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**SI0421**

**Wellbeing Hubs**



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## 1. Introduction

The Police Service of Northern Ireland (PSNI) has developed an integrated approach to the wellbeing care and support of officers deployed at pre-planned large scale public order operations.

This includes the implementation of:

- A dedicated Wellbeing and Support Centre (Welfare Hub);
- Enhanced First Aid support; and
- A Concussive Impact Protocol (i.e. Procedure for Managing Concussion).

**Operational Tactical Development Unit (OTDU)** are available for advice and assist all districts in coordinating the planning of the delivery of the Wellbeing Hub.

This Service Instruction should be read in conjunction with [SI3317 Major Incidents, Section 13](#).

## 2. Planning

### Events Planner

When notification of a large pre-planned public order deployment is received by the PSNI it is forwarded to the appropriate District Events Planner.

The Event Planner considers the scale of the event and forwards to the District Commander to assess the level of response required and identify the possible need for a Wellbeing hub.

**Notification can be from anyone and by any means including a 11/1**

## 3. District Commander

On notification from the Events Planner the District Commander identifies who will be the Gold and Silver Public Order Commanders.

### Silver Commanders

The Silver Commander evaluates the assessment criteria and:

- Determines the appropriate wellbeing deployment option in line with the [Wellbeing Deployment Matrix](#);
- Notes this requirement and their associated rationale in the Event Policy Log; and
- Requests the operational deployment level via the Operational Support Department (OSD) Hub.

Where more than one District is involved the event's Gold Commander will advise.

### **OSD HUB**

The OSD Hub will consider the request and activate accordingly via the tasking process and forward to the District's Welfare Bronze Commander.

### **Welfare Bronze Commander**

The District's Welfare Bronze will plan the Organisation of the Welfare Hub. They will liaise with Head of Custody Healthcare, Host District's Premises Manager and the following who in turn coordinate with other Agencies (e.g. Ambulance Service, etc.) to ensure all the necessary equipment and services are in place for the Wellbeing Hub.

Heads of Branches will cascade the information to their relevant personnel as per below:

- First Aid Trainers, Public Order First Aiders (POFA), PSNI D13 trained Officers and NI Ambulance Service (NIAS) Hazardous Area Response Team (HART).
- OHW Branch to Physical Health & Education and Occupational Health personnel.

- OTDU to Police Search and Rescue Coordinator (PSAR) to NIAS Hart Manager.

## **4. Implementation**

The Welfare Hub will provide a number of [medical services](#) including:

**Enhanced medical support** from POFA Teams, PSAR D13 and HART paramedics who can assist and advise on minor injury and illness treatment, including the requirement for escalation to additional clinical support.

The HART Paramedic and the PSAR D13 trained Officers should field assess any Concussive Impact / Secondary impact injuries that occur. ([Appendix C](#))

However, this provision is for minor/non-emergency treatment **only** and anything greater than that must be forwarded to the Hospital Emergency Department.

**Facilitation of short term rest, recuperation and rehydration area** under the observation of a PSNI D13 trained Officer and Welfare Hub Staff.

**Enhanced Operational First Aid Support**

will be provided by:

- PSNI Public Order First Aiders
- Enhanced D13 trained officers and
- NI Ambulance Service Hazardous Area Response Team (HART) paramedics

**Enhanced Wellbeing Support** will be provided during the event to enable access to a range of services and support and the co-ordination of practical assistance including:

- Contacting and assisting next of kin;
- Assistance with accessing HR;
- Services such as peer support;
- Specific arrangements regarding concussive impact referrals are outlined in [Appendix C](#); and
- Provision of Refreshment Services.

**Enhanced administration** clear connection/communication is necessary between the Welfare Bronze, Silver and Gold Commanders to provide a clear picture of the event.

**Emergency Department Liaison Officers (EDLOs)** will be identified by Silver Command and will:

- Provide enhanced administration,

- Provide clear linkages with Silver and Gold Command,
- Assist in the reporting of officers injured, (including the seriousness and disposal pathways), and
- Assist in obtaining clarity of information from hospitals.

This role will be carried out within hospital premises on Callsign - Sierra Oscar 912 (The volume of EDLOs can be increased / decreased depending on the necessity).

Completed post **Unit Returns** will contribute to a better informed injury analysis and provide information surrounding what activity was being conducted when the officer was injured.

**Attendance & Disposal Log**

[Appendix D](#) outlines the Wellbeing and Support Centre attendance and disposal log, which will be completed by officers in the Wellbeing Hub.

**5. Escalation and De-escalation**

Staffing levels for these deployments are initially outlined in the designated profile (by OSD). However during the operation the officer in charge of the *Welfare Hub* should constantly review the operational

staffing level requirements through consultation with; the Silver Commander and key stakeholders, (i.e. HART Manager, FMO, etc.).

**Increase in deployment:**

If an increase in resourcing levels is required:

- Additional staff can be deployed from standby.

**Decrease in Deployment:**

If the deployment is no longer required the officer in charge should:

- Proactively liaise with the Silver and Gold Commanders to confirm stand down.
- Liaise with the host district to ensure the appropriate return of equipment and space.
- Forward a Post Deployment Debriefing to the Head of Public Order & Public Safety, (for contribution to organisational learning).

**6. Welfare Hub Locations**

The following locations have been pre-identified as being suitable for a Welfare Hub:

<b>Area</b>	<b>Station</b>
<u>Belfast</u>	Antrim Road
<u>Northern</u>	Antrim
<u>Derry &amp; Strabane</u>	Maydown
<u>Southern</u>	Enniskillen & Ardmore

Floor plans and associated logistical requirements for the centre have been duly prepared. The centre will provide; suitable areas for examination by a HART Paramedic, refreshments, rest and recuperation areas.

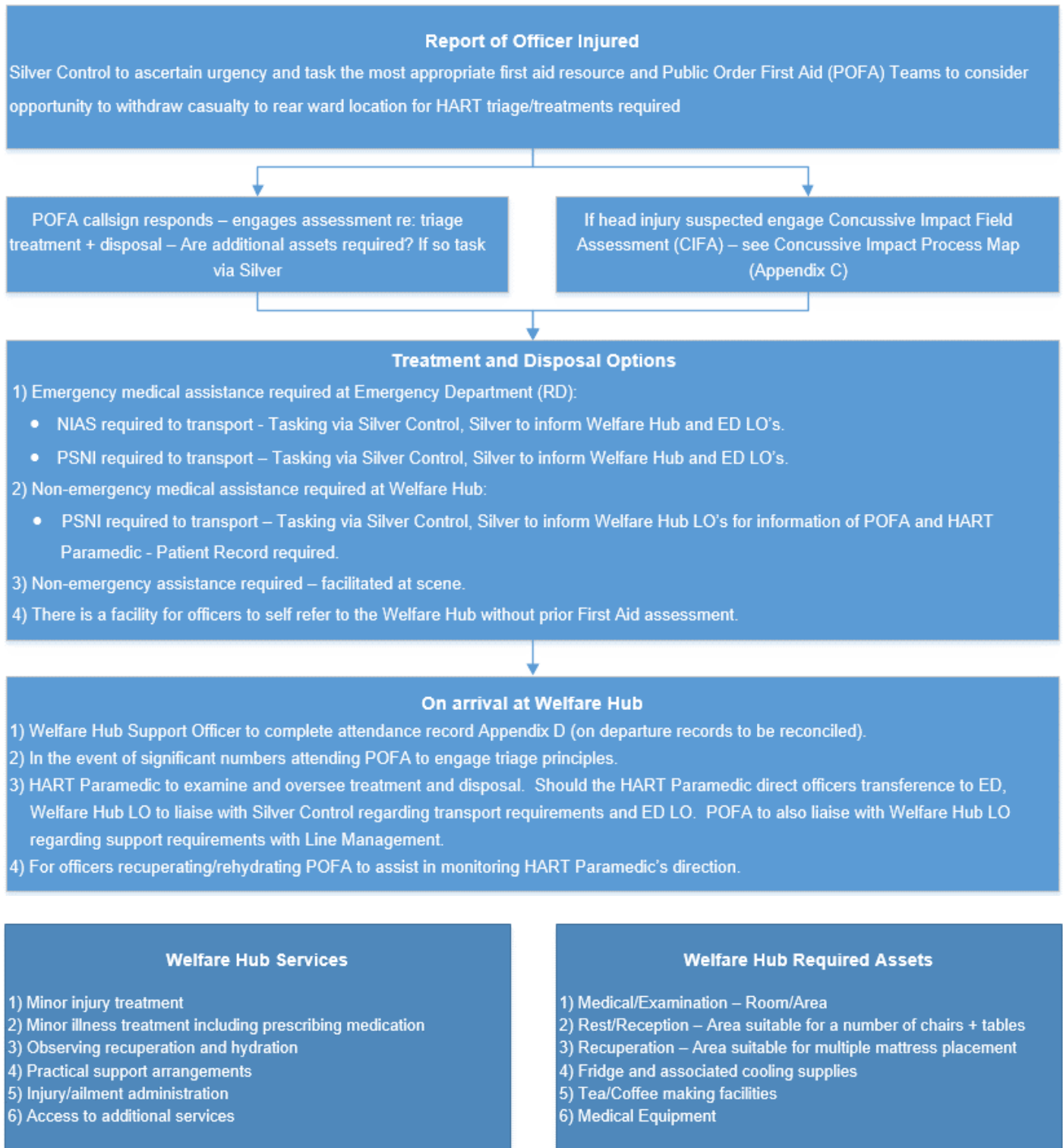
Provision for temporary mattresses will be available for approx. 20 persons - This can be increased should a request be received by the Gold Commander to transform the Centre into an “exigency dormitory location” where officers can avail of short notice rest periods.

## Appendix A Wellbeing Deployment Matrix

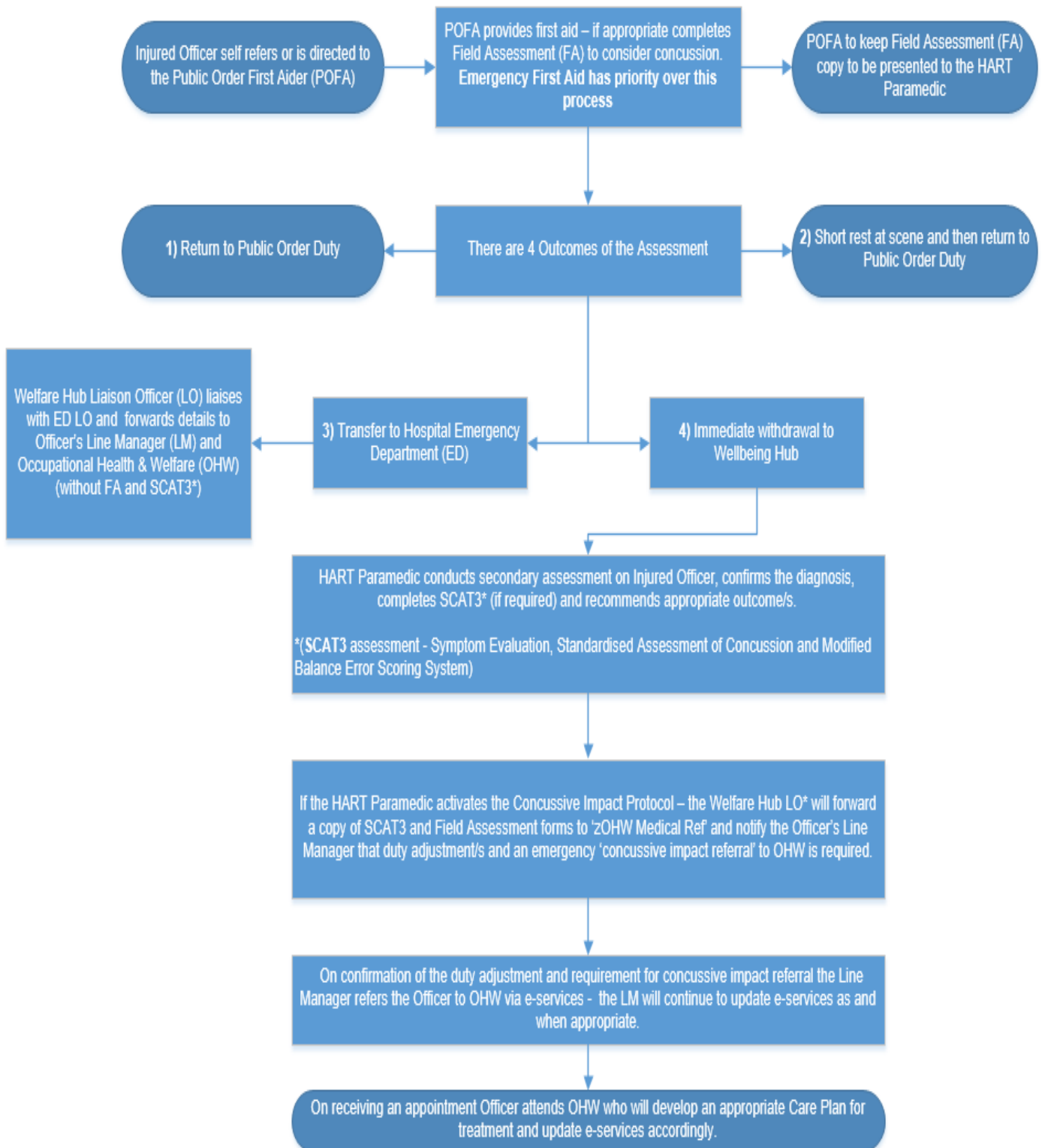
	Threat & Risk Assessment	Wellbeing & Support	Medical Support
<b>No requirement</b>	Small deployment with little or no intelligence to suggest disorder. PO Resources deployed primarily in reserve locations, operation primarily focussed on public safety.	N/A	1. Existing Unit First Aiders
<b>Light</b>	Medium / large level deployment with PO resources being deployed in contingency response. Little anticipation of disorder. Specific geographical focus.	<ul style="list-style-type: none"> <li>Consider basic refreshment services</li> </ul>	<ol style="list-style-type: none"> <li>Existing Unit First Aiders</li> <li>Consider forward base of HART at nearby custody suite</li> <li>Consider District Public Order First Aid Team</li> </ol>
<b>Core</b>	<p>Medium/Large scale deployment, with recent historical precedence for disorder, tension indicators present.</p> <p>Moderate threat level – i.e. possible but not likely</p>	<p>Wellbeing &amp; Support Centre activated.</p> <p>Suggested staffing levels;</p> <ul style="list-style-type: none"> <li>Welfare Bronze</li> <li>Supervisor</li> <li>D13 first aider(s)</li> <li>Support officer(s)</li> <li>Provision of Peer Support</li> <li>Basic Refreshments</li> </ul>	<ol style="list-style-type: none"> <li>Existing Unit First Aiders</li> <li>District Public Order First Aid Team – use local District's radio callsign prefix followed by '911'</li> <li>Consider D13/ HART Ground support SO911</li> <li>Consider Emergency Department Liaison - use local District's radio callsign prefix followed by '912'</li> </ol>
<b>Enhanced</b>	<p>Large scale deployment, intelligence suggests likelihood for large scale disorder with potential for escalation to neighbouring areas.</p> <p>Substantial or severe threat assessment re disorder.</p> <p>Potential for geographical escalation.</p>	<p>Wellbeing &amp; Support Centre activated:</p> <p>Suggested staffing levels:</p> <ul style="list-style-type: none"> <li>Welfare Bronze</li> <li>Supervisor</li> <li>2 x D13 first aider</li> <li>2 x Support officer</li> <li>2 x Post incident Peer Support Team]</li> <li>District Emergency Department Liaison Officer use local District's radio callsign prefix followed by '912'</li> <li>HR officer at Gold</li> <li>Basic Refreshments</li> </ul>	<ol style="list-style-type: none"> <li>Existing Unit First Aiders</li> <li>District Public Order First Aid Team(s) use local District's radio callsign prefix followed by '911'</li> <li>HART located at WSC</li> <li>D13/HART support team SO 911</li> <li>Consider Forward base of additional HART at supporting custody suite</li> <li>Pre-deployment liaison with Public Healthre supporting structures e.g. dental support</li> </ol>



## Appendix B Wellbeing Hub Support Process Map



**Appendix C Wellbeing Hub Concussive Impact Protocol**



**Appendix D Wellbeing Hub Attendance and Disposal Log**

Details to be recorded by officers staffing the Wellbeing Hub on a daily basis and the forms to be retained by the District Commander on termination of duty.

<i>Date</i>			<i>Location</i>		
<b>Name</b>	<b>Service No.</b>	<b>Unit</b>	<b>Time In</b>	<b>Time Out</b>	<b>Disposal</b>

**Appendix E Wellbeing Hub On-Site Head Injury/Concussion Check list**

Name: \_\_\_\_\_ Service Number: \_\_\_\_\_

Observations by you the POFA Date: \_\_\_\_\_ Time: \_\_\_\_\_ hours

<b>Is the Officer:</b>	<b>YES</b>	<b>NO</b>
Unconscious?		
Have they been knocked out, even briefly?		
Moving clumsily?		
Answering questions slowly?		
Showing behaviour or personality change?		
Appear dazed or stunned?		
Scalp wound or leakage of blood/watery fluid from the ear or nose?		
<b>Symptoms reported by the Officer:</b>	<b>YES</b>	<b>NO</b>
Headache or "pressure" in head		
Nausea		
Balance problem or dizziness		
Double or blurred vision		
Sensitivity to light		
Sensitivity to noise		
Feeling sluggish or slowed down		
Feeling foggy or groggy		
Does not "feel right"		

**If any YES answers the Officer should be referred to the FMO**

<b>PUPIL CHECK</b> – normal reacting to light	<b>YES</b>		<b>SLOW</b>	
<b>Does the Officer respond correctly to the questions below?</b>			<b>YES</b>	<b>NO</b>
What is your name and Service Number?				
Where are you?				
Ask Officer Do you remember being hit?				
What was happening before you were hit?				
What station did you leave from today?				
Repeat the days of the week backwards starting with today				
Repeat these numbers backward 63 [36], 419 [914], 6294 [4926]				

**If any NO answers the Officer should be referred to the FMO**

**Circumstances of Injury**

## Appendix F Contact Us

**Service Instruction Author**

**Branch Email**

[OTDU@psni.police.uk](mailto:OTDU@psni.police.uk)