

# Guiding Principles for Wellbeing Support for Responders to London Major Incidents



## Table of Contents

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<b>Guiding Principles for Wellbeing Support for Responders to London Major Incidents</b>	<b>1</b>
<b>1. Acknowledgements</b>	<b>3</b>
<b>2. Background</b>	<b>4</b>
<b>3. Key Recommendations</b>	<b>5</b>
1. Addressing Accumulated Exposure to Trauma	5
2. Routine Training on Trauma	5
3. Addressing Practical Needs	6
4. Check- in Meetings	6
5. Promoting Self-Assessment Tools	6
6. Information Sharing	7
7. Communication Plans	7
8. Support during and following Inquests and Trials	7
9. Retired Staff / Staff That Have left the Organisation	7
10. Support for Supporters	8
<b>4. Checklist, guidance and resources</b>	<b>9</b>

## 1. Acknowledgements

We would like to thank and acknowledge the following individuals and organisations for their valuable contributions to the development of this document.

### **Acknowledgment of contribution:**

- Amandeep Gill, Lead for Optima, Metropolitan Police
- Anna Beth, British Transport Police
- Lisa Monaghan Clinical Lead Staff Psychology & Welfare Service, University College Hospital
- George Hamyln, Health & Wellbeing Specialist, Transport for London
- Martin Parsons, Lead, Staff Psychology Service, King's College Hospital
- Natalie Elliott, Head of Health & Wellbeing, London Fire Brigade
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## 2. Background

This document is aimed at planners and leaders of professional first responders' organisations. These usually include the ambulance service, police, fire brigade, hospitals and transport.

The London Psychology Major Incidents Steering Group was formed to develop sustainable psychological support systems for trauma victims and professional responders affected by major incidents in London. The group's role includes overseeing plans for the coordination and delivery of psychosocial care that protects, improves, and responds to mental health needs. The approach emphasises culturally appropriate provision of evidence-based care.

Recognising the diverse nature and devastating impacts of major incidents, alongside London's multicultural community fabric, the Steering Group identified the need for guiding principles to assist response planners. These principles aim to help create frameworks that align with the needs of those served while adhering to evidence-based standards, such as the NICE Guidelines for Mental Wellbeing at Work (2022)<sup>1</sup>.

To achieve this, a Task and Finish (T&F) Group was convened, comprising representatives from key organisations (Met Police, College of Policing, British Transport Police, London Ambulance Service, London Fire Brigade, NHS Acute Hospitals, NHS Keeping Well) employing professional responders and collectively agreed on its terms of reference. The group has shared lessons learned, best practices, and recommendations based on their experiences in providing staff support routinely as well as following major incidents.

The outcome is intended to aid development of practical, adaptable frameworks to support the psychological wellbeing of professional responders. This framework is designed to guide organisations in providing consistent, effective care for their staff during and after major incidents.

Members of the group have acknowledged the benefits of sharing good practices and resources and have agreed to become a community of practice that will continue to meet

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<sup>1</sup> NICE Guidelines: Mental Wellbeing at Work (NG212, 2022)  
<https://www.nice.org.uk/guidance/ng212/resources/mental-wellbeing-at-work-66143771841733>  
[nice.org.uk]

regularly as well as convene following major incidents to improve coordination of care for first responders and sharing of lessons learned.

The T&F Group highlighted key considerations for planners.

## 3. Key Recommendations

### 1. Addressing Accumulated Exposure to Trauma

**Organisations should proactively monitor and support staff exposed to trauma, using tools and check-ins to identify cumulative impact.**

Professional responders are frequently exposed to cumulative traumatic experiences throughout their careers. This exposure may involve both direct and indirect traumatic events, often compounded by personal trauma outside the workplace.

Some organisations keep records of workplace traumatic incidents that are available for line managers (for example British Transport Police). However, this practice may inadvertently omit certain experiences due to staff turnover or record-keeping gaps. To mitigate this, organisations should adopt a universal approach in planning and communication, acknowledging that staff are likely to experience cumulative trauma. It is crucial to recognise that responses to trauma vary among individuals, influenced by personal history, perceptions, and the meanings attributed to specific events.

### 2. Routine Training on Trauma

**Training should be embedded in both routine onboarding and in preparation for or response to major incidents.**

Peer supporters and line managers should receive regular training on trauma-informed conversations and referral pathways.

Organisations are encouraged to include routine training on managing the emotional toll of work as part of onboarding programs for new recruits. This training should:

- Acknowledge the likelihood of encountering distressing and potentially traumatic situations.
- Provide strategies for maintaining wellbeing in their roles.
- Offer guidance on managing feelings of distress.

- Teach how to recognise potential mental health struggles in oneself and others.
- Explain the roles of peer and professional support systems.
- Address common barriers to seeking help and support (e.g. career concerns).

### 3. Addressing Practical Needs

**Organisations should maintain a practical support checklist, reviewed annually, to ensure responders have access to essentials during incidents.**

During and after incidents, professional responders may require immediate access to essentials such as food, accommodation, travel, replacement uniforms, or clothing for themselves, survivors, or witnesses.

### 4. Check-in Meetings

**Initial check-in should occur within 72 hours of the incident, followed by a review within 2 weeks. These meetings should align with the Pan-London Psychology Coordination Framework.**

Check-ins should:

- Understand how the employee is coping.
- Acknowledge the impact of the incident.
- Agree on a tailored support plan.
- Schedule follow-up meetings.

Line managers should consider individual preferences and circumstances to ensure meaningful engagement.

### 5. Promoting Self-Assessment Tools

**Organisations should promote self-assessment wellbeing tools to empower staff to foster self-awareness, access support services, and take proactive steps to maintain wellbeing.**

## 6. Information Sharing

**A designated wellbeing lead or data governance officer should oversee anonymised data sharing, ensuring compliance with privacy standards.**

Professional responders may access support from various sources, including their employer, NHS services, or other organisations.

Employers should inquire about staff preferences for accessing support. Where appropriate, anonymised data about staff engagement with services should be shared to improve coordination and effectiveness of response.

## 7. Communication Plans

**Organisations should develop communication strategies to ensure that staff receive timely information after incidents. These should:**

- Prompt reflection on mental health.
- Offer clear guidance on accessing support.
- Include proactive messages around inquest/trial dates and anniversaries.

## 8. Support during and following Inquests and Trials

**Organisations should plan support for staff leading up to, during, and after inquests and trials. This includes routine check-ins and tailored support.**

Inquest and trials associated with major incident will be a reminder of these events and may trigger stress. Some staff may feel concern over their need to take part in these procedures while others may be disappointment for not being invited to contribute. Organisations should plan support for staff leading up to, during, and after such procedures.

## 9. Retired Staff / Staff That Have left the Organisation

**Support for former staff should be clearly communicated, including partnerships with organisations or charities.**

A good example is the Ambulance Staff Charity ([Family-Support-Handbook-Final.pdf](#)) that provides support to anyone who used to work for a UK ambulance service, including retirees.

Information about available support should be promoted around key dates such as anniversaries and inquest dates.

## 10. Support for Supporters

**Organisations must ensure that peer supporters and wellbeing leads have access to supervision, reflective practice, and emotional support.**

Support may be offered individually or in groups and may involve internal or external services.

## 4. Checklist, guidance and resources

The development of resources that support this framework is an iterative process therefore the intention is to keep the list below as a “live” source of information. We are also aware that in some cases organisations may develop resources that are not accessible outside their organisation. In such cases organisations may wish to list themselves as a potential “source” in case they could be available to be contacted for consultation on development of a resource.

Initiative	Guidance (Who, What, When)	Resource/soruce
<b>Address accumulative exposure to trauma</b>	<ul style="list-style-type: none"> <li>○ Maintain record of staff exposure to traumatic incidents</li> <li>○ Consider universal approaches in planning and communication</li> </ul>	British Transport Police has system that records exposure to traumatic events.
<b>Routine Training on Trauma</b>	<ul style="list-style-type: none"> <li>○ Ensure training package on managing emotional toll at work as part of <b>onboarding new recruits</b></li> <li>○ Embed regular routine training for peer supporters and line managers</li> <li>○ Maintain training register of:                             <ul style="list-style-type: none"> <li>a. trained staff, line managers, peer supporters</li> </ul> </li> </ul>	[insert links to training / tools] <a href="#">Supervisor support model   Oscar Kilo</a> <a href="#">Police wellbeing and major incidents   Oscar Kilo</a> <a href="#">Red Cross Mental Health Awareness for Managers training</a> <a href="#">Red Cross Call Handling with Empathy at Work training</a>
<b>Addressing practical needs</b>	<ul style="list-style-type: none"> <li>○ Maintain updated checklist of essentials</li> </ul>	[insert here]
<b>Check-in meetings</b>	<ul style="list-style-type: none"> <li>○ Embed routine check-in meetings with line managers and peer supporters</li> </ul>	[insert tool]

<p><b>Promoting self-assessment tools</b></p>	<ul style="list-style-type: none"> <li>○ Promote self-assessment wellbeing tools for staff</li> </ul>	<p><b>NHS “Check My Wellbeing” Self-Assessment Tool:</b></p> <p><a href="https://checkwellbeing.leadershipacademy.nhs.uk/">https://checkwellbeing.leadershipacademy.nhs.uk/</a>  <a href="#">[checkwellb...emy.nhs.uk]</a></p>
<p><b>Information sharing</b></p>	<ul style="list-style-type: none"> <li>○ Record staff engagement to other services related</li> <li>○ Seek consent as/when applicable for information sharing</li> </ul>	<p>[insert links]</p>
<p><b>Communication Plans</b></p>	<ul style="list-style-type: none"> <li>○ Develop communication strategies to ensure that staff receive timely information after incidents.</li> <li>○ include proactive messages to staff around key inquest/ trial dates and anniversary to the incident to acknowledge the potential impact of these reminders on staff and encourage engagement with support.</li> </ul>	<p>[links to communication strategy]</p>
<p><b>Support during and following Inquests and Trials</b></p>	<ul style="list-style-type: none"> <li>○ Organisations should plan support for staff before, during, and after</li> <li>○ This includes routine check-ins and tailored support.</li> </ul>	<p>[links]</p>
<p><b>Retired Staff / Staff That Have left the Organisation</b></p>	<ul style="list-style-type: none"> <li>○ state available support to staff</li> </ul>	<p><a href="#">Family-Support-Handbook-Final.pdf</a></p>

	<ul style="list-style-type: none"> <li>○ Promote around key dates such as anniversaries, inquest date</li> </ul>	
<b>Support for supporters</b>	<ul style="list-style-type: none"> <li>○ Organisations should ensure appropriate support systems for peer supporters</li> </ul>	<p><b>Imroc Peer Support Training (Trauma-Informed Peer Support)</b>  <a href="https://www.imroc.org/training">https://www.imroc.org/training</a>  <a href="https://www.imroc.org">[imroc.org]</a></p>