



SUFFOLK CONSTABULARY

ORIGINATOR: CHIEF CONSTABLE

SUBMITTED TO: OFFICE OF THE POLICE AND CRIME COMMISSIONER

SUBJECT: ANNUAL HEALTH AND SAFETY REPORT 2024/25

SUMMARY:

1. The Annual Health and Safety Report provides an update on Health and Safety compliance and performance for the Constabulary during 2024/25

RECOMMENDATION:

1. The Police and Crime Commissioner (PCC) is asked to consider the progress made by the Constabulary and raise issues with the Chief Constable as appropriate to the PCC's role in holding the Chief Constable to account.

1 HEALTH AND SAFETY IN POLICING

1.1 Policing is a dangerous job. In recognition of the challenges faced by both officers and staff, police forces have a duty to achieve excellent standards of health and safety management and to promote occupational health, safety and welfare. The application and on occasion compliance with health and safety law can be challenging for the Constabulary in relation to many of its operational activities because:

- we have to send police officers and staff into dangerous situations, in circumstances whereby anyone else would be seeking to get away from the danger;
- there is often an unrealistic public expectation that police officers and staff will put themselves at risk to protect the public;
- we have to take into account the wider purpose of the Constabulary, including public safety and the legal framework within which we operate, and not act solely to protect our own police officers and staff;
- in fighting crime, the Constabulary is, in effect, reducing the overall risk to the public – however, in doing so, police activities may create other risks;
- many incidents we face occur without warning and individual police officers may, from time to time, be confronted with situations outside their experience and training;
- police officers may need to take actions which put the public and themselves at risk. This is appropriate when the benefits from taking these risks outweigh the sum of all other risks;
- some of the incidents we deal with develop and change at speed;
- we have to prepare individual police officers and staff to be able to make tough and complex decisions in foreseeable situations that may be dangerous, fast moving, emotionally charged and pressurised, even if there is incomplete or inaccurate information about the incident;
- we have to respond to dangerous situations which are not of our own making - this is different to most other sectors where it is the employer's own business that creates the risks; and
- we may not be able to control or mitigate all aspects of our working environment.

2 OUR HEALTH AND SAFETY DUTIES

2.1 The Health and Safety at Work etc. Act 1974 (HSWA) applies to all activities of the Constabulary. HSWA requires employers to ensure the health, safety, and welfare at work of its employees, and to ensure that its activities do not adversely affect the health and safety of other people. These duties are not absolute, and each is qualified by the test of what is reasonably practicable. HSWA therefore, does not require all risks to be eliminated, and the Health and Safety Executive (HSE) who regulate and enforce against the Constabulary recognise this. Even when all reasonably practicable precautions have been taken to deal with foreseeable risks, injuries and deaths could still occur; and it may be necessary to take some risks to secure the wider benefit of public safety.

2.2 HSWA also places duties on employees to take reasonable care of themselves and others and to co-operate with their employer. In essence, this means that police officers and staff should act sensibly and responsibly within the command and control of their employer; they should not act recklessly. However, the Constabulary and the HSE recognise that in protecting the public, individuals may, very occasionally and in extreme cases, decide to put themselves at risk in acts of true heroism. In these rare circumstances, the HSE takes the view that HSWA has not been breached by the Constabulary and that it would not be in the public interest to take action against the individual. Equally, the HSE and the Constabulary, recognise that in such extreme cases everyone has the right to make personal choices and that individuals may choose not to put themselves at unreasonable risk.

- 2.3 Although police officers are office holders, HSWA treats them as employees of the Chief Constable. Therefore, all references to “employees” in this context include both officers and staff.

3 HEALTH AND SAFETY MANAGEMENT SYSTEM

- 3.1 Police officers and police staff expect adequate health and safety management systems that:

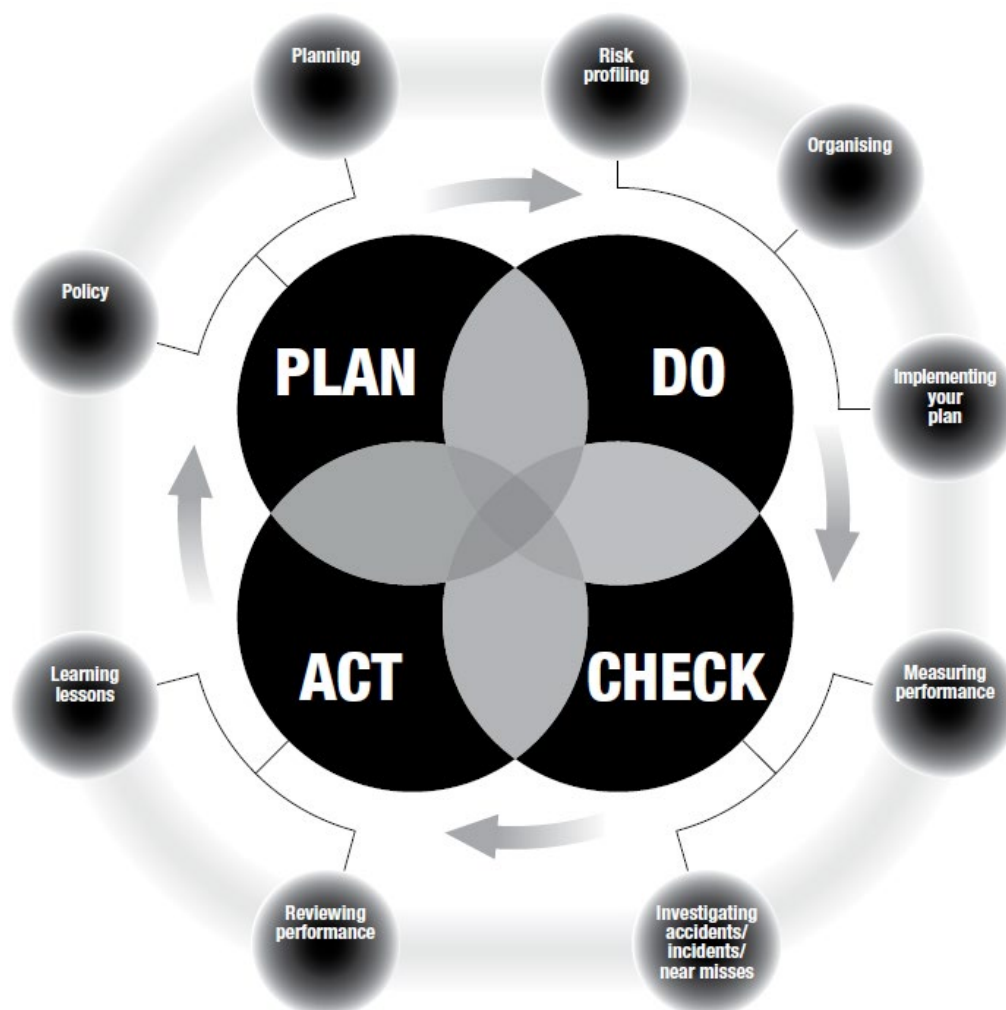
- take account of the bigger picture including the wider legal and regulatory context in which they operate, so that the Constabulary can:
 - fight crime and protect the public through delivery of an effective service; and
 - enable police officers and staff to take appropriate care for their own, their colleagues’ and the public’s health and safety.
- include robust, proportionate and carefully considered and non-bureaucratic risk assessments which:
 - identify significant risks;
 - set out safe systems of work which specify appropriate control measures, equipment and competencies; and
 - are effectively implemented.

- 3.2 The Health and Safety Team, part of the Joint Workplace Health, Safety and Wellbeing service, provide the strategic framework for Suffolk Constabulary to deliver its statutory responsibilities. The Health and Safety Team provide professional advice and support to services, teams and individuals across the Constabulary to ensure the effective and proportionate management of risks affecting the health, safety and organisational compliance. The services provided to do this include:



- 3.3 The management framework is based upon the ‘Plan, Do, Check, Act’ cycle which provides a balance between the systems and behavioural aspects of management. It also treats Health and

Safety management as an integral part of good management generally, rather than a standalone system. This means that health and safety considerations should form part of the everyday roles in all areas.



4 HEALTH AND SAFETY POLICY STATEMENT

4.1 A Health and Safety Policy Statement, as required by HSWA, is jointly signed by the Norfolk and Suffolk Chief Constables and Police and Crime Commissioners. It affirms our commitment to high standards of health and safety for all officers, staff, volunteers, and those affected by our work. This commitment supports the constabulary's delivery plan and vision.

4.2 To support our statutory duties a Health and Wellbeing Strategy is also in the final stages of development. In the context of health and safety this will serve to:

- **Support legal duties** under the Health and Safety at Work etc. Act 1974 by promoting both physical and mental health in the workplace.
- **Prevent harm** by identifying and managing risks to employee wellbeing, including stress and mental health.
- **Improve performance** by reducing absenteeism, boosting morale, and enhancing productivity.
- **Foster a positive culture** where employees feel valued, supported, and engaged.

5 REGIONAL AND NATIONAL ROLES

5.1 The Workplace Health, Safety and Wellbeing Manager for the Constabulary continues to support both regional and national groups either as a representative or in a more supportive role. These include:

- 7 Force Firearms Training
- Chair of the Association of Police Health and Safety Advisers (APHSA).

This group feeds into a number of national groups, including those listed below (ones in bold are where the Workplace Health, Safety and Wellbeing Manager is additionally involved):

 - **National Police Chiefs Council (NPCC) Health, Safety and Welfare Strategic Group**
 - Disaster Victim Identification Steering Group
 - National Expert Reference Group on Mental Health & Restraint
 - Emergency Services Network
 - Defence Science and Technology Laboratory (DSTL) Body Armour and Personal Safety Group
 - Firearms equipment procurement
 - Use of force National group.
 - Uniform Group
 - Railway Industry Consultation Committee
 - Tactics and Tactical Equipment Group
 - NPCC National Strategic Fleet Group
- **NPCC Health Safety and Welfare Group**

Key topics:

 - Review of health and safety governance in a sample of police forces to ensure it has:
 - Sufficient Chief Officer oversight
 - Reenergise health and safety compliance in forces
 - Consideration for defibrillators in every police vehicle with the need to balance policing's primary role and that of the Ambulance trusts.
 - Use of Naloxone for Opioid overdoses. Some 40 forces now have this available but with Suffolk being one that has not adopted other than with the medical staff in Custody.
 - Clinical Governance
 - Personal Protective Equipment – ensuring consistent standards applied.

6 JOINT HEALTH AND SAFETY COMMITTEE

6.1 The Joint Force Health and Safety Committee provides overarching governance for health and safety across Norfolk and Suffolk Constabularies. Meeting quarterly, it holds departments accountable for their performance and includes representatives from key staff associations (e.g. Police Federation, UNISON) and departmental leads (e.g. County Policing Command, ICT, Transport, Specialist Operations, Joint Specialist Crime and Capabilities). It is the primary forum for addressing and resolving health and safety issues affecting staff or others impacted by Constabulary operations.

6.2 Key updates and performance indicators are reported quarterly to the People Board and Joint Chief Officer Team. The Committee monitors:

- Compliance with statutory reporting (RIDDOR 2013)

- Review of operational risk assessments
- Health and safety inspections and monitoring
- Completion of safety and fire checks by Station Responsible Persons
- Safety awareness initiatives
- Fire risk assessments and follow-up actions (Regulatory Reform Order 2005)
- Statutory estates compliance (e.g. gas safety, legionella control)

6.3 Each quarter, the Committee reviews updates on key incidents, emerging risks, and lessons learned to drive ongoing improvement and ensure compliance.

7 ACCIDENTS, INCIDENTS AND NEAR MISSES

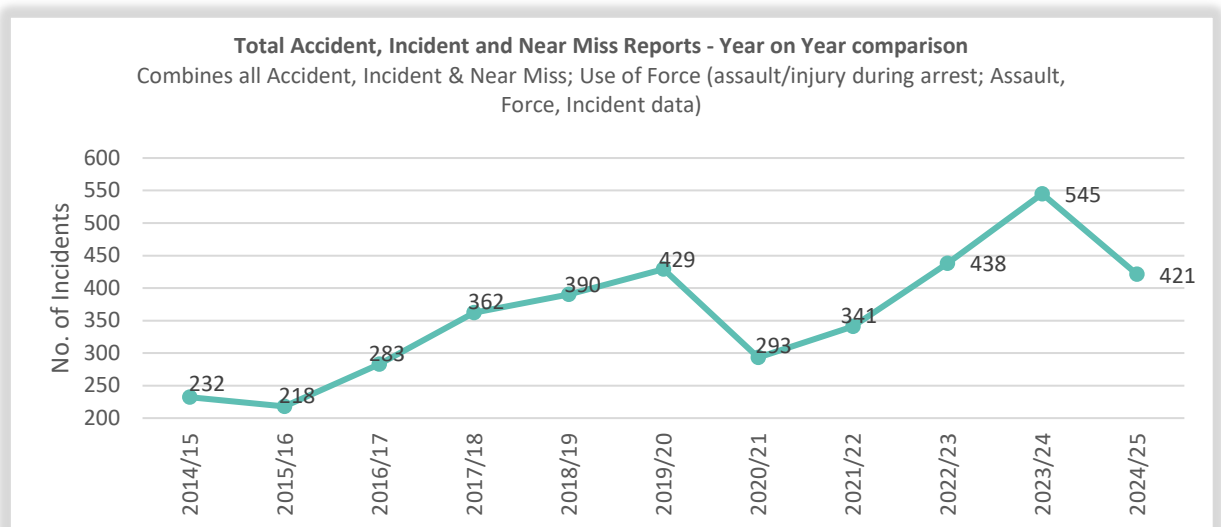
7.1 The Joint Health and Safety Team:

- Provide arrangements and are the responsible and competent persons for the reporting of all accidents, incidents and near misses in the workplace
- Ensure that all reportable injuries, diseases and dangerous occurrences are reported to the Health and Safety Executive in accordance with statutory requirements
- Ensure that accidents and incidents are investigated and where appropriate remedial actions are taken to prevent re-occurrence
- Ensure through accident and incident reporting that statistics and management information exist to enable trend analysis and assist in improving preventative measures through lessons learnt or changes to training such as through personal safety training.

7.2 The AFI (Assault, Force, Incident) form is now well established having been introduced in January 2023 providing a single multi use form to record:

- Officer & Staff assaults (Op Hampshire)¹
- Use of Force
- Accident, Incident, and Near Miss (AIM)¹









7.3 Suffolk has seen a 23% decrease in reports during 2024/25 compared to 2023/24 specifically reporting Accident, Incident, and Near Miss (AIM) and/or Op Hampshire incidents:



¹ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) – requires the constabulary to record and in some cases report certain workplace injuries, dangerous occurrences and occupational diseases to HSE. This includes violent incidents.

7.4 Top Incident Categories

7.4.1 Violence against our officers/staff and Injury During Arrest, consistently remain in the top categories of accidents, incidents and near misses although we have seen a reduction alongside our partners in Norfolk. A detailed overview of all incident categories can be found at **Appendix 1**.

Top Incident Categories Norfolk & Suffolk 2024/25					2024/25	2023/24
	Op Hampshire (Physical, Verbal Abuse, Threat, Hate)	▼ 19%	Norfolk ▼ 16%	594	703	
			Suffolk ▼ 27%	231	316	
	Near Miss	▼ 16%	Norfolk ▼ 15%	104	122	
			Suffolk ▼ 20%	43	54	
	Injury During Arrest	▼ 38%	Norfolk ▼ 31%	79	115	
			Suffolk ▼ 52%	27	56	
	Injury During Training - PPST	▼ 9%	Norfolk ▼ 16%	54	64	
			Suffolk ▲ 19%	19	16	
	Slip, Trip, Fall	▲ 0%	Norfolk ▲ 15%	38	33	
			Suffolk ▼ 21%	19	24	
	Manual Handling / Lifting / Moving	▲ 12%	Norfolk ▲ 0%	24	24	
			Suffolk ▲ 44%	13	9	
	Contact with Fixed Object	▲ 70%	Norfolk ▲ 59%	27	17	
			Suffolk ▲ 100%	12	6	
	Other	▲ 5%	Norfolk ▲ 86%	13	7	
			Suffolk ▼ 33%	10	15	

8 OP HAMPSHIRE

8.1 Op Hampshire is a national strategy adopted by the Constabulary to improve how it responds to assaults on police officers and staff. Developed by the National Police Wellbeing Service, it provides clear guidance and processes to support affected colleagues.

8.2 Confrontation and aggression are common in frontline policing, but being assaulted should never be accepted as “part of the job.” Every assault—physical or psychological—has an impact, not just on the victim, but also on their colleagues, families, and the wider force.

8.3 Operation Hampshire aims to shift the culture by ensuring officers and staff receive the support they need. It’s not about special treatment, but about getting the basics right and showing care for those who serve the public.

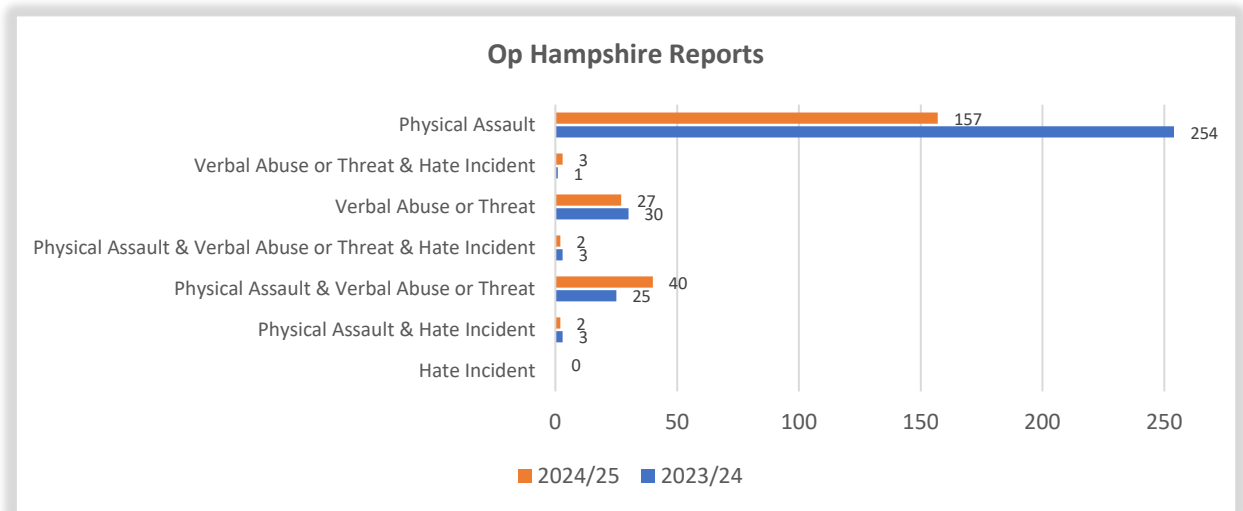
8.4 The Constabulary is committed to:

- Recognising the impact of every assault, regardless of injury
- Taking all incidents seriously
- Demonstrating strong, supportive leadership

- Ensuring thorough investigations and pursuit of justice
- Providing long-term wellbeing support
- Maintaining high standards of victim care and continuous improvement
- Prioritising the wellbeing of all officers and staff

8.5 As an employer, the Constabulary has a legal duty to manage risks, including violence at work. The Health and Safety Executive defines work-related violence as any abuse, threat, or assault linked to work—including verbal, online, or physical. All such incidents must be reported using the AFI form under the Assault (Op Hampshire) section.

8.6 The following chart combines all assaults recorded on the AFI form during 2024/25 compared to 2023/24:



8.7 Of concern is the significant reduction in Op Hampshire reports, particularly those involving physical assault. During 2024/25 the constabulary saw an increase in assault-related offences recorded on Athena, the crime intelligence system as detailed in the table below:

Suffolk Constabulary				
Offence	2021/2022	2022/2023	2023/2024	2024/2025
Assault or assault by beating of a constable	339	408	353	408
Assault Police - Assault occasioning actual bodily harm (ABH) (S.47)	87	78	111	61
Assault Police - GBH serious wound without intent (s20)		2	1	
Assault Police - Minor wound without intent (s20)	13	17	6	24
Assault Police - Wounding with intent to resist/prevent arrest (S.18)	1	4	1	1
Assault Police - Wounding with intent to do grievous bodily harm (Indictable) (S.18)	1	1	2	1
Assault without injury on a constable (Police Act offence)	45	25	20	16
Attempted - Assault or assault by beating of a constable	1	2	4	2
Grand Total	487	537	498	513

8.8 Some records may involve multiple offences recorded under a single Op Hampshire report. However, the data indicates underreporting by officers and staff, limiting the constabulary's ability to offer support and improve welfare. A targeted communication campaign is planned to encourage full reporting.







9 RIDDOR

9.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires the Constabulary to report to the HSE certain workplace related injuries and disease and dangerous occurrences without delay. This includes:

- accidents resulting in the death of any person;
- accidents resulting in specified injuries to workers;
- over-seven-day incapacitation of a worker;
- non-fatal accidents requiring hospital treatment to non-workers;
- dangerous occurrences.

9.2 If Accident, Incident and Near Miss reports fail to be submitted by the officers, staff and/or their line manager the Constabulary faces a risk of criminal enforcement action by the HSE. Summary of key reports submitted by Suffolk Constabulary (all employees e.g. Police Officers and Police Staff):

9.3 RIDDOR reports, of which a summary can be found in Appendix 1, have remained the same as 2023/24.

 Fatal Injuries to employees 0	 Specified injuries to employees 3	 Over seven day injuries to employees 15
 Occupational Health Diseases 0	 Dangerous Occurrences 0	 Non-employees taken to hospital for treatment 0

10 COMPLIANCE AND INTERVENTIONS

10.1 Under HSWA, the Constabulary has a duty to ensure the Health and Safety of its employees, and this includes office-based colleagues as well as those working operationally. The Constabulary does this in several ways including through ensuring Health and Safety arrangements are in place, safe systems of work and procedures exist, and training, risk assessments, audits and inspections carried out.

10.2 The team plays a vital role fulfilling statutory requirements in monitoring and auditing Health and Safety performance across both Constabularies, ensuring compliance with legislation through the following key activities:

- **Risk-Based Premises Inspections:** 88% (39 of 50) of sites due for inspection in 2024/25 were assessed. Action plans were created where hazards were identified.
- **Health and Safety Reporting:** Regularly contribute reports and data to departmental leadership meetings to support ongoing engagement.
- **Committee Management:** Coordinate the quarterly Joint Health and Safety Committee, ensuring collaboration across departments and staff associations (e.g. Police Federation, UNISON).
- **Specialist Advice:** Provide expert guidance on Health and Safety matters.
- **Policy Review:** Maintain and update the Health and Safety framework to ensure legal compliance.
- **Complaint Investigations:** Address concerns about workplace conditions that may impact health and safety.
- **Agency Liaison:** Act as the initial contact for enforcement bodies such as the Health and Safety Executive.

- **Procedure Reviews:** Regularly review key arrangements.

11 RESPONSIBLE PERSONS

- 11.1 The Police and Crime Commissioner provides strategic oversight, ensuring resources are in place to meet Health and Safety obligations. The Chief Constable is responsible for ensuring the health, safety welfare of all persons in their employment and as such hold's overall accountability for health and safety matters throughout the Force.
- 11.2 The Workplace Health, Safety and Wellbeing Manager acts as the legally required competent person, supported by Health and Safety Advisors.
- 11.3 Estates and Facilities handle statutory maintenance and ensure buildings are safe and fit for purpose.
- 11.4 All employees, from senior leaders to line managers, share responsibility for Health and Safety in their areas.
- 11.5 The Force Safety Policy outlines roles and responsibilities, including the role of Responsible Persons at each site, who support daily compliance efforts.
- 11.6 In order to enable the Chief Constables and both Constabularies to meet legal duties in the management of Health and Safety and fire safety the 'Responsible Person' role includes management of the following:
 - **Site Log File:** ensuring that records are completed and available for inspection.
 - **Fire Alarms:** weekly testing.
 - **Fire Evacuation Drills:** annually.
 - **Evacuation Marshalls/ First Aiders:** ensuring sufficient in premises.
 - **Panic Alarms:** where fitted are tested monthly.
 - **Health and Safety Tours:** undertaking quarterly premises walkthroughs (separate to Health and Safety Team risk-based site inspections).
 - **Contractors and Visitors:** ensuring that they are notified of any specific risks or hazards (typically this will be planned work authorised by the Estates Department who should lead on this information)
- 11.7 Records for the above are maintained in a hardcopy premises site log file and on an online record 'Premises Monitoring System (PMS)'. The online record shows current compliance (point in time). The constabulary Health and Safety Team reports back to the Joint Health and Safety Committee each quarter on compliance levels.
- 11.8 The Constabulary continues to monitor and audit but there remain gaps in part due to insufficient persons acting as site responsible persons. Some police stations are located in Suffolk Fire and Rescue premises where the Constabulary are tenants and therefore have not resolved ensuring fully shared information when routine checks are being carried out.

12 PRIORITIES FOR 2025/26

- 12.1 The Joint Health and Safety Team sits within the People Directorate. The People Strategy reflects a number of strategic priorities which reflects the Force Plan and the PCC's Police and Crime Plan. Health and Safety sits alongside Workplace Health (Occupational Health) and Wellbeing which have a symbiotic relationship. The roots of both of these latter teams have their foundation in Health and Safety law.

12.2 As part of the Constabulary Health and Safety Delivery Plan the Constabulary have identified a number of objectives which continue for 2025/26:

Activity / Event	Stakeholders	Objective	Actions
Organisational performance and compliance	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	To improve organisational performance & compliance through the provision of effective health, safety & fire management.	Continually review our existing procedures & processes
			Champion health & safety such that it is given equal importance to other organisational objectives.
			Encourage involvement of all our officers, staff, safety representatives & volunteers in all aspects of health & safety.
			Promote a positive culture towards health, safety & welfare issues
Competent Advice	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	To ensure the provision of competent health, safety & fire advice, information & instruction for all employees, Chief Constables & the Police & Crime Commissioners.	We will continue to invest in the Force Health & Safety professionals, ensuring the provision of expert & competent health & safety advice & guidance.
			Continue to invest in the Continual Professional Development (CPD) of our safety professionals through membership of the Institute of Occupational Safety & Health (IOSH).
			Review & enhance the health & safety training provided.
Accident, Incidents & Near Misses	Health and Safety People Directorate Estates Force Executives OPCC (All Personnel)	To continually monitor & review assault, accident & injury performance data to develop effective & innovative risk control strategies to reduce the incidence rates.	We will continue the work of the Joint Health & Safety Committee in the monitoring of accident, injury & assault data & develop appropriate risk control strategies considering new & emerging threats & risks.
			We will continue to provide innovative risk control strategies to reduce our assault incident rates & progress compliance against OSSR recommendations through the work of the Assault, Force & Incident reporting system.
Feel Safe, Work Safe	Health & Safety People Directorate Estates Force Executives OPCC (All Personnel)	Increase & maintain trust to ensure people feel safe where they work, in their environment. Act to support the provision of a working environment that contains adequate facilities & arrangements for staff welfare.	Completion of risk-based site inspections
			Ensure risk assessments are suitable and sufficient
			COSHH, Manual Handling and other assessments conducted
			Statutory records are maintained and in date
			Fire risk assessments completed and renewed

13 FINANCIAL IMPLICATIONS

13.1 There are no direct financial implications associated with this update. However, the consequences following breaches identified during an investigation by the HSE resulting in a criminal prosecution under the Health and Safety at Work etc. Act 1974 and associated regulations can see unlimited fines and/or imprisonment in some cases.

14 OTHER IMPLICATIONS AND RISKS

14.1 There are no identifiable risks arising from this update.

15 CHIEF OFFICER CONCLUSION

15.1 This report sets out the many responsibilities Suffolk Constabulary fulfils for the health and safety of our staff. We are in a good position for looking after our people and the public.

16 GLOSSARY AND DEFINITIONS

Reportable incidents

Employers are required to report certain serious workplace accidents, occupational diseases and dangerous occurrences to the Health and Safety Executive. These are defined in law, and it is an offence not to report them within the specified time period. These include:

Fatalities

Accidents that result in the death of an employee or non-employee that arise from a work-related accident.

Specified injuries to employees.

Examples of specified injuries that are reportable include: injuries requiring hospital admission for more than 24 hours, fractures, amputations, serious burns, loss of sight, significant head injuries.

Over 7-day injuries to employees

Work related accidents that result in an employee being unable to undertake their normal duties for more than 7 consecutive days (including weekends)

Occupational Diseases to employees

Examples of occupational diseases that are reportable where diagnosed by a medical practitioner are: carpal tunnel syndrome, occupational dermatitis, severe cramp of the hand or forearm, occupational cancer, tendonitis of the hand or forearm.

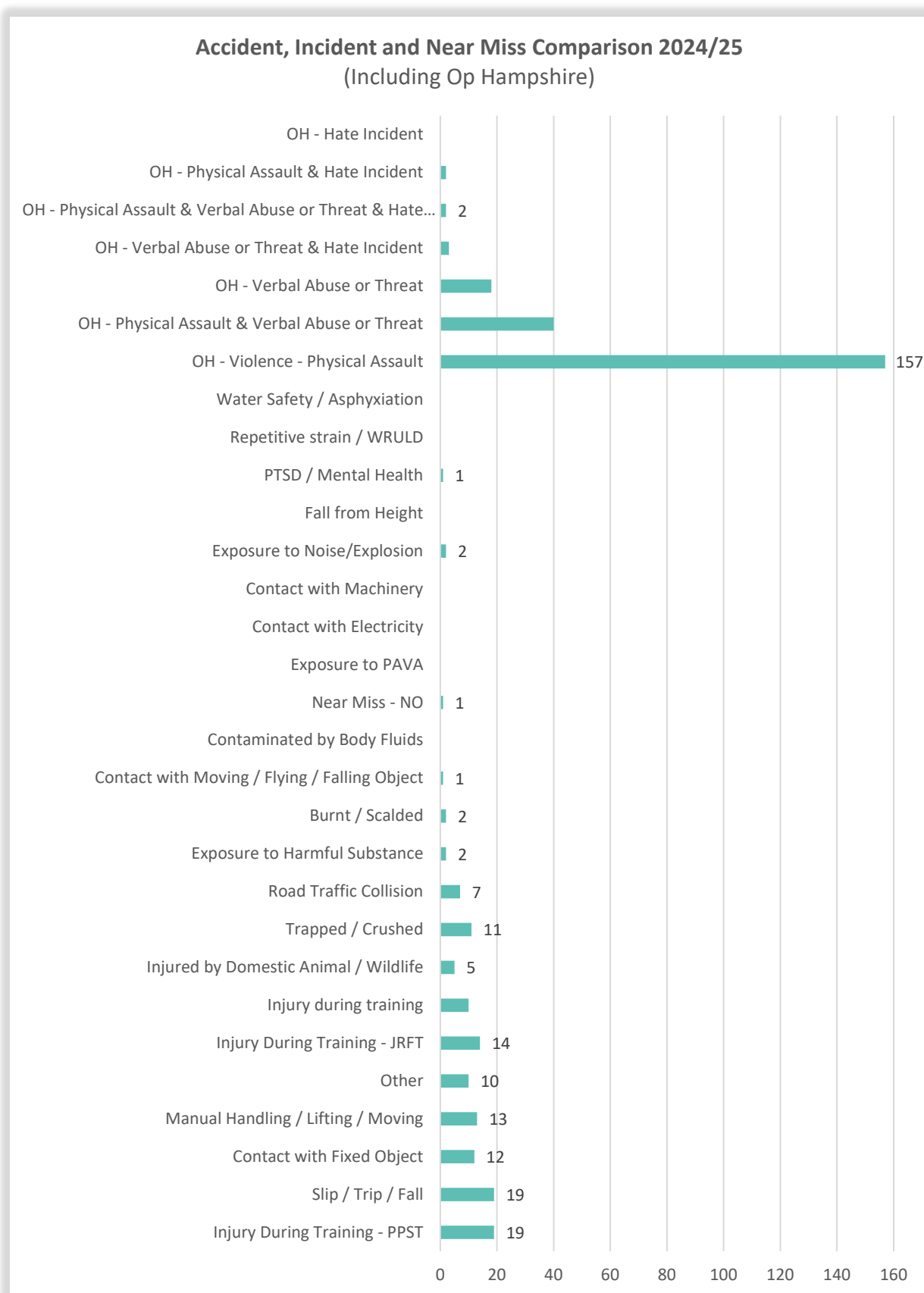
Dangerous Occurrences

These are serious incidents that may not have caused any injury but had the potential to do so. Examples include: the accidental release of a substance that could cause harm to health such as asbestos; fire caused by electrical short circuit that results in the stoppage of the plant involved for more than 24 hours and equipment coming into contact with overhead power lines.

Injuries to non-workers

Where a non-employee e.g. a member of the public, a pupil or a service user has an accident on Constabulary premises and are taken to hospital from the scene for treatment.

Appendix 1 – All Accident, Incident and Near Miss Reports



APPENDIX 2 – SUMMARY OF RIDDOR SUBMISSIONS TO HSE

Incident Date	Incident Location	Incident Description	Incident Code Description	Reported Absence	Nature of Injury Sustained	Injured Body Part	Injury Details	RIDDOR Category
02/06/2024	Public Place	Injury to hand whilst restraining a male in a public order incident.	Other - Restraint		Strains and sprains	Hand	Torn ligaments	Over 7 days
04/06/2024	Public Place	Officer has given chase and has fallen, landing on both hands	Slip/ Trip/ Fall		Possible Fracture	Wrist	Slight cuts on both hands and pain in right wrist	Over 7 days
20/06/2024	Public Place	Injured knee climbing over a wall into Nowton Park to assist a colleague. Park gates were locked	Fall from Height		Strains and sprains	Knee	Inflammation/ swelling to left knee	Over 7 days
16/07/2024	Constabulary Premises	Severe shoulder strain caused whilst trying to close the door to police van	Manual Handling	12	Strains and sprains	Shoulder	Severe shoulder Strain	Over 7 days
16/08/2024	Public Place	Trying to gain control & arrest offender IP ² tried to grab his leg with her hand to get him to lose balance & take him to ground. Colleague kick Offenders leg to also make him lose his balance and caught IP's hand	Injury during arrest		Strains and sprains	Wrist	Soft tissue damage - likely to be on restricted duties until 12/09/24	Over 7 days
09/11/2024	Public Place	Uncompliant/ resistance male. IP used ground restraint to control subject and aggravated an injury to right leg	Injury during Arrest		Strains and sprains	Lower Limb	Muscle tear & injury to right quad & groin region	Over 7 days
18/12/2024	Constabulary Premises	The IP declared historical ACL injuries to both knees, so was placed into an alternative fitness test to minimise the risk of injury. Whilst running on a treadmill, the IP suffered pain in both knees and stopped the activity	Injury during training	7	Strains and sprains	Lower Limb	sprain / strain of the muscles/ligaments/tendons around both knees which resulted in pain and inflammation	Over 7 days
06/01/2025	Constabulary Premises	Slip, fall whilst riding over paving slab to the front of BSE Police Station	Slip, Trip, Fall		Fracture	Abdomen	Fracture of pelvis - Pubic Ramus	
08/01/2025	Public Place	Driving a Police car back went into spasm	Other - Driving		Strains and sprains	Back	Back spasm - swelling & pain - attended A&E	Over 7 days
18/01/2025	Someone Else's Premises	Whilst detaining suspect on ground another male has run up to IP and struck him to the head with his knee at full force.	Physical Assault		Concussion	Head	Loss of consciousness	Specified
22/03/2025	Public Place	IP stepped over a shopping trolley, stepped on to something and slipped causing a sharp pain	Slip, Trip, Fall	7	Other Known Injuries	Lower Limb	Suspected ruptured Achilles tendon or calf muscle	Over 7 days
29/03/2025	Public Place	IP attempted to stop a suspect who pushed the IP away dislocating the right shoulder	Injury during arrest	14	Dislocation	Upper Limb	Dislocation to right shoulder.	Over 7 days
14/03/2025	Public Place	Controlling DP by holding handcuffs, DP has violently trust handcuffs upwards causing IP's shoulder to jolt	Injury during arrest		Dislocation	Upper Limb	Dislocation to right shoulder.	Over 7 days
28/03/2025	Public Place	IP slipped entering a cell van to prevent DP self-harming	Slip, Trip, Fall	9	Lacerations and Open Wounds	Head	Laceration to forehead	Over 7 days
28/02/2025	Constabulary Premises	Following PPST, symptoms of injury developed overnight. Diagnosed rotator cuff sprain/strain.	Injury during training	20	Sprain/strain	Upper Limb	Sprain /strain to right rotator cuff	Over 7 days

² IP = Injured Party