WITNESS STATEMENT

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: CHANNON, BEN WILLIAM

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PARAMEDIC

This statement (consisting of 7 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: B CHANNON Date: 09/07/2018

Tick if witness evidence is visually recorded ☐ (*supply witness details on rear*)

I am the above named person and reside at the address shown overleaf. I am a paramedic based at Salisbury Ambulance Station. This statement is in relation to my attendance and subsequent treatment of Charlie ROWLEY d. PD /73, at 9 Muggleton Road, Amesbury on Saturday 30th June 2018.

On the day in question I started work at 1800 hrs, due to finish 0600 hrs Sunday morning. I was crewed with Lee MARTIN and I drove. We operate from an ambulance and our role is to respond to calls, passed through from our control room.

The incident at Muggleton Road was our first call of the evening. We had originally been given another call to attend to but we were diverted to this one because of it's higher category of seriousness. The details of the call were that there was a conscious male acting strangely and making strange noises. We were then told that this was the second call of the day to the same address and that there had been a female at the property in respiratory arrest who was now in hospital. We arrived at the address at 1847 hrs.

As we pulled into the courtyard of the address we were met by a male I know as Sam, who had come out of number 9. I know Sam from having lived in this area and he was at the same school as me. The front door of number 9 was open and Sam looked panicked. He said he thought there had been a leak, meaning a gas leak and that a male in the house was not very well. We already had our personal protective equipment in a bag, which consists of PPE suits, face shields, goggles, overshoes and other protective equipment and we had gloves on. As we approached the front door we asked Sam if he could smell gas,

which he said he couldn't. We walked into the ground floor hallway which immediately had a staircase in front of it. We walked up the stairs and onto a small landing. There was a bathroom to our right, a bedroom straight in front of us and the lounge was on the right at the end of the landing. We walked into the lounge and towards the kitchen which was open plan and to the right end of the lounge. We stood in the kitchen area and could see a male I now know to be Charlie ROWLEY. ROWLEY was stood on the left hand side of the lounge as I looked towards him. He was leaning against the left hand wall and rocking backwards and forwards. His arms were propping him up and placed high on the wall. I remember thinking this was weird and wondering what he had been on, drugs wise. Both Lee and I put our protective suits on, along with the overshoe protectors, I had a face mask with a filter and on top of that, a thin paper mask. This has a protective visor attached to it. The windows had all by now, been opened to ventilate the room. ROWLEY was mooing like a cow and salivating more than you would usually see. He was also sweating profusely and his pupils were very small. I thought that this was not the normal presentation of a drugs overdose, which we thought it could have initially been.

Lee walked over to ROWLEY, put his hand on his shoulder and tried to get him sat down on the sofa. ROWLEY's arms were stiff and he would not move. We call this increased muscle tone, something we would associate with fitting or a neurological condition. I then took his temperature and Lee checked his blood sugar levels. They were both normal. At that point, we both thought this to be abnormal and something neither of us had seen before. I walked out of the room and onto the landing. I called up our control on the radio and asked them to call Police, Fire, clinical backup and also the HART (hazardous area response team). The call was answered by a dispatcher called Holly, who I know. Holly said she would organise these resources and get them on route to us. Holly asked if we wanted our bronze commander (Richard TILSLEY) which I agreed we did.

I then walked back into the room. Lee was doing a blood pressure check on ROWLEY, using our machine. We then attempted to lie ROWLEY on to the couch to treat him further but he was still rigid and would not move. At that point, Lee phoned Salisbury Hospital on the red phone, a protected line for emergency calls only. He asked the sister (Vicky) about the clinical features of the female that had been taken from the same address earlier, to see if that could help us with our prognosis. Vicky told Lee she would find out and call back as soon as she could.

ROWLEY then slowly slumped down the wall and became entangled in a hi-fi speaker that was on the floor. We then thought he was deteriorating further, so Lee went out to the ambulance to get a secondary

response bag and a paramedic's drug bag. The secondary response bag contains intubation equipment, which would enable you to pass a tube into the windpipe to assist with forming an airway. Also, it has an intra-oseous drill to gain access to bone marrow to deliver drugs into a patient. There is a paediatric resuscitation bag, a nebulisation bag used to assist with breathing and an oxygen tank. The drugs bag contains various types of drugs that can only be administered by senior clinicians.

Whilst Lee was outside, I rolled ROWLEY over onto his back, applied a jaw thrust which hold the jaws open and opens the airway up and gave him oxygen. ROWLEY then showed signs of trizmus (inability to move the jaw) which stopped me from opening his mouth. I then managed it with nasopharyngeal airway adjuncts (tubes up his nose) and oxygen therapy. Lee attempted intravenous access through his left arm but he could not establish access, so I tried on the right arm, with the same result. We tried hands to but still had no success. We then gave him naloxone through his nasal passage, which helps to reverse the affects of opiate overdose. Lee then put the IO drill into ROWLEY'S lower leg, which goes directly into the bone marrow. The insertion did not provoke a response from ROWLEY but when Lee flushed the bone through, ROWLEY groaned. This is not an unusual response but we would normally give a local anaesthetic at the same time but because ROWLEY was so poorly we didn't want to waste time, so it was not given. We then used the auto injector to administer atropine into the muscle of his thigh, to help inhibit the chemical workings of a nerve agent. ROWLEY was fitting at this time so we also gave him a muscle relaxant, diazepam. This reduced his fitting and also made his jaw more relaxed. We then gave him a further dose of atropine through the IO device into the bone marrow. Both myself and Lee agreed that we needed a critical care at this time, which would affectively anaesthetise the patient to take complete control of his breathing. The communication to us was not clear during this period so neither of us were sure about whether that care would be forthcoming.

ROWLEY had not improved and we were then both thinking about how we would get him out of the address and on to hospital, to get that critical care. We both continued to mornitor ROWLEY, I was managing his airway with suction and managing the situation as best I could. Lee had gone outside for a second time to get a scoop, which is a board to lift patients on. He had also moved the ambulance forward as the ramp would not come down. He returned with the equipment and remained with ROWLEY, waiting for further instructions. ROWLEY was self-ventilating, yawning and was making noises again. He had stopped fitting and was stable.

By this time, our lead paramedic Ian PARSONS had helped to organise a cordon outside the property and was communicating with us on the radio. Ian had asked if we could see any drug paraphernalia in the property, which I hadn't seen, so I decided to have a look around to see if there was any. I could not see anything in the lounge area so started opening all the drawers and cupboards I could see. In the cupboard on the left hand side of the kitchens window, I found a connected and opened syringe and needle that appeared either used or ready for use. There were also a couple of other syringes, although I am not sure exactly how many.

I went back to ROWLEY and at this time, could hear footsteps coming up the stairs. I looked up to see two Police Officers standing on the landing. We had been told by Ian that two Fire Officers in protective clothing were coming in, to assist getting ROWLEY out, so I was very surprised to see them. They were not wearing any protective clothing and did not even have protective gloves on. I told them that they needed to put some protective clothing on before entering but they were quite dismissive, saying something about this being a drugs incident and walking in regardless. We were quite confused at this time, as this was not what we had been told. The Officers said they would help us get ROWLEY out, so we started to talk about how we were going to achieve this. The plan was to put ROWLEY onto the scoop with the monitoring equipment secured by straps. The turning circle at the top of the landing was quite tight, so we were looking at how we could get him out securely. The idea was to put each of us on a corner of the scoop and lift him down slowly. Lee had already prepared the stretcher outside the property for us to put him onto. We got ROWLEY downstairs and loaded him into the rear of the ambulance, his feet at the driver's end. I then gave a comprehensive update to the major incident channel via radio at 2039 hrs, from inside the ambulance. Lee got out for a few minutes to try to cool down but I remained inside. I then remember looking up and seeing the same two police officers that had been inside, getting into the front seats of the ambulance. We were under the impression that one of the fire Officers in protective suits would be driving so again, I was quite surprised to see them. The Officers were asking about how to operate the ambulance controls. I then called up the major incident channel to ask what was going on, did we have authorisation to move and was Salisbury Hospital going to accept this patient. I was told Richard TILSLEY had authorised us to move, Salisbury would be accepting the patient and the HART were going to meet us at the hospital. Lee called the hospital to tell them we were on route to them and gave them a clinical update. About ten minutes into the journey, a message came to us over the channel that the incident was now being scaled back, HART were to stand down and the patient was to be

treated for drugs only, as the female who had come in earlier that day was being treated in this way. We made the decision to continue to hospital in the same way and arrived around ten minutes later.

On arrival, we were expecting to be met by a team of people. Although they had stood down the major incident, we still had a critical patient on board but we were met by only one nurse in the bay, along with security guards also. There was also a consultant there, I know him as Essam, although I'm unsure of the spelling of his name and a Doctor at the hospital, Paul RUSSELL. RUSSELL told me to take my mask off, he seemed quite happy that this was drugs and didn't seem particularly concerned. However, I did not deem this appropriate, so I kept all my protective clothing on.

I gave them a detailed verbal handover and handed over the patient. It appeared to us both that we were not being taken seriously in regards to our suspicions that this was possibly a nerve agent poisoning. I remember seeing ROWLEY with his arms rigid when we first arrived and thinking that this could have been similar to the previous Salisbury incident where the two Russian people were poisoned and I had not been appraised of anything that had made me change my mind up to that point.

I then walked to the clinical waste bin in Resus bay A and disposed of all my outer clothing, masks and overshoes. I walked into the A&E staffroom and sat down for a 'hot' debrief. This is something we do regularly and was attended by myself, Lee, Ian PARSONS and Richard TILSLEY. Staff nurse Kelly BETTIS and a healthcare assistant, Heidi RUSSELL, were also in the staffroom. We then walked back to the vehicle and along with Lee and Ian, we cleaned and restocked the ambulance.

The uniform I wore at 9 Muggleton Road stayed on for the remainder of my shift, until I arrived home Sunday morning at around 0700 hrs. I took it off in my bedroom at my home address and it remained there until Monday morning when I washed and dried it. It wasn't until Wednesday 4th July 2018 that I received calls from Public Health England, our occupational health department and our management. I was told to 'double bag' the clothing and wait for further advice. It is still in those bags.

Signature: B CHANNON Signature witnessed by:
2022

[redacted]