder. But it is unclear whose responsibility it is to deploy them. This means they weren't always used. It highlights the need for a more considered approach.

The NPWS, charities and other organisations supported officers by providing them with drinks and meals. We were impressed with the assistance given by the Rapid Relief Team. It offered food, drinks and rest spaces for police officers away from the disorder, which they appreciated. But policing shouldn't have to rely on charitable provision.

Most forces planned to rotate their officers and give them rest breaks. But these plans didn't always consider the potential of the disorder lasting more than a few hours. The hot weather in late July and early August 2024 contributed to cases of exhaustion and dehydration. We accept that it can be difficult for forces to put effective measures in place during a critical or major incident. But forces need to have the capability to supply officers with adequate food and drinks during extended deployments, and planning and foresight are essential to making this happen.

Offenders targeted some officers disproportionately

Some commanders told us that offenders targeted officers disproportionately. This included supervisory officers (identifiable by insignia on their uniforms), female officers and those who could be identified as from ethnic minority backgrounds. Commanders were particularly concerned about deploying officers from ethnic minority backgrounds because of the level of animosity directed towards them.

The NPCC's 'Mobilisation Operational Guidance (PDF document)' states that:

"Inclusivity and workforce representation considerations must be threaded through the core of any operation, from the planning stage through to delivery and debrief."

Police operations need to consider the wellbeing of officers and should include inclusivity and representation at all stages. When officers are targeted disproportionately, it can have a profound effect on them, including their relationships within their communities.

A clear link exists between feelings of safety and wellbeing. Offenders may target certain officers at scenes of serious disorder and afterwards. Forces must consider these possibilities and take steps to mitigate it.

Public order public safety officers may need additional support

The College of Policing, the NPCC and the NPWS don't categorise the role of a POPS officer as high risk. This means POPS officers don't have automatic access to psychological monitoring or the additional support that is available to officers in other high-risk roles, such as child abuse investigation.

The HMICFRS have previously made recommendations to forces about the wellbeing and support of police officers. In their 2023 report 'Police performance: getting a grip', they recommended:

"Forces should review their proactive wellbeing support for officers and staff in high stress roles and situations. They should make sure that it includes targeted support that goes beyond mandatory annual psychological screening."

Particularly in police forces that face frequent, extensive and severe disorder, there may be a case for reconsidering the status of POPS officers and including them in the definition of high-risk roles. And, on a case-by-case basis, officers deployed in hostile incidents may need to be considered for additional support, especially if their involvement was for a prolonged period.

The Police Covenant: police treatment and rehabilitation

The Police Covenant was introduced under the Police, Crime, Sentencing and Courts Act 2022. The Covenant recognises the unique challenges of policing and acknowledges the sacrifices made by those who work or have previously worked in policing.

The ‘Police Covenant Report 2024: Annual Report’ states that the legislation places a duty on the Home Office:

“To take steps to address detriment suffered by members of the police workforce, their families and those who have left policing relating to their health and wellbeing.

“It is intended to ensure that officers, staff, volunteers and their families are not disadvantaged as a result of their service in the police and seeks to mitigate the impact that this may have on day-to-day life.”

The 2024 annual report outlines planned work on a review of the Police Treatment Centres, to include ‘an assessment of the funding models which underpin the Police Treatment Centres (PTCs) to fully understand the sustainability risks moving forward’.

This is important because the police treatment and rehabilitation centres across the UK offer specialist physical therapy and mental health support. Two of the centres are governed by one organisation, known as the Police Treatment Centres. The other, Flint House Police Rehabilitation, is a separate charity. All three provide treatment for police officers and others, but they operate differently.

The Police Treatment Centres receive no government funding. To be eligible for treatment at one of them, an officer must fund it themselves through monthly subscriptions. This contrasts with the services available to injured military service personnel.

Some forces contribute generously to these residential rehabilitation services, but others don’t provide any funding at all. The Police Treatment Centres depend on officers’ subscriptions for around 85

percent of their funding. They rely on forces' contributions and other income generation for the remainder. These centres carry out a vital role in supporting officers. Applications to their wellbeing programmes increased after the recent disorder.

It is difficult to understand why the Police Treatment Centres and Flint House aren't fully funded by contributions from every police force and the Home Office. Officers shouldn't have to pay for their own treatment or rehabilitation from physical or emotional injuries sustained while on duty. Chief constables and police and crime commissioners should play their part. We also hope that the Police Covenant's proposals to review the funding of the Police Treatment Centres makes a positive difference.

The police service could make better use of the support offered by the National Police Wellbeing Service

The National Police Wellbeing Service (NPWS), also known as Oscar Kilo, was introduced in 2019 to provide support and guidance for police forces across England and Wales on improving wellbeing. It operates from the College of Policing and works closely with the NPCC.

We found that the NPWS played an important role in supporting the police response to disorder. This was initially through the deployment of its wellbeing vans to Merseyside within 24 hours of the events in Southport. The NPWS fleet of ten vans can be used to provide officers with basic refreshments, rest areas and medical support. As the disorder spread, the NPWS sent its vans to several other forces. This offer of support was made directly to forces by the NPWS and not through any gold group structure.

A senior NPWS representative supported the NPCC and forces throughout Operation Navette. For example, the NPWS lead assembled 78 occupational health and welfare professionals at an early stage of the disorder. This helped the NPWS to offer the NPCC and forces useful advice about officers' wellbeing, resilience and support, especially if the disorder continued over a long period.

But the NPWS doesn't form part of the police command structure for major incidents. This means the support it gives takes place through less formal and unstructured processes. It is reviewing how it can have more effective links with National Police Coordination Centre and police command structures. The NPWS believes it could have made a greater contribution if it had been included in operational decision-making about wellbeing issues.

We feel that the police service needs to actively consider how it can use and support the NPWS when it responds to widespread disorder.

Forces should look for the effects of psychological injuries on public order public safety officers

Forces use different methods to collect information about injuries to officers. This means that national data on officers' injuries may be unreliable. This is especially the case in respect of psychological injuries, which are often not immediately recognisable.

The NPWS introduced Operation Hampshire to help the police service respond more effectively to assaults on officers. Forces can use an app to report details of assaults and injuries, including psychological injuries. The app has been recommended by the College of Policing.

But some forces appear reluctant to use the Operation Hampshire app and guidance. Their reluctance seems to be based on the additional administrative requirements involved. The NPWS states:

“Using the Operation Hampshire approach would provide a deeper understanding of the true levels of violence used against officers and staff and bring the data together to provide a national overview”.

We agree. If all forces consistently supported the NPWS in the use of Operation Hampshire, it would benefit the police service and injured officers and staff.

The NPWS also offers training in trauma support through the emergency services trauma intervention programme. This programme aims to reflect best practice in early trauma interventions.

Most forces have some form of post-trauma support that officers and staff affected by an incident can access. But forces don't always follow the best practice approaches of the programme. Some officers spoke positively about the support available to them after the disorder. But not all of them felt this way. Where best practice in post-incident trauma support exists, forces should adopt it and integrate it with other wellbeing services.

Recommendation 3

With immediate effect, the National Police Chiefs' Council and Chief Constables, working with the College of Policing and the Home Office should create a plan and begin work to improve the wellbeing support the police service gives to its officers and staff. They should plan to:

- Create formal protocols with ambulance services and hospital trusts for the treatment of police officers who are injured on duty;
- Assess how public order public safety planning and mobilisation, at force, regional and national levels, considers and prioritises the well-being of officers and staff, such as making sure they have access to food and drink, rest and rotation, personal protective equipment and toilet facilities;
- Consider whether public order public safety roles should be defined as 'high risk', particularly in police forces that face frequent, extensive and severe disorder;
- Review whether officers deployed in hostile incidents need additional support on a case-by-case basis; and
- Examine the level of contribution that each police force, and the Home Office, makes to police treatment and wellbeing centres, so that all officers and staff who need treatment can access it.

Operation Navette – additional wellbeing lessons learnt

- A formal OH collaboration arrangement is required to ensure plans are in place, agreed and tested ahead of large-scale major incidents.
- More work is needed to identify gaps in major incident welfare support working with the police treatment centres, the wider police charity sector and the NHS.
- Protocols to provide gold support from NPWS must be established and tested with NPOCC.
- Recording of injuries / hospitalisations must be collected more accurately and frequently.
- Psychological Risk Assessments must be extended to all operational facing roles to ensure early intervention systems are in place.

Developments in national capability 2018-2025

- A Police Covenant for policing in England and Wales was established in 2022 establishing a commitment to protect the physical and psychological safety of serving officers and staff as well as families and leavers.
- A Chief Medical Officer for policing is now in place providing expert guidance and coordination of clinical issues and coordination of a resilient Occupational Health network.
- The NPWS has developed forward deployment assets which are frequently used in support of major incidents
- NPWS provides a range of courses in key areas such as mental health peer support, OK9 dogs, peer debriefing and Operation Hampshire assaults support.
- The NPCC Health Safety and Wellbeing Board provides a channel into policing for a new national wellbeing strategy and workforce prioritisation guidance which is aligned to this refresh of the major incident guidance.

GOLD, SILVER, BRONZE AND OCCUPATIONAL HEALTH ACTION LISTS

GOLD COMMANDER

Role clarity

The following responsibilities are owned by the gold commander:

- Explicit reference in the gold strategy of the aims and objectives in respect of optimising the physical and psychological protection of all staff deployed. Ensure cascaded through all policy logs.
- A good level of knowledge in relation to existing force / national wellbeing capabilities.
- The force ensures its senior leaders are familiar with the major incident guidance and have tested its resilience and effectiveness.
- Integration of wellbeing into the planning process alongside established risk assessment processes with welfare roles identified at GSB levels.
- Put into place effective and accurate reporting systems to capture assaults, injuries, hospitalisations and psychological injuries.
- Actively engage and support the force Occupational Health / welfare teams ensuring they can input at GSB decision making fora.
- Look ahead to anticipate demand / finance / harm emerging long after the incident has ended.

Priority actions

1	Nominate a gold welfare lead and establish their role in the gold strategy. In the event of national mobilisation they will be required to attend a national gold welfare meeting as and when scheduled by NPOCC.	
2	Task gold welfare to establish a sub-group to coordinate GSB welfare activity, initiate data collection, problem solve and report key risks into gold.	
3	Logistics matter. At every key decision consider the wellbeing impact on officers and staff deployed considering issues ranging from equipment, recovery time, fatigue, hydration, refreshments, toilet facilities, refrigeration for medication to family support if hospitalised.	
4	Task gold welfare to liaise directly with all the NHS acute trusts in force area to clarify protocols for injured staff. There must be a working assumption that injured staff do not wait for treatment in the same location as arrested persons for example. Likewise, the established SOPs for needle stick injuries and blood borne viruses must be well understood by line managers and A & E departments.	
5	Adopt a professionally curious approach to the realities of staff deployed to frontline roles using multiple channels of engagement. Primarily through an effective GSB communication process but also consider snap surveys, on-site visits and close liaison with staff associations and networks.	
6	Check finance code is available and claim parameters set by national gold.	
7	Consider public order officers and staff as 'high risk' roles requiring individual support plans in the event of injuries and psychological risk assessments (PRAs) as the norm.	

SILVER COMMANDER

Role clarity

The following responsibilities are owned by the silver commander:

- Clarity of the gold strategy aims and objectives so that they are able to be translated into tangible, realistic activities. Never over-promise to under-deliver.
 - A good level of knowledge in relation to existing force / national wellbeing capabilities.
 - Silver leaders are familiar with the major incident guidance and have tested its resilience and effectiveness.
- Responsible for establishing an effective silver cell comprising key staff from relevant roles such as Occupational Health, Health and Safety, Operation Hampshire etc.
- Responsible for liaison with NHS acute trusts to ensure A & E protocols are in place and line managers are fully aware of the SOPs.
- Responsible for collecting, assessing and analysing workforce health data for assaults, injuries and trauma exposure.
- Reality checking staff support is delivered to the gold command aims and objectives.

Priority actions

1	Convene internal silver welfare cell comprising relevant staff / roles e.g. Bronze leads, mental health peer support coordinators, post-incident coordinators*, HR, OH, H&S, DEI, staff associations / unions, Op Hampshire, comms and engagement lead, staff networks.	
2	Set clear expectations for silver cell in line with gold strategy and task out staff engagement plan with immediate effect.	
3	Identify key roles at bronze and cascade role clarity down to them and set expectations.	
4	Check logistics in particular the availability of water, refreshments and hydration sachets for staff deployed.	
5	Agree data collection requirement (check national requirement).	
6	Agree OH / EAP demand monitoring process immediately and task OH to assess likely risks to service should surge in referrals occur. Consider activating inter-force collaboration support.	
7	Ensure OH / People lead is aware and attending national OH cell	
8	Task out actions to develop a post incident recovery plan with immediate effect.	

* such as CISD, PD or TRiM

BRONZE COMMANDER

Role clarity

Bronze commanders are the most important element of the overall strategy because (a) they are closest to the incident and (b) they will most likely be line managers of staff deployed and as such be best placed to provide post incident contact / support.

The following responsibilities are owned by the bronze commander:

- Gain 100% clarity from the silver cell on their priorities and set realistic goals given the often fluid and dynamic nature of critical incidents.
- Must be both approachable and well informed. Possess detailed knowledge about the services available to staff from within the organisation and externally from charities etc. They are not therapists, and neither are they trained to construct care plans. However, they are responsible for ensuring their staff receive the support they need during and after the incident.
- On the ground liaison with A & E departments in the event of staff requiring urgent care to follow through on gold/silver agreements with acute trusts.
- Knowledge of SOPs to be followed when needle stick injuries or BBV incident occur. If needed, these are accessible for Occupational Health practitioners via the Good Practice Hub on the National Police Wellbeing Service website.
- Engage with staff to identify unforeseen risks / issues or agreed actions which are not being delivered effectively. Be confident in communicating these problems up through the command structure.
- Be the specific point of contact (SPOC) for Operation Hampshire 7-point support plans and data collection as per silver policy.
- Have completed the NPWS Peer Debriefing Model course, available via the National Police Wellbeing Service website - www.oscarkilo.org.uk/peer-debriefing-model-course

Priority actions

1	Read the strategy and become familiarised with the gold and silver plan. Ask for clarity if necessary.	
2	Check the availability of post-incident coordinators or similarly trained staff and start to consider when you might trigger the process.	
3	Be prepared to carry out clinical debriefing before end of tour with all staff involved under your command.	
4	Consider what additional support might be required for staff who are hospitalised in particular family / friends / colleagues involvement.	
5	Ensure you are 100% clear on working time parameters, food and refreshment breaks, kit protocols and what steps you need to take if they are not adequate.	
6	Look after yourself. You are of no use to your staff if you aren't in good shape. Ensure you have what you need to do your job and show confidence in raising concerns if you don't.	

OCCUPATIONAL HEALTH LEADS

Role clarity

The NPWS will support national gold to advise on welfare and wellbeing issues and coordinate the occupational health network to enable reporting on the following:

- Updates from Occupational Health network meeting coordinated by the Chief Medical Officer and Clinical Governance Group.
- Flagging issues like excessive OH demand, good practice and finance requests.
- Assisting to collect and assess assaults and injury data using Op Hampshire SPOCs.
- Convening Police Treatment Centre meetings and Police charities UK meetings.
- Liaison with NHS partners in partnership with Home Office.
- Coordination of outreach van deployments to priority affected area.
- Forward planning with OH, PTCs and charities for longer term demand.



About Oscar Kilo

We want every member of the police service to feel confident that their wellbeing is taken seriously and that they are properly supported by their organisation.

When the people behind policing are supported, the whole service is stronger and better able to protect the public.

Developed for policing, by policing, we offer evidence-based, sector-specific support that's tailored to the unique challenges faced by the service.

We provide national solutions that help forces deliver consistent, cost-effective wellbeing support, saving them time and resources. Through our website, we also offer direct access to help and guidance for officers, staff, their families and those who leave the service.

Sitting with the College of Policing, and working closely with the National Police Chiefs' Council and the Home Office, we want to:

- › help police forces build healthy working environments and meet their legal and moral duty of care.
- › improve knowledge and understanding of help and support available
- › reduce stigma around seeking support or help
- › encourage people to support themselves and realise their own potential
- › improve personal resilience and self-help skills

We want to help people to stay well, feel valued and thrive at work, and at home.

oscarkilo.org.uk
college.police.uk