



SUFFOLK CONSTABULARY

ORIGINATOR: CHIEF CONSTABLE

SUBMITTED TO: OFFICE OF THE POLICE AND CRIME COMMISSIONER

SUBJECT: ANNUAL HEALTH AND SAFETY REPORT 2023/24

SUMMARY:

1. The Annual Health and Safety Report provides an update on Health and Safety compliance and performance for the Constabulary during 2023/4

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 Police officers are not employees; they are office holders under the direction and control of the Chief Constable. However, HSWA, provides for officers to be treated as employees of the Chief Constable. For the avoidance of any doubt, references to 'employees' throughout this report and any safety arrangements, includes police officers as well as members of staff.

3 HEALTH AND SAFETY MANAGEMENT SYSTEM

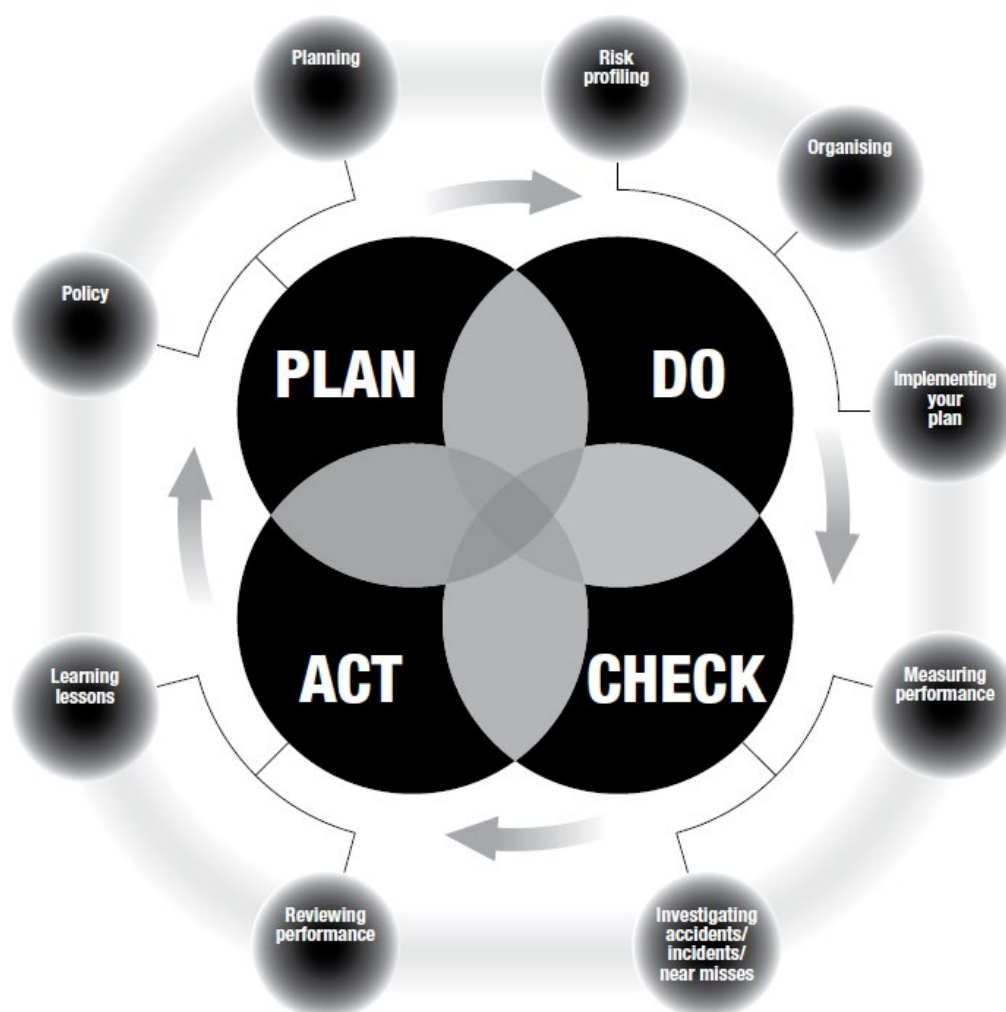
3.1 Police officers and police staff expect adequate health and safety management systems that:

- 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 Statement of Health and Safety Policy is required by HSWA. Along with the Suffolk Police and Crime Commissioner and Suffolk Chief Constable, the statement is jointly signed by the Police and Crime Commissioner for Norfolk and the Chief Constable of Norfolk Constabulary as our collaboration partner. The signed statement forms part of an overall policy which outlines the commitment to ensuring good health and safety and the positive benefits it brings in providing excellent service and protection for the communities the Constabulary serve. Our commitments to achieving exemplary standards of health and safety for all our officers, staff, volunteers and persons affected by our activities, in so far as is reasonably practicable in view of the dynamic nature of operational policing is also stated.
- 4.2 The Statement of Health and Safety Policy has recently been updated to reflect the appointment of Sarah Taylor as the new Police and Crime Commissioner for Norfolk. The statement is issued to all station Responsible Persons for display.

5 REGIONAL AND NATIONAL ROLES

5.1 The Workplace Health, Safety and Wellbeing Manager (Health and Safety Manager) for the Constabularies 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**
 - **National Wellbeing Board**
 - 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

Sadly the previous Chair, ACC Peter Lawson (Lancashire) passed away in December 2023 which has seen this group pause for approximately 6 months. A new Chair has been identified and this group will reconvene in the near future. Through APHSA the Constabulary continues representation at this group supporting all health and safety topics that arise. During 2023/24 these have included:

 - Respiratory Protective Equipment – advice and dedicated meetings with the Health and Safety Executive
 - Manchester Arena Enquiry – first aid recommendations
 - College of Policing learning modules on health and safety
 - First Aid – use of Pentrox
 - Use of Naloxone
 - Electric Vehicle Safety

6 JOINT HEALTH AND SAFETY COMMITTEE

6.1 The Joint Force Health and Safety Committee, continues to represent the overarching governance committee, where departments in both Norfolk and Suffolk are accountable for their Health and Safety performance. This statutory committee continues to meet quarterly with representation from key staff associations (e.g. Police Federation, UNISON) and departmental leads from areas such as County Policing Command, Protective Services, ICT, Transport and Joint Justice Services. This is the key committee where matters affecting the safety of anyone working for the Constabulary or is affected by its undertaking is discussed and resolved.

6.2 Key information is then fed into People Board and the Joint Chief Officer Team on a quarterly basis. Key indicators are reported on at the meeting and monitored by the Committee which are centred around ensuring:

- The maintenance of statutory reporting in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (as amended) 2013;
- Operational risk assessments are being reviewed;
- Health & Safety Inspections and monitoring activities are being undertaken to maintain a safe and healthy working environment;
- Station Responsible Persons are completing safety and fire checks;
- Safety Awareness;
- Fire Risk Assessments as required by the Regulatory Reform (Fire Safety) Order 2005 are undertaken periodically and that the associated actions are being monitored and addressed as required;
- Statutory Estates Compliance such as maintenance and servicing of gas appliances and control of legionella in hot and cold-water systems.

6.3 The Committee receives a quarterly update articulating the key occurrences, emerging hazards and lessons learnt that may influence health and safety performance and thus compliance.

6.4 Matters that have arisen which affect Suffolk Constabulary include:

- Creation of a Building User Group for Police Headquarters - overseen by the Facilities Team
- Safe use of open spaces at Police Headquarters
- Availability of Estates Statutory Compliance Records
- Site Responsible Persons – ensuring routine site checks are carried out on time and recorded e.g. weekly fire alarm testing
- Training for First Aiders in compliance with the Health and Safety (First Aid) Regulations 1981 – ability to deliver training to relevant staff
- Portable Appliance testing
- Ensuring that all forms of violence (physical assault, verbal abuse, threat and hate) are reported via the Assault, Force, Incident (AFI) form and that supervisors provide welfare support and complete investigations in a timely manner.
- Safe waste disposal to prevent injury
- Risk Assessment compliance

7 ACCIDENTS, INCIDENTS AND NEAR MISSES

7.1 The Joint Health and Safety Team:

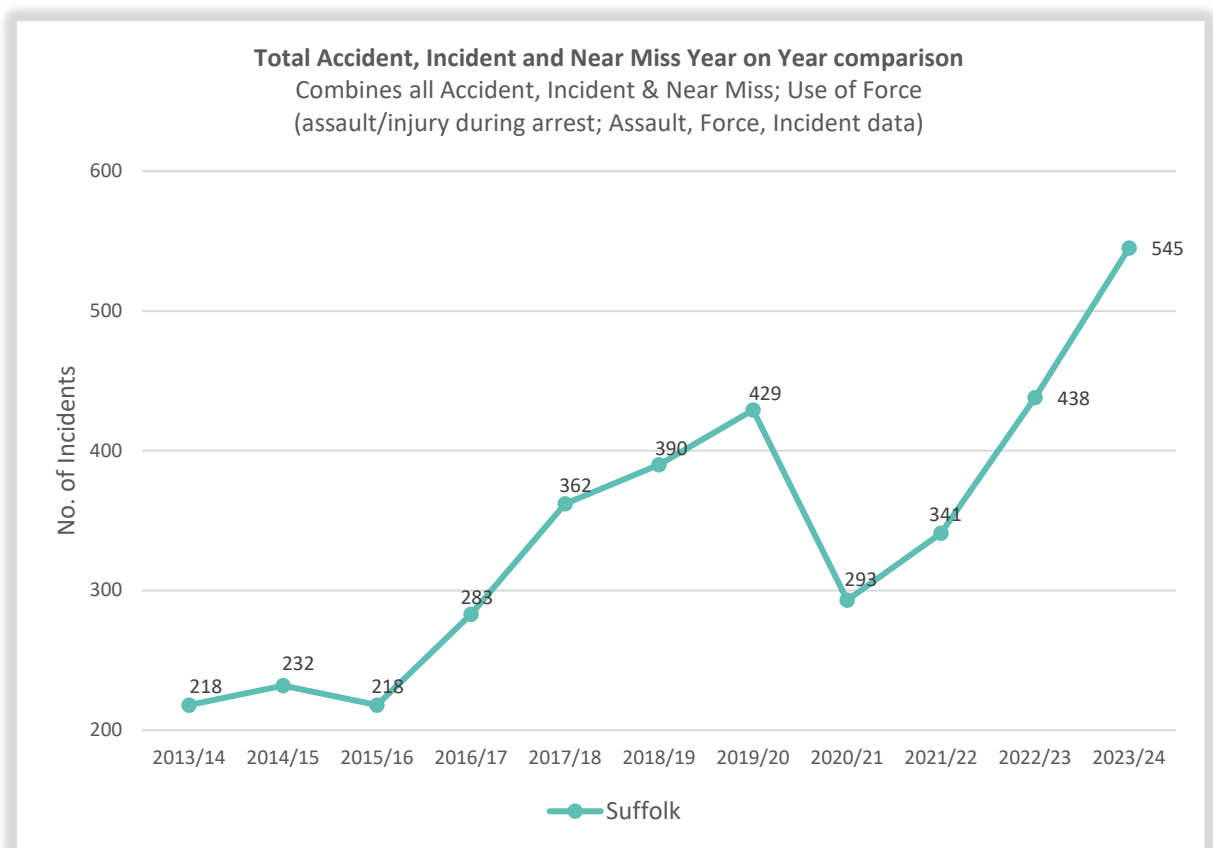
- Provide arrangements and are the responsible and competent persons for the reporting of all accidents, incidents and near misses in the workplace
- Ensure that all reportable injuries, diseases and dangerous occurrences are reported to the Health and Safety Executive in accordance with statutory requirements

- 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 As expected the introduction of the AFI form has resulted in a sharp rise in all reports, especially for those categorised under Op Hampshire. This is due to the AFI now being embedded in the force with a focus on ensuring all forms of violence are reported. Suffolk saw a 24% increase during 2023/24 compared to 2022/23.



7.4 For accident, incident and near miss reports, the Constabulary records them and categorise the data into accident/incident types. The graphic below indicates the categories and provides an overview of the range recorded in 2023/24.









7.5 Top Incident Categories

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.

7.5.1 Violence and Injury During Arrest, consistently remain in the top categories of accidents, incidents and near misses.

7.5.2 A detailed overview of incident categories can be found at **Appendix 1**. All incidents continue to be reviewed and data shared with SLT's and SMT's where health and safety is included. With the introduction of the AFI form the Constabulary will have a greater ability to extract and report data with the use of Power BI to better graphically represent information.

7.5.3 The Constabulary has seen an increase in most top categories for Suffolk:

Top Incident Categories Norfolk & Suffolk 2023/24					2023/24	2022/23
	Op Hampshire (Physical, Verbal Abuse, Threat, Hate)	▲ 105%	Norfolk	▲ 52%	703	335
			Suffolk	▲ 49%	316	161
	Near Miss	▲ 31%	Norfolk	▲ 33%	122	82
			Suffolk	▲ 4%	54	52
	Injury During Arrest	▼ 16%	Norfolk	▲ 0%	115	115
			Suffolk	▼ 57%	56	88
	Injury During Training	▲ 191%	Norfolk	▲ 70%	74	22
			Suffolk	▲ 50%	22	11
	Slip, Trip, Fall	▼ 10%	Norfolk	▼ 27%	33	42
			Suffolk	▲ 13%	24	21
	Manual Handling / Lifting / Moving	▲ 27%	Norfolk	▲ 29%	24	17
			Suffolk	▲ 0%	9	9
	Contact with Fixed Object	▲ 35%	Norfolk	▲ 24%	17	13
			Suffolk	▲ 33%	6	4
	Other	▼ 57%	Norfolk	▼ 400%	7	35
			Suffolk	▼ 7%	15	16

8 Op Hampshire

8.1 Operation Hampshire provides a strategy, processes and guidance to help the constabulary respond more effectively to assaults on police officers and staff. The Constabulary has adopted the strategy which was introduced by the National Police Wellbeing Service².

² <https://www.oscarkilo.org.uk/about-us>

8.2 Police officers and staff face confrontation and aggression on a regular basis, particularly those serving in front line roles but being physically assaulted is not something anyone should accept as 'part of the job'. All assaults, regardless of severity have an impact of some kind, some more obvious than others. Consider the impact on the victim and their colleagues, on repeat victims, their families, and policing. This goes for both physical and psychological issues.

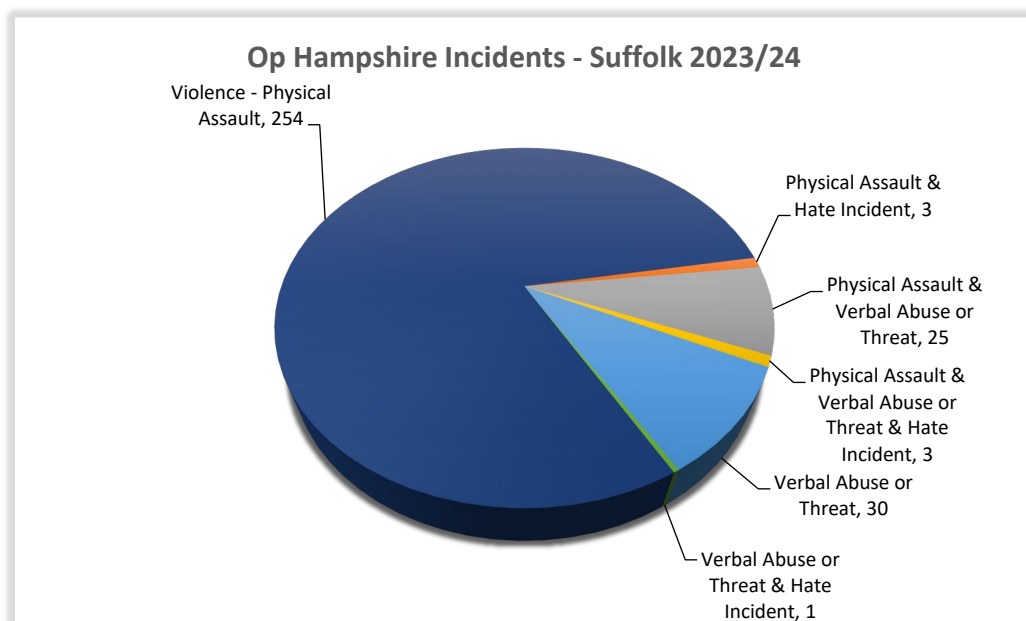
8.3 Through Op Hampshire the Constabulary is committed to changing the culture in support of officers and staff by considering the impact and reacting accordingly to the individual's needs. Op Hampshire does not suggest implementing special measures for police victims. It simply provides a structure to ensure that the constabulary gets the basics right for colleagues as the people who serve and protect the public. It is about getting officers and staff the support they deserve.

8.4 In doing that the Constabulary wants to make sure:

- the impact of every assault is considered regardless of injury
- assaulted officers and staff are taken seriously
- the demonstration of effective and meaningful leadership for each case
- thorough investigation with justice is pursued
- longer-term wellbeing and support are considered
- high standards of victim care are set and achieved and that the constabulary learns and continues to improve the response for colleagues
- the wellbeing of its colleagues, both officers and staff is a priority

8.5 The Constabularies as an employer have a legal duty to manage risk, which includes recording and reporting violence to its officers and staff. The HSE defines work-related violence as 'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.' This includes verbal abuse or threats, including face-to-face, online or telephone; and physical attacks. The Constabulary requires all these incidents to be reported on the AFI form, specifically the Assault (Op Hampshire) section.

8.6 The following chart combines all assaults recorded on the AFI form:









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 increased from 8 to 15. The rise will correlate with increased AFI reports.

 <p>Fatal Injuries to employees</p> <p style="text-align: center;">0</p>	 <p>Specified injuries to employees</p> <p style="text-align: center;">3</p>	 <p>Over seven day injuries to employees</p> <p style="text-align: center;">12</p>
 <p>Occupational Health Diseases</p> <p style="text-align: center;">0</p>	 <p>Dangerous Occurrences</p> <p style="text-align: center;">0</p>	 <p>Non-employees taken to hospital for treatment</p> <p style="text-align: center;">0</p>

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.

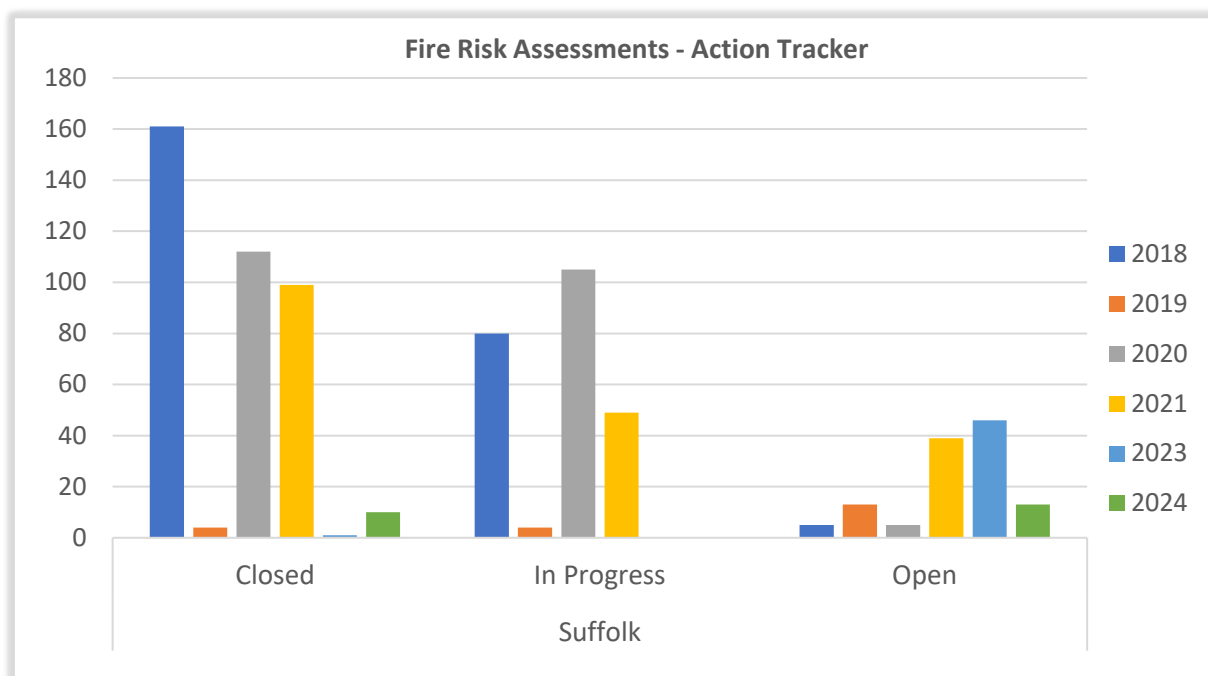
10.2 The team play a key part in carrying out several proactive interventions in order to ensure that both Constabularies effectively monitors and audits Health and Safety performance and compliance. These fulfil the requirements of Health and Safety legislation and include:

- Risk Based Premises Inspections – 25 out of a total of 51 stations/locations have been inspected in 2023/24. This equates to 86% of those due for a risk based inspection in the period. Actions plans were produced where hazards or matters of evident concern that could lead to injury or harm are apparent.
- Continued participation and production of Health and Safety reports/dates to Departmental Senior Leadership/Management Meetings whenever requested and possible, aiding their continued engagement.
- Managing the quarterly Joint Health and Safety Committee ensuring that the Police Federation, UNISON and representatives from all departments work together to ensure compliance with Health and Safety obligations.

- Provision of specialist advice and guidance
- Review of Health and Safety Arrangements to ensure the Constabulary has a framework to maintain legal compliance
- Investigation of Complaints – regarding workplace or working conditions that may affect an individual’s health and safety.
- Initial liaison for enforcement agencies such as the Health and Safety Executive
- A review of the following Health and Safety Arrangements (procedures):
 - Confined Spaces
 - Control of Substances Hazardous to Health (COSHH)
 - Hand Arm and Whole Body
 - Health & Safety Policy
 - Hybrid and Homeworking Health and Safety Guidelines
 - Lone Working
 - Manual Handling

11 Fire Risk Assessments

11.1 During 2023 Suffolk Constabulary appointed an in-house Fire Safety Officer to conduct fire risk assessments and provide stronger scrutiny, support and compliance on all related matters. The Constabulary Health and Safety Team have a new programme of risk-based inspections for fire safety to ensure full compliance. A number of outstanding and new actions arising from fire risk assessments remain in progress or open as indicated below:



12 RESPONSIBLE PERSONS

12.1 The Police and Crime Commissioner has strategic oversight of Health and Safety management, and this includes ensuring that resources are allocated to discharge the Constabularies Health and Safety responsibilities at all levels. The Workplace Health, Safety and Wellbeing Manager

fulfils the role of Health and Safety Manager and remains the competent person role required in legislation along with the support of the Health and Safety Advisors.

12.2 Estates and Facilities fulfil some of the statutory duties in respect of routine maintenance of plant and equipment and ensuring fit for purposes properties; every other employee has a duty to support and ensure Health and Safety compliance in their own work areas whether they be a Head of Service/Senior Officer or line manager.

12.3 The Force Safety Policy outlines the wider roles and responsibilities for all officers and staff. A key support role for each premise is that of a 'Responsible Person', which helps meet some of the day to day 'on the ground' duties and supports both the Health and Safety Team and Estates Department, but ultimately the Chief Constable and PCC have overall responsibility.

12.4 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)

12.5 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.

12.6 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.

13 PRIORITIES FOR 2024/25

13.1 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. These teams are working on a new Wellbeing Strategy which will reflect the proposed national position and have the theme "*Join Well, Train Well, Work Well, Live Well, Leave Well*".

13.2 As part of the Constabulary Health and Safety Delivery Plan the Constabulary have identified a number of objectives for 2024/25:

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.	We will 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

14 FINANCIAL IMPLICATIONS

14.1 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.

15 OTHER IMPLICATIONS AND RISKS

15.1 There are no identifiable risks arising from this update.

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

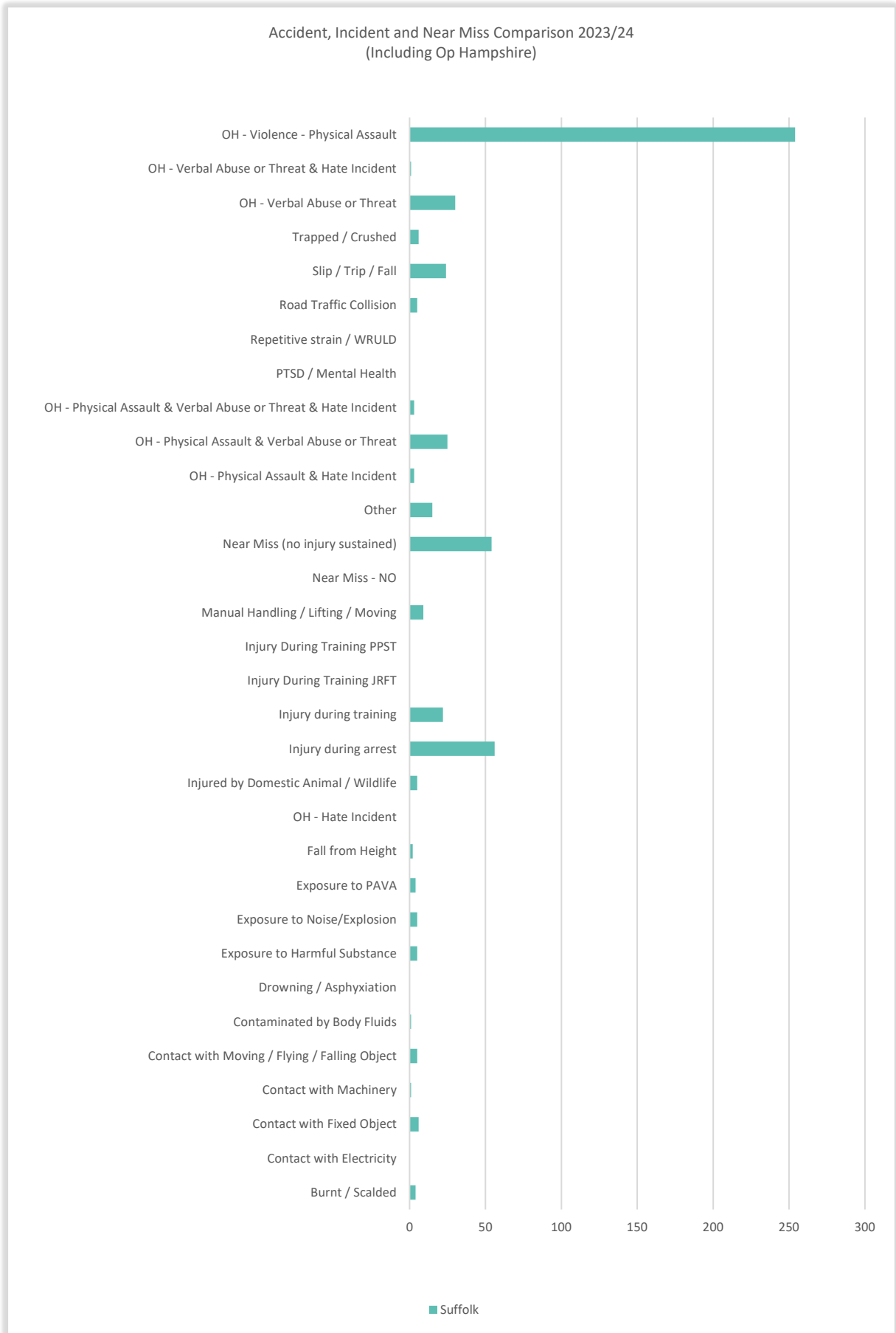
Dangerous Occurrences

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
06/06/2023	Someone else's Premises	Officer was in pursuit of offenders and ran directly at a wooden gate and attempted to kick it open. The gate was securely locked and did not move and as a result of the kick the officer has sustained a dislocated knee and fractured patella.	Contact with fixed object		Fracture	Lower Leg	Dislocated knee and fractured patella	Specified Injury
26/05/2023	Public Place	Officer climbed fence and when jumping down they have landed awkwardly and twisted their leg resulting in a suspected chipped patella.	Fall from height	15	Other/Unknown	Lower Leg	Potential chip to the patella bone	Over 7 Days
25/06/2023	Constabulary Premises	Officer was completing fitness test and made a sharp turn when they felt a sharp pain in their right knee. Hospital identified tear to cartilage, use of crutches for 7-10 days.	Injury during training	1	Strain and sprains	Lower Leg	Tear to cartilage in right knee	Over 7 Days
09/06/2023	Someone else's Premises	Suspect has resisted arrest and assaulted officer causing both individuals to fall to the floor. Due to how the officer has landed they have sustained a dislocated shoulder injury.	Physical Assault	30	Dislocation	Shoulder	Dislocated shoulder	Over 7 Days
25/07/2023	Someone else's Premises	While walking through an overgrown field searching for a missing person the IP has stepped into a hidden rabbit hole. The IP's leg has dropped down the hole up to the knee. The incident has caused pain and swelling to the ankle.	Slip, trip, fall		Strain and sprains	Ankle	Pain and swelling to the ankle	Over 7 days
27/09/2023	Someone else's Premises	During PSU training exercise, IP struck by wooden block thrown by student	Injury during training		Fracture	Collar bone	Fractured collar bone	Specified Injury
07/10/2023	Someone else's Premises	Assault on Police. Very violent detainee from arrest, transport in police van and within custody to cell.	Physical Assault		Strain and sprains	Lower Limb	Pain in left knee, painful & difficult to walk.	Over 7 Days
29/10/2023	Public Place	Intoxicated female and IP have fallen, whilst falling female has intentionally headbutted IP to bridge of nose.	Slip, trip, fall		Bruising and contusions	Nose	Badly bruised & swollen nose	Over 7 Days
12/11/2023	Public Place	Male resisting arrest has been pinned to ground in middle of dark road. IP was struck by a passing car that subsequently failed to stop	Struck by moving vehicle		Bruising and contusions	Foot	Severe swelling, bruising and numbness to toes	Over 7 Days
01/01/2024	Someone else's Premises	Suspect has come outside with dangerously out of control dog which has bitten IP	Injured by Domestic Animal / Wildlife		Animal Bite	Hand	Puncture wound & multiple superficial cuts around thumb area	Over 7 Days
01/12/2023	Public Place	Whilst manning a road closure, IP has stepped back and fallen into a pot hole, twisting their left ankle.	Slip, trip, fall	14	Strain and sprains	Ankle	Twisted left ankle	Over 7 Days
15/12/2023	Someone else's Premises	3 incidents on 3 consecutive days - unable to pinpoint the exact cause. Officer has a pre-existing condition which performing CPR for 20+ minutes; Detaining a violent male resisting arrest & jarring back; Jumping on & off groynes and sea wall - detaining suicidal female	Other	36 days	Strain and sprains	Back	Suspected bulged discs to lower back	Over 7 Days
23/01/2024	Public Place	Aggressive male suspect escaped lawful custody & was fighting with Police. IP was trying to grab hold of suspect when his finger became caught causing a lot of pain.	Injury during arrest		Fracture	Finger	Went to WSH hospital for treatment. Broken finger confirmed. IP will be on limited duties for 6-8 weeks while it heals	Over 7 days
24/01/2024	Public Place	whilst running to arrest a suspect IP has rolled is ankle on uneven pavement resulting in ligament damage to his left ankle	Injury during arrest		Strain and sprains	Ankle	Ligament damage to left ankle	Over 7 Days
16/02/2024	Public Place	Officer was trying to exit the Police vehicle before it came to rest.	Injury during arrest		Non displaced Fracture	Leg	Non displaced fracture to the midshaft of left tibia.	Specified Injury