Friday, 18 October 2024

(10.00 am)

LORD HUGHES: Yes, Ms Pottle.

MS POTTLE: Sir, this morning our first witness is paramedic Fred Thompson. May the witness be sworn.

LORD HUGHES: Please.

MR FREDERICK ADAM THOMPSON (sworn)

Mr Thompson, thank you very much. Do sit down, or you can stand if you like, but most people find it easier to sit down.

Just give me a moment. Yes.

Questioned by MS POTTLE

MS POTTLE: Hello. My name is Émilie Pottle and I'm asking questions on behalf of the Inquiry.

Can you state your full name, please?

A. It's Frederick Adam Thompson.

Q. Mr Thompson, you have provided a statement to the Inquiry in this case. The reference is INQ005142. If that could be brought up now please.

Do you recognise that document?

A. I do.

Q. Okay. Can we turn to the last page of the statement, please. We can see that the statement was taken by an officer at SO15 and the officer read it back to you and you signed it. Have you had a chance to

review this statement before giving evidence today?

A. I have.

Q. Is the statement true to the best of your knowledge and belief?

A. It is.

Q. Sir, with your leave may that statement stand as the -- may it be adduced into evidence?

LORD HUGHES: Yes, certainly.

MS POTTLE: I'm grateful.

Mr Thompson, first I would like to ask you a bit about your qualifications and your role in the medical treatment of Ms Sturgess. At the time, and that's June 2018, you were employed by the South Western Ambulance Service Foundation Trust as a HEMS paramedic; is that right?

A. Yes.

Q. At that time, you had been a paramedic for 18 years; is that correct?

A. That's correct.

Q. Yesterday we heard evidence from paramedic Keith Coomber who was an advanced technician. Can you explain to us what training a HEMS paramedic undergoes?

A. The HEMS paramedic are recruited from the paramedic profession and to be a HEMS paramedic you have an extended skill set of physical skills as well as

pharmalogical extension for extended drug use, and you also undertake an in-house training programme which is directed to critical care paramedic practice, based on the pre-hospital emergency medicine syllabus, which is endorsed by the Royal College of Emergency Medicines and the College of Surgeons.

Q. I see. It's further training than, if I can put it this way, a regular paramedic would have?

A. It is.

Q. We have heard also in the evidence about critical care paramedics. Is that the next stage up, if I can put it that way?

A. You progress to a critical care paramedic after completion of the HEMS paramedic training --

Q. I see.

A. -- and extended portfolio, with the -- being supervised for up to two years through completion of it, an accumulation of the PHEM course, which is Pre-hospital Emergency Medicine course, for those working in air ambulances is a requirement to undertake.

Q. Okay. But you were not at that stage a critical care paramedic, you were a HEMS paramedic?

A. Looking at my statement I believe I signed as a critical care paramedic, so I believe I was a critical care paramedic at the time.

Q. I see. If we can just take the statement -- if we can just bring it up, 5142. In fact, you have it there in front of you, don't you, Mr Thompson? It says "Occupation HEMS paramedic" there; do you see that?

A. Yes, ma'am, I do.

Q. Okay. Do you think you were a HEMS paramedic at the time?

A. 2018, I qualified as a Critical Care Paramedic and I refer to Nick Wilson's document, who is the SWASFT officer who is actually *(unclear)* his evidence as a Critical Care Paramedic.

Q. Okay, so that's a mistake. I see. I would like to ask you now a bit about the training and guidance that you received on organophosphate poisoning before we turn to the events in question.

Yesterday we heard evidence from Wayne Darch and he explained that a clinical notice regarding DuoDote auto-injectors had been emailed to all paramedics prior to the poisoning of the Skripals in March 2018 and that clinical notice asks clinicians to familiarise themselves with the DuoDote medicines protocol which, if we can bring it up now, is Inquiry reference 000623.

Mr Thompson, do you recognise that document?

A. I don't recognise the document.

Q. Do you recall receiving information about the

DuoDote auto-injector prior to attending Dawn Sturgess in June?

A. Obviously it's a long time back.

Q. Of course.

A. When I say I don't recognise the document, it's probably because over time I can't recall the document. However, we did have training as the SWASFT organisation provided us training on our annual development days and we were also given a clinical notice from our line managers, which is called operation officers, on the DuoDote injection.

Q. Do you remember receiving some information, if I can put it more broadly, from your line managers about the DuoDote auto-injector?

A. I remember receiving some information with regards to it of the instruction. It was left open for us to familiarise ourselves with over a period of time, but that's all I can recall. It's a long time back.

Q. It is quite a long time ago now.

Can I ask you whether then you were familiar with the signs and symptoms of nerve agent poisoning prior to attending Dawn Sturgess in June 2018?

A. Specifically nerve agent poisoning, I can't recall specific training on a --

LORD HUGHES: Sorry, say that slowly for us,

please, Mr Thompson.

A. I'm sorry.

LORD HUGHES: It's all right. It's my fault, I'm not hearing.

A. I can't recall specific nerve agent poisoning training, but what I can recall is the organophosphate training as part of the DuoDote --

MS POTTLE: I see. We can see, in fact, from the medicines protocol that that medicine is for organophosphate or nerve agent poisoning and so the clinical symptoms would be the same for use of the auto-injector.

If I can just ask that we look at page 5 of this document that's up on our screens. This is the final page and it sets out in an easy to read format, I think, information on when to use the auto-injector and if we just zoom in on the two grids at the bottom, we have the signs and symptoms of nerve agent and organophosphate poisoning and then a reminder of the step 1, 2, 3 plus. Under "Signs and symptoms" we have recorded: "Chest tightness, wheezing, respiratory arrest, bradycardia for circulation, pinpoint pupils, miosis, seizures and unconsciousness, sweating, fasciculations, paralysis."

Can you help us with what fasciculations are?

A. No, ma'am. Mental block.

Q. Can you help us -- paralysis would be not being able to move; is that right?

A. Correct.

Q. Right, okay. Then under the other symptoms, we have nausea, vomiting, fecal and urinary incontinence. These are the signs and symptoms of nerve agent and organophosphate poisoning.

Would you say that you were familiar with this, with these signs and symptoms, before you treated Dawn Sturgess?

A. For some of them, yes. For all of them, no.

LORD HUGHES: Well, I'll not quite sure, Mr Thompson, whether you are being asked whether you were familiar with them because you had encountered them at work, or whether you were familiar with them because you had seen the training material and they may not be the same thing. Which was it, or was it both?

A. From a training perspective and a learning and informative perspective, yes. We were aware of the steps 1, 2, 3 for organophosphate poisoning.

LORD HUGHES: Right, yes, and with this list of likely symptoms or not?

A. Yes.

LORD HUGHES: Yes. Had you actually ever encountered a nerve agent case?

A. Never.

LORD HUGHES: Or an organophosphate case?

A. Never.

LORD HUGHES: Did you know anybody else who had?

A. No.

LORD HUGHES: No, right.

MS POTTLE: Before I move on from the training that you received, we also heard yesterday from Mr Darch that after the poisoning in March of the Skripals there was emailed to all staff a document prepared by NHS -- PHE and NHS England, on a reminder for emergency departments on the treatment for organophosphate and nerve agent poisoning. That document is INQ000659, if we could bring that up, please.

Do you recall receiving this document?

A. No, ma'am.

Q. No. Well, we need not take much time with it, but it sets out also clinical guidance for nerve agent poisoning and a summary of the symptoms you might expect in a case of acute poisoning, but if you don't remember receiving it then we can --

LORD HUGHES: Do you know whether you had it or not, or are you simply not remembering?

A. I don't recall seeing it or having it, sir.

MS POTTLE: Can I ask, as a HEMS paramedic, you

were still employed by the South Western Ambulance Service Foundation Trust; that's right, isn't it.

A. That's correct.

Q. If emails had been sent round by Wayne Darch to all staff members, we would expect that they would go to you as well?

A. If to all staff members, yes, ma'am.

Q. Yes, okay. Now I'm going to ask you about the events of 30 June and here we can refer to your statement, which you can have in front of you.

On 30 June, you were on duty and you were call sign CC23; is that right?

A. Yes, ma'am.

Q. Okay. You were monitoring a category 1 call, as I understand it, which was the call regarding Ms Sturgess.

We heard evidence from Mr Coomber yesterday that he had requested HEMS. Do you remember whether you were requested to attend, or in fact you were monitoring the call and had decided to attend anyway?

A. From my statement and my recollection, I remember following the call through the process and I believe it was my crew mate on the day that actually contacted the HEMS desk to say that we will respond to this call and for them to allocate us to the call.

Q. I see. You were monitoring the information about the call -- and we will come to that in a moment -- and decided that you would attend.

We have the call log -- in fact, we have it in the expert's report and that is document INQ5942, page 37, if that could be brought up. This is -- it should be on your screen -- a distillation, if I can put it that way, of the call log prepared by the expert. It's just a little bit easier to follow.

LORD HUGHES: You see what it is, Mr Thompson? Someone's extracted these entries from the call log.

MS POTTLE: Yes. We can see that the call was received at 10.14 and it was given a category 1 at the same time, in fact, noted as "Fitting".

We can see that at 10.16 the rapid response vehicle, that was Mr Marriott, Mark Marriott, was allocated at 10.16 and at the same time the ambulance call sign 312, which was Mr Coomber, was allocated at the same time.

Then we can see at 10.20 notes were added "Patient has taken drugs and having a reaction." Do you remember seeing that on the log? Is that information that you would have had?

A. It's information that would have been on this system, not necessarily -- I can't recall seeing it when

I looked at the log on the day. We would just look at key parts of information, but I don't recall seeing that specific quote at 10.20.

Q. Okay. Can you help us with this: do you have a mobile data terminal which sets out information from the control room, or how do you monitor a call?

A. Each ambulance base has access to the CAD, computer and dispatch --

Q. Sorry, can you repeat that again?

A. Each Air Ambulance --

Q. Air Ambulance space.

A. -- station has access to the CAD, which you can see all live calls coming to the ambulance control room.

The mobile data terminal would be one we have in the vehicles which gives you the information specific to the jobs you're responding to.

Q. I see. When you're in the vehicle you have the mobile data terminal, but when you're in the Air Ambulance station you have a different system called a CAD, but that would give you the information for live calls coming in?

A. All live calls coming in.

Q. I see.

LORD HUGHES: Back at HQ they've got all of them

and you've got yours; is that it?

A. From the control rooms, yes, sir.

LORD HUGHES: Right.

MS POTTLE: Okay. We can see from your statement at page 2 you say:

"... the initial call was a female not feeling well, taken some medication... it then changed to a reaction to medication, and then a query anaphylaxis, then the female was fitting."

Do you see that on page 2? If we can pull up the statement --

LORD HUGHES: Now you have gone back to his statement, have you?

MS POTTLE: Yes, document 5142.

LORD HUGHES: Right.

A. Yes, ma'am.

MS POTTLE: If we could have page 2. Sorry, that's the wrong statement. Yes, thank you. We can see the third paragraph from the bottom, it says:

"... the initial call was a female not feeling well, taken some medication ... it then changed to a reaction to medication ..."

Do you see that?

A. Yes, ma'am.

Q. We saw on the call log -- and we don't need to

pull it up -- it said "Patient taken drugs", but here in your statement we can see "Medication". Was your understanding at the time that it was a reference to medication that she had taken?

A. The impression I got from the call log was she had taken medication because she was feeling unwell.

Q. I see.

A. Later that day, when we arrived on scene, that was further clarified that the fact that she had taken medication because she was feeling ill.

LORD HUGHES: Because she was ill?

A. Because, yes.

LORD HUGHES: Right.

MS POTTLE: I see.

You had been monitoring the call and you decided that you would attend.

A. Yes, ma'am.

Q. You deployed with Keith Mills and Victoria Gilmartin; that's right, isn't it?

A. Yes, ma'am.

Q. It took you 40 or so minutes to arrive at the location. Would that be a normal response time for you, or did you have difficulty finding the address?

A. We had difficulty finding the address.

LORD HUGHES: Ms Pottle, is it relevant? He is not

the first there. There are people already there attending to her. Is it going to make a difference how long it took them to get there?

MS POTTLE: Well, that's a matter for you, sir, but if you're not assisted by that evidence , we can move on.

LORD HUGHES: Well, it's helpful to have necessary detail.

MS POTTLE: Yes.

The call log records your arrival at 11.04. Does that sound about right?

A. Yes, ma'am.

Q. Okay. When you arrived you entered the property, you would have gone up the stairs, you entered the bathroom where Ms Sturgess was. Can you just describe to us what you saw?

A. It was a new build house, or a flat should we say. As we entered I remember walking in. The stairs were wooden stairs, uncarpeted, quite a steep set of stairs and the bathroom was the first door off onto the right. Dawn, Ms Sturgess, was lying on the ground, kind of half in the bathroom, half out of the bathroom, with several ambulance personnel working diligently on Dawn at the time.

Q. Could you see what treatment they were giving her at the time?

A. Initially, no, from the treatment wise, but once we arrived on scene we did actually say "Let's have a pause and let's have a handover from the clinicians on scene already" and they were able to give me, Keith and Tori a handover of what they found on arrival, what they had actually done, the treatment provided and where we were currently.

Q. Okay. Can you just summarise for us what they told you?

A. From memory, I believe that the first paramedic arrived on scene to find and confirm Dawn in cardiac arrest. He set up beginning his normal treatment protocol, basic life support, until he was augmented by the ambulance crew. I believe initially it was a non-shockable cardiac arrest, I believed PEA.

Q. If I can just pause you there. Non-shockable cardiac arrest and what did you say after that, known as --

A. Pulseless electrical activity, which is still part of the non-shockable --

LORD HUGHES: Pulseless?

A. Pulseless.

They had commenced ALS. It had gone from a PEA rhythm into ventricular defibrillation rhythm, one DC shock applied.

MS POTTLE: If I can pause you there. It had gone from pulseless electrical activity to ventricular defibrillation; is that what you said?

A. Yes, ma'am.

Q. That is, as I understand it, electrical -- there was electrical activity in the heart, but it wasn't coordinated?

A. Yes, ma'am.

Q. Then they gave a shock?

A. Yes, ma'am.

Q. I see. Then what else?

A. One DC shock was applied and currently they had a ROSC, a return of spontaneous circulation.

Q. I see. You arrived, she had a return of spontaneous circulation?

A. Yes, ma'am.

Q. You said that you formulated a plan and you took over her care at that point; is that right?

A. Yes. When I say took over her care, it's a team effort. We all provided input and care as all professionals. Because she was in such a profound low flow state, we had a shared mental model, we decided -- this is a -- obviously post ROSC.

Q. If I can pause you there, we had a what model?

A. A shared mental model, so we obviously came

together as a bit of a brief, what the crews had actually done and where we were with Dawn.

LORD HUGHES: If these words matter, Ms Pottle, I'm not getting them and nor is the shorthand writer.

MS POTTLE: I see. If I can just ask you, Mr Thompson, to speak a bit more slowly, that will help all of us accurately record --

LORD HUGHES: Don't worry about it, Mr Thompson. The trouble is it's all very familiar to you, but sometimes the technicalities aren't to the people who are trying to listen; do you follow?

A. When we all came together and we set about formulating a plan, it was to make sure we were all on the same level and understood what the plan was and what we were trying to do and deliver and where we want to get to, so it was a shared mental model.

Q. A shared?

A. Mental model.

Q. A shared mental model, is that what -- yes, okay, I think I understand. You formulated a plan out loud so that all of your colleagues could know and contribute to what the care was going to be moving forward?

A. Well and truly. It gave everyone the opportunity to explain and understand what we wanted to

achieve.

Q. I see. Moving forward, after you had your shared mental model, what treatment did you decide to give to Dawn at that time?

A. I believe we looked at standard cardiac arrest management, which is full advanced life support, working through the four Hs and four Ts, which is the common causes of reversible conditions in cardiac arrest, and excluding what ones were not relevant and obviously working on which ones were the more likely cause of the cardiac arrest.

Q. Okay. What did you think was the more likely cause of cardiac arrest in her case?

A. We verbalised that our biggest killer, or biggest cause of this cardiac arrest, was a neurological condition that's caused the cardiac arrest.

Q. Okay. What treatment did you give her?

A. Because she was in a post ROSC state, we took over the breathing and ventilation for the patient, delivered some fluids and some drugs, ie adrenaline, and supported her circulation. Working through reversible causes, we delivered a drug called Narcan, because the eyes were initially pinpoint, to rule out any form of opiate overdose as part of our reversible conditions .

Q. I see. In your statement you say that she was

bradycardic and hypotensive and not making any spontaneous breaths at that stage. Bradycardic, that's a slow heart rate; is that right?

A. It is, ma'am, yes.

Q. Is that common in patients who have been through cardiac arrest and have a resumption of spontaneous circulation?

A. It can be. The heart is in a stunned period post-cardiac arrest and it's not uncommon to be bradycardic post initially ROSC.

Q. I see. Hypotensive; what does that mean?

A. She had a very low blood pressure, ma'am.

Q. Was that common in people --

A. It can be. As I say, it's a stunned heart post-cardiac arrest.

Q. I see. You told us that you had administered Narcan for possible drugs reaction, opiate reaction, and I think you told us that it was because her pupils were pinprick; is that right?

A. They were initially pinpoint and yes, as part of our reversible conditions, Narcan was given to potentially exclude an opiate overdose.

Q. Did the Narcan have any effect on Dawn?

A. I don't recall it having any effect on her at all.

Q. To give her the adrenaline which you spoke about, is it right that your colleague Keith Mills cannulated Dawn?

A. Yes, ma'am, I believe he cannulated Dawn in the bathroom.

Q. When he did that did you notice that her skin was sweaty?

A. I don't recall, ma'am.

Q. At that point, Dawn had an i-gel which had been administered by the paramedics on the scene when you arrived; that's right, isn't it?

A. Yes, ma'am.

LORD HUGHES: That's the piece of apparatus in her mouth, is it?

A. It is, to assist and keep her airway open.

MS POTTLE: Did you notice at that stage that there were fluids around the i-gel escaping from her mouth.

A. I would have to refer just to the statement just to -- I can't recall.

Q. I see. If it helps you, it's not in your statement at that stage that you had noticed that.

A. No.

Q. Do you remember that there was a suction device that had been brought in?

A. Yes, ma'am.

Q. Okay, and what was the suction device used for?

A. We would bring the suction device as part of every cardiac arrest. It's to clear the airway of any soiled material or secretions.

Q. I see. That would suggest, wouldn't it, that then there were secretions then in her airway at that stage --

LORD HUGHES: He has just said, Ms Pottle, that it is standard for every cardiac arrest.

MS POTTLE: Can I ask you, at that stage, do you recall whether you were satisfied with her airway management or not?

A. Whilst in the house I was satisfied that the i-gel was working and we were able to ventilate effectively.

Q. I see. In your statement, you say that you considered whether to replace it, but you decided against it because you didn't have 360 access to Dawn; is that right?

A. Yes, that's correct on my statement. Due to the space within the bathroom and not enough space to have 360 access, plus it was working effectively at the time. It was decided not to replace it at that moment.

Q. Yes, I see. We know that eventually you used

a scoop stretcher to move Dawn down to the ambulance and you noticed that she had defecated at that stage; is that right?

A. It was when we moved Dawn initially to place the scoop underneath her, underneath her body, that was when Dawn unfortunately defecated, yes.

Q. Okay. Once she was brought down to the ambulance, you set about conducting a full reassessment of her starting from head to toe; is that right?

A. That's correct, ma'am.

Q. Okay, and that assessment showed a heavy amount of fluid escaping from the i-gel, no respiratory effort, bradycardic heart rate and that she had lost the cannula in her arm; is that right?

A. It is, ma'am, yes.

Q. Okay. Did you know why the cannula had been lost in her arm?

A. It might have been in the point of some form during the extrication.

LORD HUGHES: During the business of getting her out?

A. Yes, sir.

LORD HUGHES: I see.

MS POTTLE: At that --

A. That's the reason why we carried out a full

assessment once the patient has been moved and placed onto the ambulance stretcher, we would always carry out the full reassessment.

Q. I see. You decided at that stage to change the i-gel and to intubate her during that reassessment. Why was that?

A. I believe we felt -- certainly I felt and the team felt -- that we were at risk of losing the airway from moving from upstairs into the bathroom until we were in -- on the stretcher, we had actually noticed that her tongue had swollen to the degree that it was actually pushing the i-gel up and it was less effective way of securing the airway.

LORD HUGHES: I'm just trying to visualise it, Mr Thompson. You have had to get her onto the scoop from a rather cramped bathroom floor and then out, what, down the stairs?

A. Down the stairs, outside, that's when we noticed the tongue had actually enlarged with swelling and I believe and the team believed that we were at risk of losing the airway.

LORD HUGHES: Thank you.

MS POTTLE: You continued to treat her en route to the hospital; is that right?

A. Yes, ma'am.

Q. At that stage her blood pressure was low and you considered giving her atropine; is that right?

A. Atropine was part of a team discussion: what else can we -- what else can we do to help improve and optimise the physiological symptoms of Dawn. So it was a consideration, yes, ma'am.

Q. I see. You didn't give her atropine in the end; that's right, isn't it?

A. That's correct.

Q. Why didn't you give her that drug?

A. It was a combination. The -- with the tongue swelling up, almost as if it's having a reaction, what we didn't want to do is introduce another drug into the system considering we almost lost the airway with the large swelling of the tongue.

The other considerations we explored at the scene that atropine would increase the heart rate, but what we really needed to achieve was the blood pressure needed boosting, should we say, and therefore carrying on with the adrenaline, because it acts on the two systems, it acts on the alpha and the beta systems, it would increase the heart rate but also increase the blood pressure.

Q. I see. You felt that the adrenaline would be a better treatment because it would both increase the

heart rate and increase her blood pressure?

A. It's to carry on with the adrenaline which we were administering anyway and yes, it was a consideration of introducing another drug that would have a potential reaction.

Q. I see. While you were at the address , did you discuss Dawn Sturgess' presentation with her partner, Charlie Rowley?

A. Yes, ma'am. I took myself away from the clinical side of the resuscitation and made a point to go and speak to Charlie to get a more detailed, in-depth history and past medical history of Dawn so that would enable us to build the bigger picture of our treatment options and likely causes of the cardiac arrest that we were dealing with at the time.

Q. I see.

LORD HUGHES: Did you get that?

A. I got as much as I possibly could, sir, enough to carry on with resuscitation and work my primary working diagnosis.

MS POTTLE: What did Charlie tell you about Dawn's medical history?

A. He couldn't recall much of the past medical history from any conditions or diseases, sort of things like asthma, diabetes, he couldn't remember much of

that, but he did say from a recreational point of view that Dawn was not an illicit drug user and she was alcoholic and never touched drugs, ma'am.

Q. I see. We heard earlier in your evidence that you had been informed before arriving that she had taken medication. Did Charlie say anything to you about medication that she had taken?

A. Charlie -- he did. Charlie recalled saying -- I recall Charlie said to me that because she had felt unwell and had a headache, she had taken some medication to obviously relieve the headache because she was feeling unwell.

Q. I want to ask you now to look at the electronic patient record, which is document 000655. It will come up on your screen, Mr Thompson. Do you recognise that document?

A. Yes, ma'am, it's our EPCR, patient record.

Q. Yes, electronic patient record. We heard yesterday from Mr Coomber that he didn't fill this in and that you filled it in; is that right?

A. I'm pretty sure I filled most of this in, yes, ma'am, yes.

Q. Can you help us, how does that happen? Does any of it get filled in automatically from the machines, or is it something that you fill in?

A. From an ambulance perspective, at the time of Ms Sturgess' arrest we, had MobiMed, which is a device that connects all their devices and allocates it to the EPCR. But I believe on my statement I recall that device, the MobiMed, was not charged and therefore didn't auto-populate onto the EPCR.

Q. It is supposed to auto-populate, at least some of it, but it didn't happen on this occasion because the equipment wasn't working?

A. Yes, ma'am.

Q. If we can look now at the document , we can see that it records the time and date of the incident and the address. The patient -- the primary survey says "Presenting condition: Cardiac". It is "OOH cardiac arrest", presumably that's out of hospital cardiac arrest?

A. Yes, ma'am.

Q. Then if we move then to page 2, we see -- I suppose that's free text that you filled in:

"Collapsed in toilet went into arrest. RRV on scene. BIS commenced ..."

That must be basic life support; is that right?

A. It is, ma'am, yes.

Q. "... ambulance arrived commenced [advanced life support] ... extricated on scoop ALS continued to

hospital pre-alert given. Fred Thompson completed EPCR. All observations taken from ZOLL machine."

Then if we can continue onto the second page, we have here a secondary survey conducted at 12.36 and then a record of the drugs interventions.

Then if we move on to the fourth page , please, we have a record here we can see. The entry at 11.13, the drug isn't included, but it says 400 micograms per nostril. I'm assuming that was the Narcan; is that right?

A. It is, ma'am. I have no idea why the drug name is not on that system, but it is Narcan, yes.

Q. Okay. Then for treatment we have "Cause of arrest", it says "Drug overdose and other/unknown". Did you -- how did that entry come to be put in? Did you type that yourself?

A. Excuse me, ma'am. No, ma'am, that is a drop-down list which is auto-populated when you click on that box.

Q. I see.

LORD HUGHES: It's a multiple choice?

A. Kind of, sir. It gives you multiple options of what --

LORD HUGHES: Tick the relevant boxes?

A. If it's applicable, but in this case, because

there is no neurological cause for the arrest on the automatic drop-down boxes, the "other" cause was selected and then, if you go to the right, it has free text where I have actually put in "neuro", as in neurological was the cause of the cardiac arrest.

MS POTTLE: I see. So that I'm clear, "Drug overdose and other/unknown", is that part of the same option or did you select the drug overdose option?

A. It's all the same option.

Q. I see. Your opinion, when you filled out this document, was that the cause of her cardiac arrest was a neurological condition; is that right?

A. Yes, ma'am. We worked the -- we informed of our working opinion, having excluded all reversible causes, and with the information we had received and the presenting condition and treatment, our primary diagnosis was of a neurological condition that led to the cause of a cardiac arrest, based on the history and everything together.

Q. Mr Thompson, just finally, we will hear from an expert in pre-hospital care in due course and his conclusions are that the treatment offered to Dawn was of a reasonable standard. He doesn't criticise the treatment that you gave her and, furthermore, we have a causation expert who concludes that her poisoning was

unsurvivable. By the time you had completed your treatment of Dawn, you were aware that her symptoms included fecal incontinence, respiratory arrest and cardiac arrest and that she had miosis of her pupils, she hadn't responded to the Narcan. Did you consider that the cause of her symptoms might have been organophosphate poisoning?

A. No, ma'am.

MS POTTLE: Thank you very much. I don't have any further questions for you.

LORD HUGHES: Good, thank you. Are there any others?

MR MANSFIELD: Yes, if I may.

LORD HUGHES: Yes, Mr Mansfield.

Questioned by MR MANSFIELD

MR MANSFIELD: Good morning. I represent the family of Dawn Sturgess. Very few questions.

If you could kindly cast your mind back to the period between the Salisbury events and the Amesbury, so it's just that period I want to ask you about, during that period were there any meetings convened, multi-disciplinary meetings, in which those who had been involved in the Salisbury events were able to pass on their experiences, their advice, on the ground, as it were, if you understand what I'm putting to you, during

that period? Did that happen at all?

A. I can't recall any, sir.

Q. May I make it clear that I'm indicating not just the paramedics, but scientists from Porton Down joining in and contributing and so on, that kind of thing?

LORD HUGHES: Well, he won't know about that, will he, Mr Mansfield? What he can tell you is whether he was asked to any of them.

MR MANSFIELD: No, I appreciate -- the point is whether there were multi-disciplinary meetings involving him attending, that's the question.

LORD HUGHES: Exactly.

MR MANSFIELD: Sorry. Can I go back a step? I'm only talking about you -- I'm sorry to focus on you -- and this period, as to whether you were invited to any multi-disciplinary meetings which involved paramedics from Salisbury, scientists from Porton Down, all the people who had been involved in the Salisbury, passing on their experiences. From what you're saying, there weren't any.

A. I don't recall any, sir.

Q. Thank you. Then there is no point in me asking you whether that training involved other things.

Just one other question. From after Amesbury,

after Dawn's death at that occasion, is there now training in place, training and advice in order for you to distinguish, as far as is humanly possible, between those who might be afflicted by a nerve agent poisoning, as opposed to opiate overdose?

A. We've got the national doctrine which -- for CBRN incidents and that forms part of paramedic training. Yes, we have that and there's regular updates provided through the National Joint Royal Ambulance and Nursing College Committee guidelines.

Q. Do you -- I'm sorry, I'm not meaning to elicit any criticism of any kind, I just -- do you feel that that training is sufficient for you to enable you to make distinctions of the kind I have just put?

A. From a professional perspective, it would tend on the instant you attended if there was any clinical intelligence to suggest organophosphate poisoning or nerve agent poisoning.

MR MANSFIELD: Yes, thank you. Sir, that's all I ask.

LORD HUGHES: Yes. Thank you, Mr Mansfield.

Mr Thompson, thank you very much for your help. There's no need to stay unless you wish to do so. There's nothing else for him, is there, Ms Pottle?

MS POTTLE: No, there isn't, sir.

LORD HUGHES: Thank you very much then, Mr Thompson. As I say, there's no need for you to say, although you're free to do so as you wish.

MS POTTLE: Sir, we are now running a bit ahead of schedule. We have another witness to give evidence this morning, but, sir, if --

LORD HUGHES: Just one more this morning, is there?

MS POTTLE: Yes, just one more this morning.

LORD HUGHES: In other words you are delicately saying that you would like me to break now.

MS POTTLE: Yes, I am.

LORD HUGHES: Yes, all right. 11.05, please.

(10.49 am)

(Short Break)

(11.05 am)

LORD HUGHES: Yes, Ms Whitelaw.

MS WHITELAW: Good morning, sir.

MR BENJAMIN WILLIAM CHANNON (affirmed)

LORD HUGHES: Yes, please sit down if that's more comfortable, Mr Channon, that's fine.

MS WHITELAW: Good morning.

A. Good morning.

Q. As you know, my name is Francesca Whitelaw and I ask questions on behalf of the Inquiry. Thank you for attending today to give us your evidence. Could you

give us your full name, please?

A. Yes, it is Benjamin William Channon.

Q. Do you have in front of you a copy of a six page witness statement, dated 9 July 2018, and bearing your name?

A. That's correct, yes.

Q. The reference for the transcript is INQ005542. Have you had an opportunity to read through that witness statement?

A. I have indeed.

Q. Are you confident that the contents are true to the best of your knowledge and belief?

A. Yes, ma'am, yes.

LORD HUGHES: Mr Channon, I should have said it before, remember that people are watching and listening to you a good deal further away than Ms Whitelaw, (a) in this room and indeed elsewhere, so make sure that what you say gets to those microphones. Put them where they're convenient and talk to them. Right.

A. Thank you. That's better.

MS WHITELAW: Sir, with your permission, the whole statement will be adduced in evidence --

LORD HUGHES: Yes, it will.

MR O'CONNOR: -- and appear on the Inquiry's website.

If I can start with your professional qualifications and role, please. Were you, in June 2018, a paramedic employed by the South Western Ambulance Service?

A. I was, yes.

Q. Were you based at Salisbury ambulance station?

A. Yes.

Q. Again, from the uniform, is that still your job?

A. It's my job, but now I'm a specialist practitioner in critical care, so paramedic by background but have since gone through further academic and indeed similar training to that discussed with Mr Thompson previously. My job now is going to those that are the most critically unwell within our region and working on an Air Ambulance within the region, but at the time was a paramedic on the road.

Q. At the time, for how long had you been a paramedic?

A. In 2018, that had been three years since qualification.

Q. Mr Channon, were you here yesterday for the SWASFT evidence?

A. Yes, I was, yes.

Q. In that case I will take the issue of training

relatively shortly. Prior to March 2018, what, if any, training had you received about dealing with suspected hazardous chemical poisoning, whether that's nerve agent, organophosphate or other?

A. Yes, so prior to March, on induction to the previous Ambulance Service I worked for and indeed South Western Ambulance Service, we have an online IOR training, so that's the initial operational response, which are online modules which I -- from the NARU, the National Ambulance Resilience Unit, which -- I couldn't tell you the duration of it, but that's quite comprehensive on the recognition of symptoms and treatment.

Q. Thank you. Could I ask you to slow down in your evidence because we have a transcriber. Thank you very much.

Did that include then the recognition of symptoms for nerve agent poisoning?

A. Correct, yes.

Q. This is prior to March 2018?

A. Correct.

Q. Did it include symptoms for organophosphate poisoning generally?

A. Correct.

Q. Also, did it include symptoms for drug

overdose?
A. Not that specific training, but yes, I was aware of symptoms of drug overdose.
Q. Had you seen -- you have seen in evidence a number of times, so I won't bring it up again, the medicines protocol for DuoDote which was dated January 2017 -- had you seen that prior to March 2018?
A. Yes, yes, I had.
Q. You were familiar with the symptoms that we have seen on the screen?
A. Yes.
Q. After March 2018, did you receive new or updated guidance on signs and symptoms of nerve agent poisoning?
A. It was the email in March disseminated from my, at the time, operations manager, Jane Whichello, on behalf of Mr Darch. That was an email with the -- it was the -- there was no change in the guidance, but --
LORD HUGHES: Gently.
A. -- repeat guidance was emailed and issued, yes.
Q. It was to refresh your memory --
A. Correct, yes.
Q. -- rather than specifically to introduce new

matters?
A. Correct.
Q. Do you remember when specifically that was between March and June or not?
A. I can't recall the date. 10 March springs to mind, but I can't recall.
Q. You have heard some of the evidence that we have already had in the Inquiry. Did you receive guidance specifically on the potential for confusion between drug or opiate overdose and nerve agent poisoning?
A. Not specifically, but that to me is a clinical decision based on knowing the signs and symptoms of both.
LORD HUGHES: What does that mean, Mr Channon? There wasn't any specific training directed to it?
A. I don't recall any specific training directed to differentiating between the two, but I'm aware in isolation of what both of those may look like and then at the time that was a clinical decision.
LORD HUGHES: Were you or were you not conscious of the possibility of confusion, overlap, misdiagnosis, between the two?
A. Yes, that's -- throughout medicine there's always obviously the chance of two things looking

similar, if that's what you mean, sir.
MS WHITELAW: If we could move to the events of Saturday, 30 June. What shift were you working on that day.
A. Originally I was due to be solo manned on a rapid response car, as Mr Marriott described yesterday, but presumably, due to sickness, I was taken from that shift to crew with Mr Martin, who is present in the room, on a double crewed ambulance.
Q. Was that a 6 in the morning until 6 in the evening shift?
A. Correct, yes.
Q. I think you have just said that you ended up working in an ambulance; is that correct?
A. Yes.
Q. Which was double crewed?
A. Correct, yes, two people, yes.
Q. You mentioned Mr Martin. Is that Lee Martin?
A. Correct, yes.
Q. Who was driving that day?
A. I was driving, from memory.
Q. Was the call to 9 Muggleton Road your first call of that shift?
A. From memory, we were tasked to another call prior to that, but the priority, which isn't uncommon

that a priority of this call exceeded the priority of the previous call, so we were quite rightly diverted to this call.
Q. You say the call was higher seriousness. What grade was the call to Muggleton Road?
A. I can't remember, but I know that Mark Faulkner's report definitely cites which priority that is.
Q. Mr Faulkner says it was initially a category 3 and then updated to a category 2. Can you just tell us what those categories mean, please?
A. Yes, so a category 1 call is immediately life threatening, so that's someone who is not breathing or having severe respiratory distress, or is having a seizure. A category 2 is likely someone who is -- there are questions that are quite specific on a triage system for that reason. Category 2 calls are often those with chest pain that may be a heart attack, and category 3 calls are often falls, non-injury falls and other things like that.
Q. Cardiac arrest probably would be category 1 ?
A. It is, yes.
Q. Category 2, something like potential heart attack, so still conscious, breathing --
A. Yes.

Q. -- but potentially very serious?
A. Correct, yes.
Q. If we could go to INQ000656, please, we have seen a similar document for Dawn Sturgess. Do you recognise this as an ambulance record --
A. That's the record, yes.
Q. -- for the call that you attended to Muggleton Road?
A. Yes.
Q. Was your vehicle call sign 7710?
A. Yes.
Q. We can see at the top there, can't we, "Vehicle call sign" and we have your name, Benjamin Channon, and crew name Lee Martin.
A. Correct.
Q. We see at the bottom there the time of call, 18:21, dispatch time 18:36 and at scene 18:47. I think that accords with your witness statement and recollection of when you arrived at 9 Muggleton Road, 18:47.
A. Yes.
Q. What information did you receive in the initial call?
A. The information, as my colleagues have alluded to, comes down onto a mobile data terminal and on that

information, on that screen, we will receive the location, the category of the call and indeed some of the basic details.

The details I recall were again in Mr Faulkner's report and indeed the sequence of events, but I recall being sent to a gentleman that was reported as behaving strangely and hallucinating. Apologies if that's not verbatim, but that's what I recall.

Q. We can see on the top of the log there:

"Hallucinations, making weird noises - not responding."

Is that what you recall as well?

A. Yes.

Q. We can take that down, the document, now. We will come back to it.

What happened when you arrived at the address? Do have your witness statement in front of you so that you can refer to it? I'm on page 1.

A. Yes, so as I say, I was driving. We arrived to the address in Amesbury, arrived into the courtyard and as per any incident, we will always take a dynamic risk assessment.

We were met by an adult gentleman that came down, downstairs, outside the property. He appeared quite panicked.

LORD HUGHES: Quite?
A. Panicked, and introduced himself and had reported that he was concerned there was a leak of sorts and we, myself and Lee, probed that further.
MS WHITELAW: If you could just take it a bit more slowly. Thank you.

First of all, a male came down quite panicked, introduced himself, but did you know him already?
A. I knew of him having lived locally and growing up in this area, so I know of him, but don't know him personally.
LORD HUGHES: What's his name?
A. Sam Hobson.
LORD HUGHES: Thank you. Ah, right.
MS WHITELAW: Did you know his name before you went to the call?
A. Yes.
Q. I think in your witness statement you said he was at the same school as you?
A. Yes, older than me, but yes.
Q. Did you know that Sam Hobson was involved with class A drugs?
A. No.
Q. You said that he appeared panicked to you. Did you think he was under the influence of anything or

unwell?
A. No, not at the time, no.
Q. You say not at the time, did you think that since?
A. No, no.
Q. You mentioned that he said there had been some sort of leak. In your statement you say "Meaning a gas leak"?
A. Yes, correct.
LORD HUGHES: Well, that there was a leak or he thought there might be, or what?
A. His phrase, from memory, was that he was concerned it was a leak and then --
LORD HUGHES: Right.
A. -- probing from myself and my colleague were: "do we think it's a gas leak?" And he agreed.
MS WHITELAW: Did he indicate that he thought that was because of the presentation of Charlie Rowley, or for any other reason.
A. There was no comment on --
Q. You didn't know if it was because of some sort of smell in the house or the presentation?
A. No.
Q. What were your thoughts about what he was saying then?

A. That was a concern and certainly a concern for his safety, our safety and indeed the patient that we're being called to at the time.

Q. What did you do then?

A. We asked him to show us to the patient, as per -- always, as discussed, we will take a dynamic risk assessment, but I could see, from memory, that the front door was open and at that point we were content that we were going to approach with caution. We carried our first response equipment, which is standard to any call, and including that based on the concern that there was -- the word "leak" mentioned, we took our bag of personal protective equipment with us into the front door of the house.

Q. You had it in your bag but not on at the time ?

A. Correct, not on at the time.

Q. Did you enter the property?

A. Yes, downstairs.

Q. How did you find Charlie Rowley and please do refer to your statement if you need to, I'm on page 2?

A. We walked upstairs, as described, into a kitchen area, approached at the door and I believe Sam followed us up, but at that point I had no further conversation with Sam for the duration after asking him to go downstairs and maintain safety for himself and

wait for further emergency services.

I recall finding Mr Rowley up against a wall, which has been shown on mapping in the sort of dining area of the kitchen. I remember Mr Martin and I looking at each other and being very concerned that this was behaviour that was grossly abnormal in comparison to anything that we had perhaps encountered before and, apologies for the terms, but Mr Rowley was making noises very much like a cow and was making mooing noises essentially.

Q. From when you came in, from when you first came in?

A. Correct, yes.

Q. Did you consider drugs a possibility at that point?

A. Yes, yes.

Q. What did you do next?

A. As I say, he was -- are you happy if I describe a little bit more because I think that's important about his --

Q. Absolutely, yes.

A. So he was right -- his face was against a wall which clearly is not an obvious and normal behaviour, and his hands were almost as if he was climbing down the wall. Obviously we recognised that that was really quite abnormal and one of the main features that

I noticed straightaway was that he had what we have called the hyper salivation, so profuse amounts of saliva coming from his mouth, which was really concerning.

At that point, Mr Martin, who, as I say, is present in the room -- we are very concerned that this was not normal and given the information, or the phrase "leak" that Sam had given us, we ensured that all the windows of the property were open to ventilate the property. We walked over to the kitchen, opened the windows, tried to ventilate the room and at that point my statement should say "we updated our control room of our concerns, requested at that time the Fire Service and indeed donned the personal protective equipment that I described".

LORD HUGHES: You put your equipment on, your PPE ?

A. Correct, yes.

MS WHITELAW: In your statement you refer to putting your protective suits on, along with overshoe protectors, a face mask with a filter and thin paper mask over that and a protective visa.

A. That's correct.

LORD HUGHES: The reason for calling the Fire Brigade is?

A. Was the concern from the phrase "the leak".

LORD HUGHES: In case of a leak.

A. And indeed the behaviour that I was concerned that there was another substance.

LORD HUGHES: Right.

MS WHITELAW: At that point, were you considering then some sort of poisoning from a gas leak and a poisoning from a unknown substance?

A. That's correct, and I think we were in a position by then where we had experienced the Salisbury poisonings. Working locally then, obviously we had had advice, but kind of living and breathing in those times it was certainly in the forefront of our mind, certainly our safety was, and to be a lot more perhaps open minded than particularly we were in the past to the chances of unusual substances and that was the immediate concern that we had and why we put our protective gear on, and thankfully we did.

Q. At what point did you first consider the potential that this was similar to Salisbury?

A. I don't want to talk too quickly, but we attempted a primary survey on Mr Rowley. To explain that, that's an evidence-based algorithm that is noted in the paperwork and that's something that we use from a catastrophic haemorrhage airway management, down to breathing circulation and that's something that you will

assess every patient with.

We had established that Mr Rowley had not displayed signs of catastrophic haemorrhage. He had an airway that was patent. Despite some salivation, he was able to make noises. He was breathing effectively enough to remain stood and clearly the assumption was that his cardiovascular system at that time was supporting him being stood up.

At that point, we moved on to disability, which is an element of that assessment, and Mr Rowley's behaviour was abnormal. Obviously we tried to introduce ourselves and reassure Mr Rowley, but his conscious state was not at a point where he could converse with us.

To note, Mr Martin attempted to put his hand on his shoulder to reassure him, but indeed to also move down and take a radial pulse from his wrist and apply some of the monitoring equipment.

Q. Before we go further on, if I could just take you back a little bit, so we will come on to more of that, I just want to make sure we have each point as we go. Could we just go back to the log which was INQ000656, please.

Could we go down to the next page, so here it says:

"Called to attend a gentleman who was reported to behaving strangely. Salivating profusely and making

strange noises. Alerted on arrival that a female at this property today was taken to hospital in respiratory arrest due to unknown cause ? drug related."

First of all, do you recall at what stage you became aware that there had been a patient earlier in the day from the same address?

A. Yes, so although I have put "On arrival" there, from recollection that was a radio transmission message from our dispatcher en route to the incident in the ambulance itself, advising us that there had been an earlier patient at that address.

Q. How, if at all, did that impact your assessment at the scene, now that you have seen Charlie ?

A. Initially, my thoughts were that this was likely to be a gentleman who is emotionally upset and distressed, given the story around the behaviour, knowing that his partner was clearly critically unwell earlier on in the day. However, if you look at the steps 1, 2, 3 -- and that's been cited throughout other evidence that I have viewed -- the number of patients -- so now our thought process is that we potentially had two patients at this address that had --

Q. That's one of the things I wanted to ask you. The 1, 2, 3 guidance and counting the numbers, that doesn't then need to be counted at the scene if it

appears that there are numbers within the same circumstances; is that right?

A. That's certainly how I interpreted that guidance, yes.

Q. Can I just ask you a question: where there is a question mark before "Drug related", is that relating to the female patient, a question about whether that was the cause there, because it says "unknown cause", or was it to do with Charlie Rowley, or was it both?

A. I can't recall where that information has come from, whether that was something that was passed to me, but obviously will be available via the transcripts. I don't recall that being something that Sam had told me, so I can't recall where that information came from. Obviously, unfortunately, Mr Rowley was unable to talk to me at the time.

Q. We see the rest of that entry on the log:

"Approached with caution and due to recent events within Salisbury and the nerve agent attack, crew decided to don PPE by way of suits, masks and shoe protection."

Which you described:

"Steps 1-2-3 followed as per HAZMAT guidelines."

Again, is that the CBRN process?

A. Hazardous materials, yes, yes.

Q. "Arrived to find gentleman GCS 11 ..."

Could you just explain that?

A. Yes, so GCS is a Glasgow coma score or scale and that scales from 3 to 15 and you score points or reduce points based on response with eyes, voice and motor function. A score of 3 is deeply unconscious, a score of 15 is how we are now in this room, and Mr Rowley originally was GCS11. So he, as I described, was making noises, had increased muscular tone, but wasn't coherent in a way that I could have a conversation with him.

Q. Can I ask you about that. It says "Increased tone to upper limbs"; what does that mean?

A. Yes, correct, so that was the -- probably to me the most bizarre sign that I have seen, so when I'm talking about increased tone, I'm talking about increased muscular tone, so as we're sat here now, our muscular tone obviously is affected by what we need to do and reach and move to things, but this was a muscular tone that was fixed and rigid. And when Mr Martin tried to move Mr Rowley's arm, he was unable to do so.

Q. Like paralysis, is that --

A. Not paralysis, this was the opposite of paralysis, so rigidly increased tone. Can I explain --

Q. Yes, please do.

A. You would see increased tone in patients that are having seizures, so fitting, but including with that you would see what we call clonus, so the shaking as well, and often patients that are potentially having an intracranial or a neurological event, you may well see increased muscular tone as a part of that, but what I note is that this muscular tone that I -- we both saw was different to anything we had seen in our experience of other presentations of neurological events, seizures or indeed use of other substances.

Q. Then to continue on:

"... making incomprehensible sounds ..."

Which you described:

"... leaning up against a wall. Patient was not responding to commands, had pinpoint pupils ..."

Was that unusual?

A. Yes, so pinpoint pupils were noted. I think it's important to note at this point it was very difficult to do an assessment on the gentleman given his conscious state was at a point where we were really struggling to be able to apply monitoring equipment and indeed open his eyes and assess him. As I have alluded to, his conscious state reduced and at that point we were able to look into his eyes and establish the pupils.

Q. Just to continue on the symptoms:

"... sweating and salivating profusely."

You have dealt with. "Initial observations were as recorded". We come back to the point you were describing of taking observations. I just want to cover while on this page:

"No drug paraphernalia present initially, drugs use was denied by the occupant."

A. Yes, that's Sam not Mr Rowley himself.

Q. That's what I was going to ask. Thank you.

Does that mean that one, you considered the possibility of drugs in this case?

A. Yes.

Q. And two, the initial indications to you were that there weren't any obvious indications either from Sam Hobson or from anything you can see?

A. There was no history of, but as per a differential diagnosis in any collapsed patient or with altered behaviour, certainly very commonly we will see patients that have used recreational substances that would describe or -- the behaviour would be attributed, so it was a reasonable consideration at the time in conjunction with the constricted pupils that you will often see in opioid --

LORD HUGHES: Just pause there, Ms Whitelaw. I may

have encouraged this unnecessarily, Mr Channon, but I'm told that you are now sufficiently close to the microphone to be occasionally distorting what comes through people's headphones, so you will have to find a happy medium. Just a little bit away from it, please.

MS WHITELAW: It says "EOC informed", what's EOC.

A. EOC is our emergency operation centre.

Q. HART requested, so specialist teams --

A. The Hazardous Area Response Team, yes.

LORD HUGHES: Tell me, Mr Channon, what we're looking at, which is the record, is it filled up, as it were, on the run as you go along, or at different stages during the day, or when you get back to HQ afterwards? How does it work?

A. Yes, sir, so this is the clinical record, so given clearly the treatment was a priority at the time, this patient record is completed at arrival at hospital , once the patient has been handed over, and then that's contemporaneous in notes following that event.

LORD HUGHES: It is a report when you get back to the hospital?

A. Correct, yes.

LORD HUGHES: Thank you.

MS WHITELAW: Bronze requested ; what does that mean?

A. Bronze was a term which is now outdated and that's now replaced with "Operational commander".

Q. Is that for the Ambulance Service?

A. Correct, yes.

Q. Then at 7.25:

"Patient slowly collapsed to floor, became GCS8."

So a deterioration in the Glasgow coma score?

A. Correct, yes.

Q. Then it describes the treatment which we will come on to in a moment.

Could we go please to INQ000654. This is the ambulance call log. We have seen it before. I'm afraid this is a difficult document to follow. There are only a couple of entries I just want to take you to, please. The first should be on page 13 and I'm looking for an entry that is 19.11.50:

"Similar to pre-SAL incident ..."

Yes, it's the capital letters a couple of lines down from there. "Similar" starts on the line below the highlighting. If we could highlight the word "Similar" just below the current highlighting. Thank you. Then a few lines down, the next where it is a set of capital letters:

"TO PREV SAL INCIDENT."

Thank you. Then if we could just go to page 16,

which is 19.28.19.

I'm looking for the entry "LP993", I think it is advised:

"He and 7710 both attended previous SAL incident and state along with fire PTS are presenting with similar incident."

That's at the bottom --

LORD HUGHES: Just highlight that for us, would you? That's it, wonderful.

MS WHITELAW: LP993 --

LORD HUGHES: Down to "Similar incident".

MS WHITELAW: Thank you.

First of all, I think you said the call sign for your vehicle is 7710; is that correct?

A. That's correct.

Q. Is 993 another call sign?

A. Yes, so 993 is a rapid response vehicle and that was crewed by Mr Parsons, the Operational Commander.

Q. Does it look like that means that Mr Parsons -- we think it is Mr Ian Parsons -- advised that he and -- he is referring to your ambulance call sign, so is that you or Lee Martin, attended previous -- I assume Salisbury from "Sals" incident. Did you have any involvement with the Salisbury incident?

A. I didn't attend the patients, no.

LORD HUGHES: But had Mr Martin?

A. I don't believe Mr Martin did, but Mr Parsons had.

LORD HUGHES: Mr Parsons had. I see. Thank you.

MS WHITELAW: Thank you. We can take that down now.

I want to return to the developing prognosis and treatment given to Charlie Rowley at 9 Muggleton Road. When you examined him, you have described what you say in your statement which is the mooing like a cow, salivating more than you would usually see. We're still on page 2. Sweating profusely, pupils very small, which is the same as we have seen on the log already, and you have described you not thinking that's a normal presentation. In your statement you say:

"I thought this was not the normal presentation of a drugs overdose which we thought it initially could have been."

Can you tell us then next, you have -- you have already explained that Lee walked over to Mr Rowley and put his hand on his shoulder, tried to get him to sit down on the sofa and the stiffness meant he couldn't. You have explained the muscle tone. You were talking -- I think you got to monitoring levels, so do refer to the

statement if you need to. Did you take his temperature ?

A. Yes, so at that point -- apologies if I'm speaking too quickly -- we began our assessment of him and, as alluded to, using the primary survey as discussed earlier.

With any unconscious patient or collapsed patient unfortunately obviously they're at a point where they can't give us a medical history, so we're then relying on physiological measurements -- and when I say that I mean temperature, blood pressure, heart rate, things that we can measure pre-hospital -- so one of our concerns at the time where is this -- as I say, as a result of intracranial, so something inside his head, whether he was perhaps having a brain haemorrhage or whether, in fact, there was a horrible infection that was impairing his behaviour at the time.

A raised temperature may have demonstrated the signs of an infection. Indeed, a blood glucose is really important in those patients because we know that a low blood glucose often affects behaviour.

They were done as immediate observations because they were easy to achieve when Mr Rowley was moving around, where applying a heart rate monitor or a blood pressure cuff as such was quite difficult and would often throw off spurious readings when someone was

moving.

Q. What were those readings you took from him ; were they normal or abnormal?

A. Yes, and obviously documented on the clinical record, but I remember his temperature was normal and his blood glucose was within normal limits, so that reassured us that it was unlikely that a hypoglycaemia or low blood sugar was the cause at the time.

LORD HUGHES: You could take his temperature and it was normal?

A. Correct, yes.

LORD HUGHES: You could check his blood sugar and that was normal?

A. Correct, yes.

LORD HUGHES: You couldn't decently check his blood pressure because the equipment doesn't work in the condition that he was; is that it?

A. Yes, sir, yes.

LORD HUGHES: Got it.

MS WHITELAW: I think in your statement -- and we're at page 2 -- the action you take which you have alluded to is calling up control -- we have also seen it on the log -- and you say asking them to call police, fire, clinical back-up and HART, the Hazardous Area Response Team.

I think you knew the person who answered the call ; was that correct?

A. Is that the lady I referenced as Holly?

Q. Yes.

A. Yes, so I know her through frequent conversations on the radio. I don't know her personally, but know her by name.

Q. A dispatcher with whom you're familiar?

A. Yes, correct.

Q. What did she say when she asked for those resources?

A. She was obviously going to send those resources, but I recall her confirming whether we would like the Operational Commander to come and manage the scene and that multi-agency communication that was likely to be required.

Q. Who was that, the Operational Manager , that you thought was going to attend?

A. The on duty Operational Manager was a gentleman called Richard Tilsley at the time. Within the area was there a county-based resource, a specialist resource, so often their run times are slightly longer. Mr Parsons was on a response car in Salisbury and suitably trained to fulfil that role in the interim, hence his immediate dispatch to us.

Q. Were you seeking at this point a multi-agency response?

A. Correct, yes.

Q. Was that in accordance with what we have heard Deputy Chief Constable Mills explain in his evidence, the JESIP principles?

A. Correct, yes.

Q. After you had spoken to your control, you indicate in your statement that Lee Martin phoned Salisbury District Hospital. Could you tell us about that call, please?

A. I remember Lee making that phone call, so that was moving down what I have described as our differential diagnoses. We were at a point where none of the measured physiology, so the numbers that we were receiving from Mr Rowley, were pointing to a clinical picture of an infection or a significant head injury, or the use of a substance such as cocaine or indeed opioids. As part of gathering a collateral history, in the absence of anyone that was able to give us any medical history of Mr Rowley, it was thought that a sensible option was to phone the hospital. Given the information we had received prior that sadly Ms Sturgess was acutely unwell and taken to the hospital, Mr Martin felt it prudent to phone the hospital and ask to see

whether there was anything specific that she had become unwell as a result of and whether that would help us identify our condition with Mr Rowley.

Q. He phoned on a particular line, didn't he? Could you just explain that?

A. So it's a -- yes, it's probably documented as the red phone and that's a protected line that we provide a pre-alert to a receiving hospital on, so that's a line that they will always answer within a rapid fashion.

Q. He had a conversation with -- I believe you describe it as a sister --

A. Yes.

Q. -- called Vicky?

A. Vicky, yes.

Q. About the clinical features of the female. Do you remember what he -- did you hear the conversation ?

A. I can't -- I'm sure I heard it, but obviously I was managing Mr Rowley and I don't recall the details of that conversation.

Q. Could you tell us firstly if you recall what Lee Martin told the hospital?

A. Mr Martin, I recall, I remember him explaining that the presentation of Mr Rowley at the time and then obviously requesting to see what they were perhaps

treating Ms Sturgess for. Clearly there's an element of patient confidentiality and giving information quite rightly over the phone is not necessarily the done thing, and I don't recall the response that Mr Martin received, but I appreciate he is present in the room and perhaps would be able to help with that.

Q. Well, in your statement you say:

"Vicky told Lee she would find out and call back as soon as she could."

Do you know if there was a return call?

A. There was a return call, yes.

Q. How was Charlie Rowley presenting by this point? This is the end of page 2, if it helps you.

A. Yes, so by this point, Mr Rowley had deteriorated in terms of his conscious state and we were assisting him slowly to the floor and I remember having the discussion with Lee that at this point we were preparing for Mr Rowley to deteriorate to a point where he may enter cardiac arrest and therefore we prepared for that appropriately.

Q. When you say you prepared, what do you mean by that?

A. So we went through our step wise approach of airway management as listed in the documentation, applied defibrillator pads with a view that if his heart

was to go into an abnormal rhythm we could treat it with energy, and optimised his physiology as described on the clinical record.

Q. I think you had some difficulty opening his jaw to apply oxygen. Could you tell us about that, please?

A. Yes, I have described that as trismus, so that's because of the increased muscular tone in his jaw. At the time, that was very difficult to allow me to place an airway adjunct device to open those airways.

LORD HUGHES: The muscular tone you are describing is the muscle, as it were, in stress, is it?

A. Contracted.

LORD HUGHES: Contracted, and hence difficult to open the mouth?

A. Yes, correct.

MS WHITELAW: So what did you do about that? How did you get the oxygen --

A. In that instance, I used a device that I have listed as an NP, so that's nasopharyngeal, so that's an airway tube that goes in through the nose, because I was unable to open the mouth, and then that sits at the back, moves round to the tongue and then hopefully ensures a patent airway as a result of that.

Q. Did that seem to work?

A. I remember that improving his airway and obviously the application of high flow oxygen through a mask also.

Q. What about achieving intravenous access?

A. Intravenous access was attempted on both hands, I remember both by myself and Mr Martin, and there was nothing that was obvious in terms of visible veins and palpable veins that we could feel. We had attempted that a few times but had failed.

Q. Was that because of the rigidity or was that another reason?

A. That's not uncommon in someone who is so critically unwell that their vascular system is compromised to a point where it is very difficult to obtain IV access, yes.

Q. Did you give him naloxone?

A. Yes.

Q. How did you administer that?

A. The first dose was intra-nasally and that was due to the absence of -- or the inability to obtain intra-vascular access, so that was into the nasal mucosa and that's using a small device that atomises the medication.

Q. We heard yesterday that that helps reverse the affects of opiate overdose?

A. Yes, correct.

Q. Did it have any effect?

A. It didn't have any effect, but the indication for that was the small pupils.

Q. What did that make you think?

A. It -- initially I thought that maybe we needed more of a dose. I remember giving him 400 micrograms and then a repeat dose, but was concerned with the increased muscle tone and the salivation that this was not a classic opiate overdose. You wouldn't expect to see necessarily the increased muscular tone and salivation to that level with an opiate overdose, which I have seen many of.

Q. In combination, the lack of reaction to the naloxone, the small pupils, the salivation and the muscular tone, were those the main factors that were making you think this wasn't an opiate overdose and was the conclusion that you were thinking it was a nerve agent poisoning, or were there still other things that were in you are your mind?

A. Correct, at that point, I remember -- obviously we had worked through the differential diagnoses as described, with infection and stroke and head injury and the use of substances such as cocaine, which would perhaps induce seizures and some of that

increased muscle tone. There was no evidence of that and obviously it's a consideration, but there was no one to confirm that. But the behaviour that we noted was vastly different to anything we had ever seen and I appreciate at the time I was a paramedic of three years, but I had seen plenty in that time of recreational drug use and feel that I had enough experience of other medical conditions that this looked vastly different.

Q. What was the most likely thing that you thought it was at that point?

A. At that point, Mr Martin and I came together and Mr Martin suggested -- he said "This is very similar to what we have learned about following the Salisbury incident" and that clearly is advice we were given, but indeed continuous professional development in terms of discussions that we have with other healthcare professionals, clearly mindful of patient confidentiality, but self directed learning, through fear mostly, following the exposure that the Skripals had.

Q. Then you go on to describe Mr Martin inserting drills. Can you just explain that process, please?

A. Yes, so that was due to the failure of intravenous access, that's a device called an

intraosseous device, so that's a catheter, excuse me, that goes into the bone marrow and allows us to very quickly and effectively deliver medications in the absence of vascular access and is very, very commonly used in cardiac arrest, but less commonly used in conscious patients.

Q. Did you deliver medication at that point using that?

A. Yes, at that point he had the atropine.

Q. In your statement -- and I'm now at page 3 -- what did you use to administer the atropine?

A. The -- from memory and indeed the clinical record, the DuoDote intra-muscular atropine pen with the Pralidoxime was given prior to the intraosseous pure atropine, if you like.

The pure atropine, to answer your question, was drawn from a small vial, checked as per protocol. We have, as alluded to earlier, indications on our application, so we check the medicine, administer the medicine based on the indications that we see at the time, and then that was delivered through the intraosseous route.

Q. What was the intention of administering that ?

A. At the time, we had -- if I can go back, we had recognised that this was abnormal, we had had the

discussion that in the absence of any other obvious path of physiology or symptoms, everything at this point was pointing to someone who was incapacitated from what we believed to be the potential of nerve agent poisoning. Clearly we are unable to diagnose that pre-hospitally, but what we can do quite well is treat the symptoms of that and we felt it prudent at that point to administer this medication.

We gave the intra-muscular dose of the atropine, so that's a -- the DuoDote pen that we have spoken about, and that's a combination of drugs, so that's atropine and Pralidoxime, so that was given intramuscularly into Mr Rowley's thigh and that was administered by Mr Martin.

Then to answer your question, at a time after that, which again will be reflected in the administration on the clinical record, we gave the atropine and the atropine is an anticholinergic drug and what that means is that reduces the effects of the nerve agent on the parasympathetic nervous system. When I say that, it reverses the mass secretion that we were seeing that was causing airway compromise on this gentleman, so the dose of the atropine, 600 micrograms, was in addition to the original intra-muscular dose of DuoDote and this was to reduce the secretions that we were seeing and combat

what we thought at the time had potential to be nerve agent or organophosphate.

Q. Did you see an immediate response to that?

A. He -- there was a -- I wouldn't say immediate response, but there was certainly a reduction in the salivation in time as one would expect to see, giving that drug, yes.

Q. I think in your statement you indicate that Charlie Rowley was fitting at this time?

A. Yes.

Q. What treatment did you give for that?

A. He -- yes, he began -- as I say, he had had the rigid muscular tone and that was a persistent thing, but he didn't have the accompanied what we call the clonus, so the shaking element of the seizure. In that time, obviously we recognised that his conscious state had unfortunately progressed to the seizure and he was administered a benzodiazepine class of drug called diazepam, and that was administered initially in tentative doses, based on my concern that he was already a compromised gentleman , and so he had 2.5 mill igrams of midazolam, which is a reasonably small dose considering an adult would have probably a maximum of 20 milligrams initially.

Q. What effect did that have?

A. That in combination, I believe, in total we had 7.5 milligrams over a duration, that stopped the seizure.

Q. Did it affect his jaw?

A. Yes, so in combination that drug allows muscles to relax and that allowed us to optimise the management of this gentleman's airway a lot better, yes.

Q. You have described already, I think, the further dose of atropine through the IO device?

A. Yes.

Q. You say in your witness statement that you and Lee Martin agreed you needed critical care, but you weren't sure whether it was coming. Why was that?

A. I think because -- certainly now, unfortunately due to COVID , we're very used to working in PPE, but at the time we had requested lots of things and if I'm honest, I think we were both particularly scared and I recall asking for these things , but I don't recall what the response was and clearly we -- I certainly never left the property in the duration of care, so wasn't sure whether that had arrived, but certainly no one had come into the property.

Q. Were you getting any communications about what was happening outside pursuant to your request?

A. Yes, there was confirmation from the control

room, as I said when we spoke to Holly, that those requests were being processed and indeed by this point Mr Parsons was outside having conversations with multi-agency partners.

Q. Did you know that? Were you in communication --

A. Yes, with him directly, yes.

Q. You understood by that point you were dealing with nerve agent poisoning, that was your understanding?

A. I believe, yes.

Q. Obviously subject to a diagnosis in hospital. You had asked the dispatcher for a multi-agency response and you weren't sure why no one was yet coming?

A. Yes.

Q. You hadn't been given a time estimate?

A. No, no.

Q. Did you make preparations then to get Charlie Rowley into the ambulance yourself?

A. That's correct. I remember Mr Martin going downstairs and collecting the appropriate equipment, the scoop stretcher and such.

Q. Were you managing his airway at that time?

A. Yes, yes.

Q. I think you also had to move the ambulance; is that correct?

A. I don't recall that myself, but that sounds reasonable, yes.

Q. At page 3 of your statement, you say that that was Mr Martin, so that would explain why you don't recall yourself being involved, but you said:

"He had also moved the ambulance forward as the ramp would not come down."

How was Charlie Rowley at that point while you were making preparations to get him into the ambulance yourselves?

A. Yes, so I remember him still having a residual increased muscular tone, but he was no longer fitting and so his airway was being maintained with the devices as described. He was self ventilating, so he was breathing for himself, but at times needed a little bit of assistance. That may be because of the underlying nerve agent that we now know was causing that, but that's also often a side effect of benzodiazepine slowing the respiratory rate, and that's something we can understand and manage and indeed is easier to manage than the seizure, so I was supporting his ventilation as described.

Q. Was he still making noises?

A. He was, yes.

Q. And I think you said yawning.

A. Yes, yawning a lot.

Q. Was that unusual?

A. That was unusual, yes. I have not seen that before.

Q. Then coming to the involvement of Ian Parsons, you indicated that you were in direct communication with him on the radio?

A. Yes.

Q. He was the lead paramedic, is that right, and we have heard that that's a --

A. A managerial role, yes.

Q. Exactly, thank you. Did you understand, while you were in the property, that there had been a cordon organised outside the property?

A. That was -- yes, so we moved on to an open talk group, so in the Ambulance Service we don't always -- we talk point-to-point on our radio system, so unlike the police, we don't hear what's going on in the local area, but at this point, on incidents like this, we had been moved to that group, so we were able to hear on the radio that that had been put in place by Mr Parsons outside, yes.

LORD HUGHES: So you're in open -- you're inside still at this point?

A. Correct, sir.

LORD HUGHES: But you're in open radio communication, are you, first of all with Mr Parsons outside and also with the police loop, did you say?

A. Not connected with the police at that time.

LORD HUGHES: Not the police.

MS WHITELAW: By this time, you understand there's a cordon outside, you're onto the open group so you can hear what's going on. Had you communicated to Ian Parsons directly that this seemed to be nerve agent poisoning?

A. Yes, we had had conversations between Lee, myself and Mr Parsons that that was our working diagnosis at this time, yes.

Q. I want to move on to the search of Muggleton Road and the extent of your involvement in any search. What did Ian Parsons say to you on the radio? This is your page 4, if you need to refer to your statement.

A. I will just read the statement first.

Q. Please do.

A. Is that in the second paragraph?

Q. It's actually at the very top.

A. Yes, I see. As described earlier, Mr Parsons had been involved in the earlier incident, so understood where we were coming from when we were describing the symptoms and --

Q. Just to clarify, he had been involved in the Salisbury incident?

A. Correct, yes. He understood our concerns and fears that this may be a repeat. He obviously was outside, presumably with multi-agency partners, but I don't know at that point for certain, and then --

Q. Sorry, could you just repeat that? You thought he was outside presumably with --

A. Multi--- so police and fire.

Q. What did he ask you?

A. Then at that point we were asked to have a look in the address and see whether there were any signs of drug paraphernalia that could potentially attribute the behaviour to another substance.

Q. You hadn't seen any up until that point, you said earlier?

A. Correct.

Q. Where did you look?

A. Yes, so obviously had a look around the kitchenette area originally and then looked through the kitchen itself, so opened cupboards and around --

Q. Just before we go to the kitchen, did you see anything in the lounge area?

A. The lounge area where the patient was, do you --

Q. Where the sofa was?

A. No, I don't recall anything there.

Q. Did you look in there? Because you say in your statement:

"I didn't see anything in the lounge area"?

A. Yes, there was nothing in that area, so looked on window sills and things, but there was minimal furniture and things in there so --

Q. Nothing on the floor, no syringe?

A. No.

Q. Did you use syringes in the course of treatment?

A. Yes, yes.

Q. Would they have been still in the property when the police arrived, any -- all the medical equipment that you had been using?

A. The police to search or the police as part of the --

Q. Both. So first of all -- well, the first police officers that came in, at that time was there medical equipment including syringes around?

A. Yes, there would have been, next to the patient.

Q. But when you came to leave in the ambulance, does all your equipment go with you, or does it get left

to --

A. We always try our best to remove it, specifically sharp needles and things, that comes with us, but obviously the human factors element of trying to remove a critically unwell patient, there may have been a syringe that was left behind on the floor.

Q. Thank you.

Then you go to the kitchen. In the statement you said you were opening drawers and cupboards that you could see and in the cupboard on the left-hand side of the kitchen window, what did you see?

A. Yes, so I recall opening that and, as in my statement, there were needles and syringes in that cupboard, yes.

Q. How did they appear?

A. Like the use of --

Q. You said in your statement that they appeared either used or ready for use?

A. Correct, yes.

Q. Not brand new and unopened; is that what you meant?

A. Not in packets, no.

Q. Not in packets. You:

"There were a couple of other syringes, I'm not sure exactly how many."

Could we just go to INQ005529 and page 4, please. You may have seen -- we have seen this document in evidence before. I just wanted to confirm with you -- you indicated that you looked in the kitchen in a cupboard to the left of the window sill, so is that below the star there where we see --

A. Where the micro, yes --

Q. -- and the perfume box; was that the cupboard where you saw the syringes?

A. I believe so, yes.

Q. Did you do anything with them or did you just leave them there?

A. No, I saw them there and at that point it was beneficial to aid us that this may be someone that uses intravenous drugs.

Q. Were you still wearing protective clothing when you were in the house looking for the drugs?

A. Thankfully, yes.

Q. Did finding that drugs paraphernalia change your assessment that this was nerve agent poisoning?

A. I don't recall. It certainly added to a wider array of differential diagnoses, but at this point the behaviour -- when I say "behaviour", the behaviour of the patient -- to me was vastly different of someone that would have used heroin, for example. To answer

your question, we continued with our working diagnosis that this was organophosphate or nerve agent poisoning.

Q. Did it affect your treatment in any way?

A. No.

Q. I would like to just ask you now -- we can take that down, thank you very much -- about interaction with other responders at 9 Muggleton Road. Could you tell us what happened next?

A. Yes, so as referring to my statement, there did feel some pressure from outside to look for other signs of drugs within the property to try and perhaps rationalise the symptoms of the patient because clearly nerve agent, thankfully, until this has been particularly rare as an occurrence in this country, so quite rightly we were being asked if there was anything else we could truly attribute to the symptoms.

Q. Where was that pressure coming from?

A. That was on a radio. I can't recall who that was from, but yes, that was from either the emergency operations centre or one of the command team outside, but, as I say, at that point we were all on one channel so it's difficult to recall who exactly that was.

Q. Was that even after you had found some drugs paraphernalia or --

A. That was what prompted the search, yes.

Q. Right, okay. I think there came a time when two police officers entered the property. Can you tell us about you seeing them and your reaction to that?

A. Yes, so I recall being on the kitchen floor and managing the airway of Mr Rowley and Mr Parsons and Mr Martin, we had agreed a plan over the radio that two members of the Fire Service were going to come in in enhanced protective equipment to come and help us extricate this patient. When we heard footsteps coming up the stairs, as I have cited in my statement, and we kind of shouted out and we presumed these would be people in protective equipment, but two police officers arrived without protective equipment and I was fearful for their safety and advised them that they needed to don appropriate personal protective equipment before coming forwards.

Q. Were they wearing gloves?

A. I recall gloves, but nothing else.

Q. Okay. In your statement you say "Didn't even have gloves on"?

A. I say not gloves?

Q. So --

A. Eventually they were wearing gloves, but yes, not.

Q. Okay. How -- you advised them to don

protective equipment and what was their response?

A. As Mr Mills said, they were overly confident that this was likely a drug overdose as opposed to anything else, so were confident that -- my interpretation is that they were happy with the level of protective equipment they had at the time.

Q. What was your reaction to that?

A. My reaction was, you know, clearly thank you for that additional information, but I remember distinctly saying -- clearly quite frightened at the time -- "What in your knowledge is making you think that this is something other than the nerve agent that we are using as our initial working diagnosis?" I can't recall the conversations, but I remember them becoming heated but not rude as to "We're really concerned, please could you share some information with us as to why you're so certain that this is not nerve agent poisoning?"

Q. Did you get any more information about that ?

A. I don't recall any information.

Q. Did you make clear to them that your working diagnosis was that this was nerve agent poisoning?

A. From memory, yes.

Q. Were you aware of -- did they tell you that there was police intelligence relating to Charlie Rowley's, as you saw, involvement with drugs?

A. I can't factually recall that and that's obviously -- I'm aware from hearing evidence over the last few days that that was the case, but I can't recall that that was given to me at the time, no.

Q. We have heard and are likely to hear more about Charlie Rowley having used heroin before he was poisoned with Novichok. If you had known that, would that have affected your treatment?

A. Affect in a way that it would be a sign of a reversible cause for someone that's collapsed, but as I said to you, this behaviour was very different to the many opiate overdoses I have seen, and I wouldn't expect, in my experience, but certainly I'm no expert, to see the hyper salivation and the muscle rigidity and the noises to the degree with the opiate poisoning. The pupillary response being constricted I could attribute to a crossover, but this to me appeared very different.

Q. Sorry, I will be clear in what I'm asking. The combination of taking heroin and being poisoned with Novichok, would that require different treatment, given that you have already said you have administered the naloxone, which was for opiate, and the atropine, the DuoDote. Would there be anything else? If you had known he had had both heroin and Novichok, would there have been anything else you needed to give?

A. Only the airway support that we did and the repeated doses of naloxone. As you will see that featured and we repeated, I think, up to 1600 micrograms, which is a fair dose of naloxone with remaining open minded and with the pupillary response , we continued to administer naloxone in conjunction with other treatment to cover both bases, yes.

Q. You were giving all the treatment that you would have done had you known that there was heroin as well as Novichok?

A. Absolutely, yes.

Q. Did the officers help you to get Charlie Rowley to the ambulance?

A. Yes, they were very helpful, yes.

Q. Did you update -- you say in your statement you updated the major incident channel. What's that? Is that the open channel or something else?

A. Yes, so by this point clearly the information that we had given in our situation report had been relayed to the emergency operation centre. Indeed , the command structures were now formulating and Mr Parsons obviously was leading that. There are certain procedures which are probably better directed to Mr Faulkner's report, but that all becomes set up and then we were pushed on to this what we call the major

incident talk group which allows all necessarily interested parties within the Ambulance Service at that point to be on the same channel, so my update at that point was heard by all that needed to hear.

Q. First of all, what time was that, by reference to page 4 of your statement?

A. So that's 20:39 hours as per my statement.

Q. Am I right to understand then that the ambulance, as far as you were concerned, the Ambulance Service was preparing for a major incident, or using procedures that would do?

A. Correct, yes.

Q. I think there came a point when the police officers got in the ambulance to drive to the hospital once you got Charlie in the ambulance and what was your reaction to that?

A. That to me is not standard practice certainly, but perhaps retrospectively and the command decision element was probably of a view that at this point these two individuals had been contaminated anyway, so rather than expose further people to contamination, it was agreed, as a command decision, that they would safely drive us to hospital.

Q. Did you get authorisation to travel to the hospital?

A. Correct, from Mr Tilsley.

Q. Can I just ask you, before you departed, you had obviously come out of the property to get Charlie Rowley in the ambulance and what did you see all around you when you got out?

A. I can't recall anything other than thankfully Mr Martin had reversed the ambulance quite closely to reduce the amount of distance we needed to carry the patient. Obviously I have seen retrospective footage on the news, but I don't recall anything significant at the time and I certainly don't remember being met by anyone. What I remember is myself, the patient and two police officers were the only people I could see.

Q. You didn't see emergency vehicles. They may have been there but you didn't --

A. I remember a fire appliance being in that courtyard as well.

Q. Any police vehicles or ambulance?

A. Only our ambulance is all I can remember, yes.

Q. You got authorisation to move to Salisbury District Hospital and you said that Richard Tilsley, who you referred to before:

"... had authorised us to move, Salisbury would be accepting the patient and the HART were going to meet us at the hospital."

When you departed was that the information you had?

A. That was what we understood, yes. And the thought about the Hazardous Area Response Team was that they would meet us at the hospital with the view that they provide a decontamination ability or capability for the patient and indeed us.

Q. You say that Lee Martin called the hospital en route to give them a clinical update; did that happen then?

A. Yes, so that's a standard procedure using the red phone that we discussed earlier for any patient that we have a critical concern about, so we use an acronym called ATMIST, which is age, time, mechanism or symptoms, and some of the measured physiology, some of the drugs we had given and then that gives them a succinct update and allows them to make space in the resuscitation room and then prepare the necessary teams and we hoped in this case it would be an intensive care team to come and care --

Q. The hospital had a pre-alert from you, but did you receive an update mid-journey?

A. Correct, we did.

Q. Tell us about that, please.

A. I remember on the journey, again on the open speech radio channel, to say that this was now not

thought to be nerve agent, this was being scaled back. Obviously we were to continue -- the patient was still unwell, but I am sure I have stated in here, haven't I?

Q. Yes, page 4, at the end.

A. "... stand down as the patient was being treated for drugs only, as the female who had come [into hospital] that day was being treated in a similar way."

Q. From whom was this update coming? I know you said the open channel, but do you remember who that was?

A. I don't know who that is from. I imagine that was a command decision.

Q. But it's from within the Ambulance Service, is it?

A. Yes, yes, but I would assume that's come from a discussion from the hospital as well.

Q. Had you been told, when you were at the property or in the ambulance, that Dawn Sturgess was a suspected case of nerve agent poisoning or had your assessment been based on Charlie's presentation?

A. Sorry, repeat that, had I?

Q. Sorry, had you been told, while you were at the property or in the ambulance, that Dawn Sturgess was a suspected case of nerve agent poisoning?

A. I don't recall that myself, but Mr Martin made that phone call and discussed with the hospital and

certainly the response to or the way that they described the response -- sorry, Ms Sturgess' response to a particular course of treatment was similar to that of the Salisbury incident, which reinforced us to continue with the decisions that we made to treat Mr Rowley for nerve agent poisoning. But, as I say, I was not making that phone call, but Mr Martin can help you with that.

Q. What was your response to the advice you received part way through the journey to the hospital that the incident was being scaled back to drugs only without a HART response?

A. Particularly concerned, frustrated clearly, but in a -- it didn't change the way I was -- or we were still very certain that this patient needed to have the same treatment as we were giving. At this point, he was quite stable and we weren't giving additional drugs en route to hospital, but we were quite firm in our minds to advocate for this gentleman that we felt that this was the cause and that our treatment and working diagnosis was going to continue to be the same.

Q. It didn't change your actions which were going to the hospital?

A. No, not at all.

Q. If I could deal now with arrival at the hospital and if we could have up on screen, please, the

part of your witness statement that deals with this. It's INQ005542, page 5, paragraph 2. We can see there -- I will just read it out:

"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."

LORD HUGHES: You are met, in fact, by a nurse, a consultant and Dr Russell; is that right?

A. When we arrived in the room, it was just a nurse that was in that resuscitation bay and these individuals arrived later as we were transferring the patient.

LORD HUGHES: I follow, thank you.

MS WHITELAW: What did you say to Dr Russell, if anything?

A. To give context, this was post the handover of the patient care. I remember distinctly Mr Russell

saying to me that this was categorically, I remember that phrase, being drugs and to take your -- "You don't need that PPE on". Clearly at that point I had been frightened, you know, for the two-hour duration with the patient and my response was that it is personal protective equipment and I elected not to follow that advice and I maintained that, or kept that level of PPE on whilst being in the proximity of the patient in that room.

Q. Did you explain to Dr Russell your reasons for suspecting nerve agent poisoning?

A. That was all detailed in the handover, very much so, yes.

Q. Did that handover include passing over the clinical record at that time?

A. Very much so, yes.

Q. Did Dr Russell say anything else other than telling you that?

A. I don't recall that.

Q. Did you tell Dr Russell that you had administered atropine at the scene?

A. Yes, yes.

Q. You told him verbally as well as passing --

A. As part of the team that had eventually arrived for the handover, yes.

Q. You said that you were thinking about the Salisbury incident from when you arrived. Had you been thinking about the Salisbury incident when attending any other incidents since March or --

A. Very, very much so, both professionally but living and breathing and obviously, you know, unfortunately, you know, clearly not as much as the family of Ms Sturgess and everyone involved, but it was big locally and it was certainly in my mind and I remember quite openly most -- sorry, multiple patients that we were going to in between the Salisbury and Amesbury incidents were actually asking us if we had been involved. Clearly that was not something we could divulge and I had two or three patients separately say that if we were contaminated, they didn't want us treating them, and that was -- yes, it was a scary time.

Q. When you were thinking about that at 9 Muggleton Road, did your thinking extend to "This could be inadvertent exposure to the Novichok from Salisbury", or it could be targeted, or did you have no thoughts of the specifics?

A. I remember Mr Martin and I having a conversation around, you know, this is what we felt to be quite a big thing to declare as such and I remember sort of working through hypotheses, if you like, of is

this a rational -- you know, are we really -- you know, this is a big thing to declare and are we being totally rational and I remember a discussion between him and I around, you know, is this a discarded thing or has someone been, you know, asked to perform this act and that's the collateral damage.

Q. You did actually discuss that at the scene?

A. I remember discussing that distinctly with Mr Martin, yes.

Q. You indicate in your statement I think that you disposed of your PPE in clinical waste at the hospital before you left, and did you take your uniform off when you got home after your shift, and had you already washed and dried it by the time you received calls from Public Health England, Occupational Health and your management telling you to double bag it on Wednesday, 4 July?

A. I had, yes.

Q. We have heard other evidence this week that that was the date by which Novichok had been identified and Counter Terrorism took over the investigation.

Sir, that concludes my questioning of Mr Channon, but I would ask for permission to adduce the witness statements of two witnesses referred to in the evidence of Mr Channon, that's Lee Martin, his crew mate , whose

statement is INQ005143, and Ian Parsons, the lead paramedic at the scene, which is INQ004992.

LORD HUGHES: Yes.

MS WHITELAW: Thank you. There will be some more questions for you. Thank you very much.

LORD HUGHES: Just wait there a moment, Mr Channon, would you?

Questioned by MR MANSFIELD

MR MANSFIELD: Good morning. My name is Michael Mansfield, I'm representing the family of Dawn Sturgess, and I am going to -- just a few follow-up questions to the sequence. I will try and keep the same sequence so it's easy.

I want to go back, if I may, therefore, to very near the beginning. Between the events in Salisbury and that attack on the Skripals and the events in Amesbury, as someone who had been involved, I just want to ask you this: were there any --

LORD HUGHES: Sorry, as someone who had been involved in what?

MR MANSFIELD: Well, he was involved -- if you would kindly let me finish the development. It is, in fact, involved in the Skripal attack in the sense of being on duty at that time. Yes, you're nodding. And there were others who were obviously on duty at that

time; is that right?

A. Yes, so I didn't attend the patient, but yes, worked locally when it happened, sir.

Q. Now, the point of the question is this, if I can just turn you back, during that interval of time, were there any gatherings, meetings, seminars, in which people like yourself who had been involved in the incident in the sense of treating people, or being involved in support services, was there any meeting between yourselves and people from Porton Down as well, scientists coming in, and others, other emergency services, whereby the experiences that you had was passed on to other medics, police officers and so on?

A. That's not something that I took part in, no.

Q. No. Are you aware that any took place?

A. I wasn't aware, no.

Q. Now, you indicated also near the beginning of your evidence that you indicated there was a recognition of the signs and symptoms, a distinction is sometimes made but without a difference perhaps, but signs and symptoms of organophosphate poisoning and, equally, the signs and symptoms of opiate poisoning, an overdose. You're nodding --

A. Yes, yes, that's correct.

Q. Sorry, it's just that it has to be recorded,

I'm sorry.

The additional question I want to ask is: you were alive to the possibility, you were, that these could be confused?

A. Correct.

Q. Right. Now, what I want to ask is whether, before Amesbury, there had been any documentation or training which dealt with how you might deal practically with the risk that you might confuse. In other words, were practical steps being suggested in training or documentation, or not?

A. Other than as I alluded to, the reissuing of standard guidance, there was no specific guidance that I recall or training that I recall saying that -- or training us to recognise the difference between the two specifically, no.

Q. I mean, as far as you are concerned, how would you -- we know what you did in this particular case. One assumes that in a way it is reflected. But what steps -- and this is for the future -- have to be taken in order to, as it were, eliminate the risk, as far as is humanly possible, before you ever get to a hospital situation?

A. Could you rephrase that? So eliminate the risk of confusion --

Q. Yes, the risk of confusion.

A. I think there's always a clinical judgment and we can prepare for treatment of both. Clearly opioid overdoses or opiate overdoses are common and treatment for such is therefore common.

I think the treatment of nerve agent poisoning -- and this is a professional opinion -- is clearly rare and unprecedented in the UK, so preparation for such hopefully we can exercise and learn from this. But without the context of knowing the substance is present, I feel that it's quite difficult to pinpoint that it is actually nerve agent poisoning at the time and I think we were fortunate at the Amesbury incident, sadly, but we had had lots of recent reminders and therefore that fed into our suspicions.

Had the Salisbury incident not taken place, I think we would have recognised that the behaviour was particularly abnormal, but I'm not confident that that would have been an immediate recognition that it was organophosphate poisoning.

Q. Now, just continuing with this theme, if I may, if you're in a situation whereby it could be organophosphate, or it could be Novichok -- obviously now you know about it -- or it could be opiate poisoning or overdose, is there a maxim like this, that it's best

if it could be an organophosphate or Novichok, you must err, as it were, on the safe side, as it were, and take precautions in case it is?

A. That sounds very reasonable, yes.

Q. In other words, even if a police officer thinks differently, if the possibility you say is that it is Novichok, or something like that, then you take the necessary precautions?

A. Very much so, yes.

Q. Now, after Amesbury -- I've got a few more questions about Amesbury in a moment -- but after Amesbury, the question I was asking earlier, have there been -- I'm going to call them gatherings, whether you call them gatherings, seminars, whatever, in which you and others who were actually practically involved -- and you just gave the example -- without there being Salisbury, you might not have been able to give the service that you did. After Amesbury, has there been a collation of materials and people to pass on the experience you have given?

A. There hasn't been and my rationale and thought process is probably that's due to patient confidentiality and investigations from the police. That's my thought process as to why we haven't been able to share information.

Q. Right. Now, can I just go back to Amesbury itself and that particular day -- and I'm sorry to anonymise it in this way -- but there comes a point -- and I'm not asking for a precise time -- at which you are as firm as you can be in your own approach that this is similar to Salisbury and would the word "almost certainly" fit? It almost certainly was Novichok, or something of that kind?

A. Yes, yes.

Q. Now, had you arrived at that opinion yourself, as well as the others who were with you? You all agreed the same thing?

A. Between myself and my colleague, Mr Martin, in the same room, that was our joint opinion, yes.

Q. It was your joint thinking. I can only ask about your memory, not other people's. In relation to that joint opinion you had arrived at, firstly, did you yourself, or through someone else, communicate to the outside world -- I will deal with the outside world in a moment -- communicate to the outside world that this was the joint firm opinion of the team?

A. Yes, and that's reflected in the call logs you have seen.

Q. Yes, I'm not going -- you have been through the call logs, we're not going through that.

It was communicated. Can we include in that range of people to whom it was communicated outside, the hospital itself?

A. Yes.

Q. Now, are you able to help us as to the point in time at which you were able to, or somebody from the team was able to tell the hospital what your joint opinion was? I mean, was it one of the Lee -- because we have only got his statement -- one of the Lee Martin calls, or something else, some other communication, the open radio, what?

A. Lee Martin, when he made that phone call, I can't recall the exact details, but obviously that will be in his statement, but I should imagine that was what he had said to the hospital, but the confirmation that that was our working diagnosis was through our command function, through Mr Parsons and indeed Mr Tilsley, who then, on behalf of the Ambulance Service and us, would have communicated that officially to the hospital.

Q. Right, so it's one of at least two routes?

A. Two routes, correct.

Q. Either Martin or your command structure. That's the hospital. Now, in terms of the arrival of police, you made it very clear on their arrival -- I say

"you" as a team made it very clear -- on their arrival that that was your view?

A. Correct, very clear, yes.

Q. Now, I'm not asking for the document unless you can't remember, but would it be fair to summarise your reaction to their approach -- up the stairs, no protective clothing, cordon breached and so on -- would you describe -- have you described their approach, the police approach, towards you as being dismissive?

A. Correct, yes.

Q. Did that shock you?

A. Very much so, yes.

Q. After these events, after Amesbury, has there been any review of how this was handled by the police, as far as you're aware?

A. Not that I have been involved in, no.

Q. Not that you have been involved in.

Now, in relation to that, have you yourself been offered any kind of apology in relation to this?

A. We have had discussions with Deputy Chief Inspector Mills over the last few days and that's been -- yes, we have been --

Q. All right, I just needed to know.

It's happened in the context of this Inquiry? You have been here when it happened?

A. Correct, yes.

Q. All right. In terms of their entry into the premises and then into the ambulance and so on, that whole sequence of behaviour, was there anything at the time you felt you could do about it, in other words to prevent the dangers of people with no protective clothing coming in the premises, no protective clothing getting into the ambulance and so on?

A. I was firm in my communication and used my -- what I can rely on is my clinical knowledge and advised them that my thought was that they should don PPE. Now, I would suggest that if a firefighter or a police officer had said the same to me, that I would follow that advice, yes.

Q. I mean, looking -- retrospectively, do you think there was any more you could do to prevent the police doing what they were doing?

A. I didn't feel that that was within my power, no.

Q. Whose power was it within?

A. I would suggest that would then go back down to what we were saying was the JESIP huddle and the joint principles of communication amongst the emergency services. Clearly I can explain a risk to people, but I couldn't force someone to apply their own personal

protective equipment, as you understand, sir.

Q. Have there been discussions which include you -- I'm not talking about discussions you're not part of obviously -- have there been discussions about how this problem should be resolved in future as far as you are concerned, so you don't have a situation in which one of the emergency services, as opposed to the other two, disagree about how to deal with a situation?

A. Not discussions I have been involved in, but certainly aware of, and since the incident I was then an operational commander and attended a lot of JESIP training and certainly in the last six years I have been a better joint working amongst all emergency services, not specifically as a result of my involvement in this case, but certainly those principles are very much more embedded than perhaps they were six years ago, sir, yes.

Q. Just pause one moment. Thank you.

Yes, sir, that's all I had to ask.

LORD HUGHES: Thank you for your help, Mr Mansfield. That's very useful.

Mr Channon -- is there anything else, Ms Whitelaw?

MS WHITELAW: No.

LORD HUGHES: Mr Channon, that's all that anybody has for you. Thank you for your help. You are free to go, though of course you can stay if you want to.

A. Thank you, sir.
LORD HUGHES: Right.
MS WHITELAW: Slightly early, sir, I'm afraid --
LORD HUGHES: Don't apologise, it's a good thing and in any event nobody can ever predict accurately precisely how timings are going to work. It's 12.40 or near enough. 1.45? 1.45.
MS WHITELAW: Thank you very much.
(12.38 pm)
(The lunch break)
(1.44 pm)
LORD HUGHES: Yes, Ms Pottle.
MS POTTLE: This afternoon, sir, we have two police witnesses. The first is Ian McKerlie. May the witness be sworn?
MR IAN HENDERSON MCKERLIE (affirmed)
LORD HUGHES: Mr McKerlie, stand or sit as you wish, but most people are sitting.
A. Thank you.
Questions by MS POTTLE
MS POTTLE: Can you give your full name please.
A. Yes, it is Ian Henderson McKerlie.
Q. Mr McKerlie, you joined Wiltshire Police in January 1992.
A. That's correct, yes.

Q. You were a uniformed Police Constable and you retired in 2021 in the rank of temporary Police Sergeant; is that right?
A. That's right, yes.
Q. You attended Charlie Rowley's address on the evening of 30 June of 2018 and you helped transport him to hospital; is that right?
A. That's correct, yes, ma'am.
Q. You had no involvement in the response to the Skripals' poisoning in March 2018?
A. No, ma'am.
Q. Okay. Before I ask you about your events in the response to Charlie Rowley's poisoning, I'm going to ask you a bit about your training on nerve agent poisoning.
You have filed two statements with the Inquiry. We don't need to look at them in detail right now, but I'm going to ask that they be pulled up. The reference is 004549. Do you recognise that document as your statement that you gave on 31 July 2018?
A. Yes, I do, ma'am.
Q. Have you had a chance to read it again?
A. Yes.
Q. Is that statement true to the best of your knowledge and belief?

A. Yes.
Q. It is. You also prepared a second statement for the Inquiry and that reference is 6088. If that could be pulled up, please. Do you recognise that document there?
A. Yes.
Q. Is that the statement that you prepared more recently to assist the Inquiry?
A. Yes, it is.
Q. Have you had a chance to read it before giving evidence today?
A. Yes.
Q. Is it true to the best of your knowledge and belief?
A. Yes, it is.
Q. Sir, may both of those statements be adduced into evidence?
LORD HUGHES: Yes, they may. Mr McKerlie, don't forget that people have to hear you.
A. Sorry.
LORD HUGHES: It's all right, but just keep your voice pitched up a little bit for us, please, if you can.
MS POTTLE: The statement can be taken down now.
Dealing first with your training on nerve agent

poisoning, you received no formal or informal training from Wiltshire Police on nerve agent poisoning following the poisoning of the Skripals in March 2018; is that right?
A. Yes, no, I received no training, no, regarding that.
Q. Okay. Have you received or had you received training on nerve agent poisoning at any other point?
A. No.
Q. Are you familiar with the 1, 2, 3 step guidance?
A. I would say no.
LORD HUGHES: This is ambulance guidance, isn't it?
MS POTTLE: Yes, that's right.
To give you some context, we heard from paramedic Ben Channon today that because Charlie Rowley was the second patient that day, that had been attended to at the address, that he approached with caution, with full PPE, and that was in line with the 1, 2, 3 guidance, but that's not guidance that you were familiar with?
A. No, I wasn't familiar with that guidance.
Q. I'm now going to turn to your role in the response to Charlie Rowley's poisoning. On that day, you were on mobile patrol, that evening, with Police Constable Steve Porter; is that right?

A. That's right, ma'am, yes.
Q. You were working a shift from 5 pm to 3 in the morning as a temporary Police Sergeant, covering Amesbury and the Tidworth area of Wiltshire; is that right?
A. That's right, yes.
Q. I'm here taking this from your first statement, if you have it in front of you, you can refer to it at page 1.
You were responsible for the supervision of three to four officers, providing them with advice and direction, and your line managers were Duty Inspector Beresford-Smith --
A. Yes.
Q. -- from whom we will hear later on this afternoon, and FIM, which I believe stands for Force Incident Manager, Andrew Noble; is that right?
A. Yes, ma'am.
Q. Okay. You were made aware of a log relating to a possible drugs overdose at 9 Muggleton Road on that evening; is that right?
A. Yes.
Q. Okay. Can I ask you, before you arrived at the scene, do you recall what you had been told about the incident?

A. I was aware that a male called Charles Rowley had been taken ill at the address, suspected overdose. I was also made aware that a female had been taken from the address earlier --
LORD HUGHES: Sorry, that -- I'm awfully sorry, Mr McKerlie, I missed the last bit. You were aware that a man called Rowley had been taken ill --
A. Yes.
LORD HUGHES: -- and a suspected drug overdose?
A. Yes.
LORD HUGHES: And?
A. A female had been taken from the address earlier that day at approximately 11 o'clock.
LORD HUGHES: Thank you.
A. That was the extent of --
MS POTTLE: Was that the extent of the information you had?
A. At that time, yes.
LORD HUGHES: Did you know who she had been?
A. I didn't know at that stage, no.
MS POTTLE: Did you know anything about the symptoms of Charlie Rowley at that stage?
A. No, I didn't. As I said, it was described as a suspected overdose at that stage.
Q. Okay. Can we pull up, please, document 006117

and at page 10, please.
Mr McKerlie, this is a statement prepared by Deputy Chief Constable Paul Mills. He describes the information received by Wiltshire Police. Yes, and at paragraph 38 -- there we go. It's page 10, paragraph 38. Here officer Mills is describing the information that had been received by the police. He says at about 7 o'clock:
"... a call was received into the communications centre from the Ambulance Service querying whether Wiltshire Police were aware of a 'special job'. During the call the Ambulance Service informed the call handler that they had attended an incident at the same property early that day and had dealt with an individual with respiratory arrest and severe breathing problems. That patient had been taken to SDH. They were now back at the property and dealing with two further patients displaying excessive drooling, sweating and who were unresponsive and making really weird noises. The Ambulance Service stated that there was to be a significant response from them and the Fire Service."
Then if we just turn over the page, I would like to draw your attention to paragraph 41, so a little later:
"... the Ambulance Service made further contact with the communications centre and stated that the

patients were presenting with similar symptoms to the Salisbury incident. The Fire Service were now in attendance and were treating the incident as if there was a suspicious substance at the location. The Ambulance Service requested that cordons were put in place and for a police commander to lead with fire/ambulance a JESIP response. The police call handler stated that this would be added to the log and passed to their boss ..."
Who was the Force Incident Commander. That was Mr Noble.
A. Yes.
Q. Did you have -- was this information passed to you before you arrived at the scene?
A. No, it wasn't, no. The only information I had was I had a call from Inspector Noble. He was of the opinion that it was a --
Q. Sorry, can I just ask you to keep your voice up. You had a call from Noble?
A. I had a call from Inspector Noble. He was of the opinion that it was a drug related matter and that we should treat it as such initially.
Q. He was of the opinion it was a drug related matter and it should be treated as such initially. Okay.

Did you agree with his assessment that it was a drugs related matter?

A. Yes, I did.

Q. You did, okay?

LORD HUGHES: I'm sorry, at what point did you reach that conclusion? Or maybe we're going to come to it.

MS POTTLE: Yes.

LORD HUGHES: But you're being asked about the initial time when Mr Noble told you that he thought it was drugs. Did you have any information at all at that stage?

A. At that stage I had to take -- I took his word for it.

LORD HUGHES: Yes.

A. He had provided -- he said he had done some research on the address and the persons within the address -- some of the persons within the address and that there was drugs intelligence pertaining to that address and to the people --

LORD HUGHES: So he said --

A. To the people within the address.

LORD HUGHES: Thank you.

MS POTTLE: At that stage you were taking his word for it.

A. Confirmed, yes.

Q. You didn't know, we have established that, what information the police -- pardon me, the paramedics or the Fire Service had?

A. Not at that stage, no.

Q. I see. Can I also ask, at page 1 of your statement, you say that:

"I agreed with that initial statement and it was his feeling that we should treat it as such and that we should not let it escalate to the degree that it seemed to be escalating to."

This escalation, did you agree with him about that, that you shouldn't let it escalate, that you should try to prevent that?

A. No, I -- I thought that we should make some more inquiries at the scene and try and get some more information relating to the call. I was aware that a cordon was already in place and at that stage I thought that was sufficient.

Q. That a cordon was in place; is that what you said?

A. Yes.

Q. Okay. So at this stage you knew that there was a cordon in place and you thought that that was --

A. Sufficient, yes.

Q. Sufficient. Did you know that -- did you believe that they were closing down roads and so on?

A. Yes, I had heard that on the radio, I think from PC Boston, that he had asked for more units to the scene to help close down roads.

Q. I see. So before you arrived you heard from PC Boston on the radio that he required more police units?

A. Yes.

Q. Yes. To assist with scene management and closing the roads?

A. That's correct, yes.

Q. You wanted to have more information before a decision was taken to close the roads; is that right?

A. That's correct, yes.

Q. Okay. Now, I would like to ask you, once you arrived on the scene, was that -- that was together with your partner, Steve Porter; is that right?

A. That's right, yes.

Q. When you arrived, is it correct that the Fire Service were already there?

A. Fire Service were there and some paramedics

Q. Okay. Did you speak to anyone from the Fire Service?

A. I spoke to one and asked him where his -- the

person in charge was. He didn't know, so I spoke to a paramedic at the scene and he informed me that the two ambulance -- two paramedics inside the address thought the symptoms that Charlie Rowley was displaying were similar to those of the first original incident in Salisbury.

Q. Okay. I can just pause you there. When you spoke to the fireman and you asked him who was in charge --

A. Yes.

Q. -- did you follow that up at all, trying to find the person who was in charge at that stage?

A. No, no, because I then spoke to the paramedic.

Q. Did you get the paramedic's name?

A. I didn't, no.

Q. Did you get the impression that he was in charge of the paramedic response?

A. No. I mean, at that stage, I thought he was just a paramedic. I didn't know what his position was, if he was in charge or -- I thought he was just another paramedic who had arrived at the scene.

Q. I see. But you spoke with him and he told you that the paramedics inside thought that the symptoms being displayed were similar to the earlier poisoning in Salisbury; is that right?

A. Yes, yes.
Q. When you heard that information, did you relay that back to Inspector Noble or anyone else at the police control room?
A. No, I didn't. I was working on the assumption that they already knew that. I knew the control rooms had been talking to each other, so I was working under the assumption that he already knew that.
Q. You thought that the police would already be aware --
A. Yes.
Q. -- that the paramedics were of the view that the symptoms were similar?
A. Yes.
Q. We know that you came to search the flat.
A. Yes.
Q. Can you tell us what conversations you had with the police before that decision was taken?
A. I spoke to Steve Porter and we discussed what we were going to do, he was my colleague there. I made the decision that we would go within the cordon to speak to a male called Sam Hobson who I had seen outside the address and was a possible witness. I knew he had connections to the address.
Q. Can I just pause you there. You saw Sam

Hobson, you recognised him?
A. Yes.
Q. Have you had dealings with him previously?
A. Yes, I have.
Q. Can you just tell us briefly what those dealings were?
A. I can't remember specific dealings, but I have known him a number of years, since he was a teenager. I know him to be involved in drugs, or drug use. I know he is a drug user. So, yes, I knew him personally, but I can't remember the specifics of how I had dealt with him.
Q. Okay. You saw him at the address, so he was on the other side of the cordon?
A. Yes.
Q. Is that right?
A. Yes.
Q. You would have been outside the cordon?
A. Yes.
Q. You went through the cordon to speak to him; is that right?
A. Yes.
Q. What did you ask him, what did he tell you?
A. I asked him where he had been that day, or if he had taken any -- he had taken any substances, or

Charlie had taken any substances that day. He said that he had been to a hog roast with Charlie Rowley. They had been in and out of the flat a couple of times. Charlie might have taken some methadone, but as far as he was aware he hadn't taken anything else, or any fentanyl. I asked the question if he had taken any fentanyl.
Q. Can I just pause you there, why did you ask him specifically about fentanyl?
A. Because I had had a conversation with -- I'm not sure if that conversation took place before I spoke to Inspector Noble or afterwards, but he had mentioned fentanyl and thought it might be fentanyl within the flat.
LORD HUGHES: Was fentanyl, as it were, a topical subject at the time or not?
A. Not specifically.
MS POTTLE: Fentanyl wasn't a particular problem at the time but it was something that Inspector Noble had mentioned to you; is that right?
A. We had had a conversation that he thought it might be fentanyl and that if we could go into the flat -- he had done some research and thought it would be safe for us to enter the flat to conduct a search.
Q. Before we get to the search of the flat, did

you know that the paramedics who were inside had been asked to search the flat?
A. No.
Q. We heard this morning from Ben Channon that they had been asked to search the flat for drugs paraphernalia and that they found some syringes, in fact, in the kitchen. This is before you entered. I take it then that you weren't aware that that had happened?
A. No.
Q. When you spoke to Sam and he said that Charlie might have taken methadone, but that he hadn't taken fentanyl as far as he was aware, did that alter your assessment that this was an opiate overdose?
A. No. I mean, I didn't know whether to believe Sam or not. I thought he might be protecting Charlie.
Q. If I can just pause you there. You thought he might be protecting Charlie; is that right?
A. Yes, yes.
Q. I assume that by that you mean protecting him by not disclosing --
A. Disclosing any information to us.
Q. Yes, about illicit drug use?
A. Yes.
Q. Did you take any steps to reassure Mr Hobson

about that?

A. Yes, I explained that we weren't -- he wasn't in any trouble, Charlie wasn't in any trouble, we were only trying to help and ascertain if he had taken anything that might have caused him harm, or there was any other explanation.

Q. In your statement at page 2, your first statement, it's recorded that you spoke to Andy Noble, Inspector Noble, and that you both agreed that it was a drugs overdose of some description, and there it says that you remember speaking with him about the possibility of fentanyl and he said he had done some research and said that if we took the right precautions then it would be safe to enter the flat and that you agreed that it was safe. Do you remember that?

A. Yes.

Q. When you decided to enter the flat, did you have a clear idea of why the ambulance and the Fire Service were treating the incident with such caution?

A. Well, I knew from what the initial paramedic had told me that they were under the impression that it was similar to the first instant at Salisbury, yes.

Q. You were under the impression that it was related to fentanyl, is that --

A. I was under that impression, that it was

related to some sort of drugs overdose in some capacity and, as I said, I had previous knowledge of Sam Hobson, had previous knowledge of Charles Rowley. I had been to the sudden death of his previous girlfriend from a drugs overdose a couple of years earlier. I knew there was intelligence regarding drugs on the flat. I knew there was no obvious connection to Russia, if you like, from within the flat. These were all local people I knew. You know, we were some months from the original incident in Salisbury and we were 8 or 9 miles away from that incident. So those were the reasons that I thought possibly it was a drugs connected incident.

Q. You made the decision to enter the flat.

A. Yes.

Q. We know from the evidence of Ben Channon from this morning that the symptoms that Charlie was displaying when he arrived were not those that you would expect to see with an opiate overdose. He had increased muscle tone, a lack of reaction to the naloxone, and the behaviour that Charlie was exhibiting was very different to what Ben had seen with drugs cases before.

At that stage you hadn't had any direct contact with the paramedics inside the flat to ask them about the situation; that's right, isn't it?

A. I went into the flat.

Q. But if I can just -- just before we get into that stage where you go inside --

A. Yes.

Q. -- I suppose what I'm saying is they had that information in there, they had been asked to do a search. Was there any way for you to get in touch with them without physically going into the flat yourself?

A. No, I don't think so, not at that stage. I don't know if they had -- no, they were busy with the patient, so I would have thought that highly unlikely.

Q. Did you make any efforts with your control room to see if it would be possible to be in direct contact with them?

A. No.

Q. Do you agree in hindsight that you should have spoken with your colleagues in the Ambulance Service before making an assessment that it was safe to enter the flat?

A. Yes, in hindsight I think that would have been a better idea to try and speak to them on the telephone or radio, yes.

Q. Now, you and your partner Steve made the decision then to go into the flat. What precautions did you take before entering the flat?

A. The only PPE that we had were gloves, which we put on before we went to the flat. The flat door was wide open. The windows were wide open. It was well ventilated, but that was the only personal protection that we had.

Q. You entered the -- you went up the stairs and then you entered the kitchen/living room; is that right?

A. Yes. I glanced off to the rooms either side as I went in. I think the door was slightly ajar and it was at that point that I spoke to the paramedics within that room.

Q. Okay. You entered the room and you spoke to the paramedics. Can you describe how Charlie Rowley was at that time?

A. He was on the floor. I think his head was facing the door and he was making what I can only describe really as groaning noises. He was obviously in some distress and discomfort.

Q. Did you notice was he frothing at the mouth at that stage?

A. I didn't notice that.

Q. You say that you spoke to the paramedics once you entered the flat. Do you remember what the conversation was about?

A. I remember there were -- they were insistent

that it was -- that he was presenting with the same symptoms as the Salisbury incident, you know, they were quite agitated. They were obviously hot, tired, and were unsure as to what -- how it was progressing, what was happening and, you know, they hadn't had any contact from their control room, or there seemed to be a lack of contact.

Q. With their own control room?

A. Yes.

Q. Ben Channon, in his statement -- and, sir, for your reference -- we don't need to pull it up -- but it's INQ5542, he says that he told you and Stephen that you needed to put some protective clothes on before entering and that you were quite dismissive of their concerns.

If I can ask you, firstly, did they warn you about protective clothing?

A. I don't recall that. We didn't have any protective clothing, we only had the gloves that were there. I didn't really go too far into the room. It was a conversation, you know, as the door was ajar.

Q. Ben Channon's evidence was that you weren't wearing gloves to begin with. Are you sure that you put them on before you entered the flat?

A. Yes.

Q. Turning to the second part of Ben's statement that you were quite dismissive, do you agree that you were dismissive of their concerns at that stage?

A. Well, I'm sorry it's perceived that way. I wasn't meant -- I didn't mean to be dismissive and I'm sorry they have taken it that way, but -- so I was only asking the question whether, you know, they thought it might be drug related, but, you know, when they answered "No", they were quite insistent that it wasn't, it was as per the Salisbury incident, then that was it.

Q. Did they discuss with you why they thought it was similar to the Salisbury incident? Did they give any justification for that view?

A. Just that his symptoms were presenting as per the first incident.

Q. Did you share with them your justification for believing it was an opiate overdose?

A. No, no, not at that stage, no.

Q. After that conversation, I suppose it goes without saying that you didn't believe that they were correct, did you?

A. I still thought at that stage it was a possible drugs overdose, but when I asked him the question and they were quite insistent, then I started to have reservations, so -- because, you know, they were

both very insistent and plausible that it, you know, that it was as per the first incident in Salisbury. So in the back of my mind I was beginning to think "Well, you know, is that the case?" And it's something that, you know, I wanted to discuss with Marcus Beresford-Smith, who is the Duty Manager. I knew he was en route so, you know, that was a discussion to be had with him.

Q. In your statement, at page 3, you said that you didn't believe that they were right, you thought it was a drugs overdose based on intelligence and personal knowledge of Charles Rowley. But are you saying now that you didn't think they were right but at the back of your mind you had some reservations?

A. No, I initially asked the question that -- when I went in there they were quite insistent that it was Novichok. I said, well, something to the effect of "We're under the impression it might be drugs related, what do you think?" And they said "No". It's that stage that I began to think -- well, have some doubts, yes.

Q. Lee Martin's evidence is that during this discussion -- and for your reference, sir, it's INQ5143, page 5 -- Lee Martin's evidence is that during this discussion, Ben Channon told you, "What gives you the

right to question our clinical judgment?" Do you recall being told that?

A. No. Sorry, is that one of the paramedics within the property?

Q. Yes, that's right.

A. No. No. I never questioned their medical judgment, I made --

LORD HUGHES: No, but did somebody say that you were? That's what's being asked. Did they complain that you were questioning their clinical judgment?

A. Sorry, I don't understand.

LORD HUGHES: Did they complain to you that you were questioning their clinical judgment?

A. Not that I recall, no.

LORD HUGHES: Right.

MS POTTLE: I see. Would you agree that it would be a clinical judgment, wouldn't it, of a patient if they were displaying symptoms of organophosphate poisoning?

A. Yes.

Q. You didn't have training on that poisoning --

A. No.

Q. -- as we have established?

A. No.

Q. Do you agree in hindsight that you should have

given more weight to their clinical assessment of what was causing Charlie Rowley's symptoms?

A. In hindsight, yes, but, as I said, I did start to have reservations and it was something that, you know, I wanted to discuss with the Duty Inspector as and when he arrived on the scene.

Q. Did you pass along the paramedics' assessment that this was Novichok poisoning up your chain of command?

A. No, because, as I said, I was aware that Marcus Beresford-Smith, the Duty Inspector, was en route and would be there shortly, so I was going to speak to him directly.

Q. You said Marcus Beresford-Smith was en route and then I didn't hear the last part?

A. I was going to speak to him directly.

Q. I see. After your discussions with the paramedics, did you search the flat?

A. Yes, we made a cursory search of the flat, yes.

Q. Can you describe for us what that cursory search involved?

A. It was just looking in the rooms, we weren't touching anything, we weren't lifting anything, it was just to look in the rooms and see if there's anything

obvious regarding drugs paraphernalia or possible drugs within the flat.

Q. I see. I take it from that that you didn't ask the paramedics whether they had searched the flat already?

A. No.

Q. You didn't know they had found --

A. I didn't know they had searched the flat, no.

Q. Did you go into the bedroom of the flat?

A. Yes.

Q. And the bathroom?

A. I believe so, yes.

Q. Did you go into the kitchen and the living room?

A. The door was ajar and I really spoke to the paramedics kind of through that door, so I didn't go directly inside, no.

Q. You have told us that you weren't -- you didn't have personal protective equipment, just gloves.

A. No, just gloves.

Q. Were you concerned at all that you might be putting yourself at risk?

A. We thought in that initial phase that it was a drug related incident and, as I said, I had spoken to Inspector Noble, he was of the opinion that it may be

fentanyl, and he had done some research on that and that if we took the correct precautions, we would be safe and those precautions were really make sure that the flat is well ventilated, the doors are open, the windows are open, don't touch anything inside, cursory search, don't touch anything that you didn't have to basically.

Q. I see. We know now, of course, that there was Novichok in the flat.

A. Yes.

Q. It was in the kitchen, in the living room, in the bathroom and in the bedroom, in fact, it was also on the door handle, the inside door handle. It's really chance, isn't it, that you and your colleagues didn't become contaminated yourselves when you conducted that search?

A. Yes, on reflection, we were very lucky, yes.

Q. After the search you returned to the paramedics in the living room and your conversations then turned to how to get Charlie Rowley out of the premises; is that right?

A. That's right, yes.

Q. You and Steve decided to drive the ambulance since you were already within the cordon; is that right?

A. Well, we had a discussion on the perimeter of the cordon, I think, with fire and ambulance, because

they were of the opinion that they needed to get a specialist team in to assist with the paramedics to get Charles Rowley out, and we -- and they asked us if we would assist as we were already within the cordon and possibly contaminated. So we agreed to that. We took -- helped -- they put him on the trolley and we helped carry it out of the premises.

Q. You had a conversation with Kerry Lawes on the phone; is that right?

A. Yes, that's correct.

LORD HUGHES: With whom?

MS POTTLE: Kerry Lawes.

LORD HUGHES: Who is?

A. I think she was a DS, Detective Sergeant at the time.

LORD HUGHES: Right.

MS POTTLE: Sir, we will hear from Ms Lawes. She will be giving evidence to the Inquiry.

LORD HUGHES: Yes.

MS POTTLE: Can you help us, that conversation with her on the phone, that happened after the search; is that right?

A. Yes.

Q. What did she tell you?

A. She was trying to get hold or had been in

conversation with a consultant and was trying to get more information and would get back to me when she had some more information as to possible causes.

Q. Okay. I can just pause you there, so she was trying to get more information from a consultant treating whom?

A. Dawn, Dawn Sturgess.

Q. I see. You spoke to her on the phone, she said she would try to get the information and she would get back to you?

A. Yes.

Q. Did she get back to you?

A. Yes. Not long after that, I had a telephone call from her. She said she had spoken to the consultant and his perception was -- or his thoughts were that it was a drug related incident.

Q. If we can just go to the statement, which is INQ4549, at page 4. Three paragraphs from the bottom, we have the beginning of your conversation with Marcus Beresford-Smith; do you see that?

A. Yes.

Q. You say:

"I went back downstairs and because Marcus Beresford-Smith was arriving at the scene soon. I wanted to speak to him ... [when he arrived] ... he

immediately came into the cordon which upset ambulance and fire crews. I remember [him] having a discussion with them. [He] felt ... that it was a drugs overdose and he was trying to impress upon the other agencies that because of the intelligence that is what we felt."

Did you speak with Marcus Beresford-Smith and tell him about your discussions with the ambulance paramedics in the flat?

A. I can't honestly recall that. I remember having a conversation with Marcus, but I think at that time I had already received the phone call from Kerry Lawes to say that she had spoken to the consultant and it was -- that they felt it was related to drugs overdose.

Q. Okay. After you heard from Kerry Lawes, were you pretty firmly of the view that it must be a drugs overdose at that stage?

A. Yes.

Q. After the incident you spoke with Marcus Beresford-Smith -- after you left the scene, is what I mean. You went through what had happened and both you and Marcus were quite happy with your assessment of what it was and you were happy that the doctor also agreed that it was a drugs overdose; is that right?

A. Yes.

Q. You also say in your statement that you felt you might get a complaint from the Fire Service.

A. That's correct, yes.

Q. Do you remember thinking that?

A. Yes.

Q. Why did you think you would get a complaint from them?

A. I know when Marcus came to the scene and he crossed over into the cordon they weren't very happy about that, and obviously initially I had gone into the cordon and I felt the paramedic wasn't happy with what I had done at that stage.

Q. A pre-hospital care expert has been instructed by the Inquiry to consider the care given to Charlie Rowley, Dawn Sturgess and the Skripals. That expert is critical of the Police response to Charlie Rowley's poisoning.

If we could pull up INQ5942, page 69, please. I'm just -- I think you've got it on your screen there. Paragraph 5.32, I will just read it out, the expert says:

"At any serious or major incident where there is a multi-agency involvement, the Joint Emergency Services Interoperability Protocol (JESIP) is a standard protocol in order to ensure clear, concise and timely

communication between all responding organisations on scene, and to ensure a joint understanding of risk awareness and incident management ... JESIP principles are embedded into organisational learning and training and incident commanders should make decisions jointly."

The JESIP principles appear at the report appendix 2. I think you have seen that just before giving evidence. The key aspect of this is that decisions should be made jointly and collaboratively. The expert says:

"I find the actions of PCIM [that's you, Ian McKerlie] and Inspector [that's Marcus Beresford-Smith] in somewhat disregarding the clearly held clinical concerns of the ambulance clinicians based on the ambulance clinician's clinic at assessment of Mr Rowley to at the very least to have lacked a level of professional respect."

Do you agree in hindsight that your actions when you attended Charlie Rowley's poisoning did lack a level of professional respect for your Ambulance Service colleagues?

A. To a degree. I mean, that wasn't my intention and, on reflection, yes, I should have adhered to the JESIP principles, but at that stage I didn't think we were dealing with a major incident, I thought it was

a suspected drugs overdose. So that was the rationale behind that. But either way I could have liaised with fire and ambulance and given our rationale for what we did and presented that better, yes.

Q. Yes. If we look at appendix 2 of the report, which includes the JESIP principles of joint working, it's page 85 --

LORD HUGHES: We have heard a fair bit about JESIP, Mr McKerlie. At the time, what did you know about those principles?

A. Well, I'm aware that it's a set of principles agreed by emergency services to be used at a major incident.

LORD HUGHES: They amounted to what?

A. Co-location, communication, situational awareness, control rooms talking to each other.

LORD HUGHES: Okay, thank you. Then you knew that.

MS POTTLE: Yes. We have now up on the screen the helpful diagram that the expert includes in his report, so "Co-locate":

"Co-locate with other responders as soon as practicably possible at a single, safe and easily identified location."

So when you arrived on the scene, I suppose the JESIP principles would suggest that you should have

co-located with the commanders of the Fire Service at that stage and the paramedics together.

"Communicate:

"Communicate using language which is clear, and free from technical jargon ... coordinate ... jointly understand risk".

In this case I suppose that would be jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree appropriate control measures.

Do you agree that when you arrived at the scene, had you applied the JESIP principles, you would have had a greater understanding, certainly before searching the flat, of the potential hazards there?

A. Yes.

Q. We know that if you had had that communication with the paramedics, who at that stage had formed a view about Charlie Rowley's symptoms, they had actually already searched the flat and found syringes, that it really wouldn't have been worth the risk of you entering the flat to do that second search?

A. No. As I said, you know, on reflection it's something that we should have done.

Q. I see. Thank you very much, Mr McKerlie. If you just wait there, there will be some questions.

A. Okay, thank you.

LORD HUGHES: Just before you go any further, Mr McKerlie, you told us, I think, that you made a cursory search of the flat, looking rather than touching.

A. Yes.

LORD HUGHES: Is that it? But you went into the bedroom and the bathroom. Did you find or see anything of any significance or not?

A. I saw some sharps bins and some needles.

LORD HUGHES: Sharps bins?

A. Yes, and some needles. That was all.

LORD HUGHES: And they were -- yes, all right. In a drawer, in a cupboard, on the side, where?

A. From recollection I think the needles were in a wardrobe possibly. Without reading my statement I can't say. And the sharp bins were besides the bed.

LORD HUGHES: Besides the bed. All right. Thank you.

Questioned by MR MANSFIELD

MR MANSFIELD: Good afternoon. My name is Michael Mansfield. I represent the family of Dawn Sturgess.

A. Hello.

Q. I want to just follow up on the question of hindsight and response to a dangerous situation

potentially, that's the area. If you are facing a situation that is potentially dangerous, in other words it might be, you have to take great care, don't you?

A. Yes.

Q. You agree?

A. Yes.

Q. Sorry, if you could kindly speak up --

A. Yes, I agree.

Q. -- it's very difficult to hear.

If you are told by responsible public officials, in this case ambulance crew and more , because there's more behind them, that this involves a dangerous matter, namely something they have seen before, you've got to be very careful, haven't you?

A. Yes.

Q. You have nodded. You mean yes?

A. Yes.

Q. I'm so sorry, I'm doing it because it has to go down.

You were not in a stronger position than they were, were you, to assess that this was not a dangerous situation, were you?

A. Not at that time, but I felt there was evidence that could have been gained by speaking to the

witness and possibly going into the address.
Q. No, sorry, were you in a better position than they were to assess whether this was a dangerous situation?
A. Well, they were within the flat and treating the patient, so no.
Q. No. You see this is important for -- again I suggest to you -- the future, if you run into this sort of situation again. Do you agree you had no materials at your disposal to suggest that they might be wrong altogether, you had no medical training; do you agree?
A. No, I've got no medical training, no.
Q. Had you had any experience of Novichok?
A. No.
Q. Well, you weren't involved in Salisbury?
A. No.
Q. I put it generally, and just to follow the gaps, before you ever got to Amesbury -- that's after the Salisbury incident -- do you accept there had been no training for police officers about Novichok; is that right?
A. No, there had been no training, no.
Q. None. Let alone how you distinguish Novichok from drugs, had there?

A. No.
Q. One other matter. Before you went to Amesbury, were you aware that there might be more Novichok discarded in the Salisbury environment?
A. Before I went to the job at Muggleton Road you mean?
Q. I'm so sorry?
A. Before I went to the job at Muggleton Road?
Q. Before you went to Amesbury and Muggleton Road, yes. In other words, between Salisbury and Amesbury, I mean the time interval, had anyone said to you as a police officer "We, the police" -- whoever they may be speaking to you -- "Believe there's a possibility that Novichok has been discarded"? They wouldn't have taken it all back to Russia. They might have left some. Did anybody say that to you?
A. No, I don't recollect that, no.
Q. No idea. So really when you got to this address you had no idea about any of these matters, did you?
A. Only the intelligence that we had.
Q. You had -- yes, your intelligence was different. I'm not questioning the intelligence you had, I'm questioning the process you went through here because I want to suggest to you this wasn't hindsight

at all. You were in a position where you were fully equipped to say, "I defer to you, you are the medics, you have been to Salisbury, you know about these things and there might be a risk to the public". Do you understand the reasoning?
A. Yes.
Q. The reasoning is important because, as a police officer you will be very familiar with this, is this right, matters happen very quickly, you don't have a lot of time to think often, do you?
A. No, that's true.
Q. You have to be ready and prepared; do you agree?
A. Yes, I agree.
Q. The problem here was that if the medics -- and I'm not even suggesting for the purposes of this that even if they were right, but if they might have been right, a whole series of things fall into place, don't they?
A. Yes.
Q. Yes. The things that fall into place -- they may be rather obvious -- one is you don't walk into the premises without protection, agreed, if they might be right?
A. Well, I made that decision so --

Q. I appreciate that. You did make that decision. I'm suggesting -- did you forget that you didn't know anything about any of this Novichok business?
A. No, as I said, I made that decision based on the evidence that we had.
Q. Yes, all right.
A. I can't say any more regarding that.
Q. As you have agreed, if they might be right, there might be a danger to the public and yourself.
A. Yes, I agree on that.
Q. You agree with that. So what it means is had you, as it were, just for once deferred to another authority, you would have put on your protective gear, if you had any, and if you didn't you wouldn't have gone in, you wouldn't have gone across the cordon, police officers wouldn't have got in the ambulance and all the rest of it. All that would have followed, wouldn't it?
A. Yes.
Q. Yes, and of course beyond that, do you agree, in these situations it's necessary, without engaging in panic, to warn people, perhaps locally to begin with, that it's necessary to be careful. You use the right words. You appreciate that?

A. I don't -- sorry, I don't understand that question.

Q. Well, if you go to a scene like the one you went to and you discover that there's a possibility by the professionals dealing with it that it might involve a dangerous substance which is possible to be somewhere else, because you haven't traced anything, you would want to warn the neighbourhood carefully and sensitively that -- you might not do it yourself, but somebody in the police might be in a position to inform onlookers, people who open their windows and wondered what's going on. You're then in a position to carefully warn them, aren't you?

A. Yes, well, there was a cordon across Muggleton Road.

Q. Yes, I know. I appreciate there was a cordon.

A. And nobody was coming out of the address.

Q. No, all right. But these are all the precautions, do you agree, that you have to take once you think it might be a dangerous situation?

A. Yes.

Q. Yes, thank you.

Now, on top of that, after all this was over, in the sense of the night itself, I mean, have you all sat down at Wiltshire Police headquarters and thought this

through, you included, "How could we have done things better?" Have you done that?

A. No. I think we had briefings afterwards, but I don't think there was any formal "How could we do things better?" No.

Q. Does that surprise you?

A. A little bit maybe.

Q. I have one more question and it -- it's not quite as significant as these other ones, but during this episode you have indicated that you didn't -- you had come to a conclusion before you ever spoke to the medics -- I will put it medics generally, the paramedics inside -- and one of the reasons was you said there was no way of contacting them. That's the point I want to follow through.

Now, I can ask it as an open question: was there no means -- I don't mean walking in there obviously -- was there no radio communication for -- I will give you an example, through your control room to their control room saying "I'm outside, I want to come in because I think ..." and then you explain it. That is possible, isn't it it?

A. That would have been possible for me to contact our control room, for them to contact their control room, yes.

Q. Did you think of that?

A. No.

Q. You have said no, all right. Thank you.

LORD HUGHES: Thank you very much, Mr McKerlie. You need not stay unless you want to.

A. Okay.

MS POTTLE: Sir, we have one more witness this afternoon, but I think now would be an appropriate time to have a break and then we can hear from Mr Beresford-Smith.

LORD HUGHES: Yes. Well, 2.55 then, please.

(2.42 pm)

(Short Break)

(2.54 pm)

MS WHITELAW: Good afternoon.

LORD HUGHES: Yes, Ms Whitelaw.

MS WHITELAW: Could the witness be sworn, please.

MR MARCUS BERESFORD-SMITH (sworn)

LORD HUGHES: Thank you. Now, Mr Beresford-Smith, either stand or sit at your option. It is probably easier if you sit because that's where the microphones are.

A. Thank you, sir.

LORD HUGHES: But when sitting nearly everybody lowers their voice. Try and remember we have all got to

hear.

A. Yes, sir.

MS WHITELAW: Thank you. Could you give us your full name, please.

A. It is Marcus David Beresford-Smith.

Q. You should have in front of you a copy of your witness statement, which should extend to eight pages, dated 15 July 2018 and the reference is INQ004999. Have you had an opportunity to read through that witness statement?

A. I have.

Q. Are there any corrections you would like to make to it?

A. There's one correction I would like to make, please, if I may.

Q. Of course.

A. That is that it states in there that I heard information from the hospital direct from the consultant. That wasn't the case. I either heard it from Acting Sergeant McKerlie or via our control room.

Q. Thank you. We will make clear that point when we come to it in the statement. But, subject to that, are the contents of the statement true to the best of your knowledge and belief?

A. Yes, they are.

Q. Thank you. Sir, with your permission the statement will be adduced in evidence --

LORD HUGHES: Yes.

MS WHITELAW: -- and appear on the website. Could you give us your rank and current role, please?

A. I'm an inspector within Wiltshire Police and my current role is as a FIM, which is a Force Incident Manager.

Q. What was your rank and role in June 2018?

A. I was an inspector at the time and I was the Duty Inspector for South Wiltshire.

Q. So that included Salisbury and Amesbury?

A. Salisbury and Amesbury, all the way up to Chippenham.

Q. For how long had you been an inspector prior to that?

A. I was promoted to inspector in 2015.

Q. Thank you. If you could keep your voice up so that we can hear you.

A. Certainly, will do.

Q. Thank you. For how long had you been a police officer?

A. I joined Wiltshire Police in 1993, so currently I have 31 and a half years' service.

Q. So has all your service been with Wiltshire Police?

A. It has.

Q. Did you have any involvement in the Skripal poisoning in March 2018?

A. No, I didn't.

Q. But were you at the time working in the Amesbury, Wiltshire, Salisbury area?

A. I was a Duty Inspector for the south of Wiltshire, so I knew the incident had taken place, yes.

Q. Were you here this morning for the evidence of Ben Channon, the paramedic?

A. Was that the one first thing this morning?

Q. Sorry, no, the second today.

A. The second one. Yes, I was.

Q. So did you hear his evidence about the fear and feeling in Salisbury at the time of the March events?

A. Yes, I did.

Q. Was that also your experience?

A. I knew that the -- obviously the local community -- there was obviously a major impact to the community, and there was worry within the community which was being addressed hopefully by people at senior level.

Q. Presumably that worry was about Novichok nerve agent being found in the area?

A. It certainly was. There was lots of scenes ongoing at the time and obviously that was a very visual display of what was happening.

LORD HUGHES: Sorry, lots of ...?

A. Lots of scenes ongoing.

LORD HUGHES: Oh, lots of places where you saw policemen?

A. Yes.

LORD HUGHES: Yes, I see.

MS WHITELAW: Did you have an experience similar to Mr Channon where members of the public would ask questions about whether officers had attended or asked questions about the incident?

A. Not direct to me, no.

Q. Were you dealing with members of the public at the time?

A. I was a frontline police inspector, so yes.

Q. I would like to move now to the events of 30 June. We have heard evidence from DCC Mills on Day 2 that the police were dispatched to 9 Muggleton Road at 19.19, and I think at 19.25 were you contacted by the Force Incident Manager at the time in the control room ?

A. Yes, I was.

Q. Who was that?

A. That was Inspector Andy Noble.

Q. So he is an inspector. Is that an equivalent rank to you at the time?

A. Yes, it is.

Q. Is there any seniority or precedence between the Force Incident Manager and the Duty Inspector?

A. We're of the same rank but, as the Force Incident Manager, you take an overview of everything that's ongoing within Wiltshire Police at that time.

Q. So if the Duty Inspector attends a scene, would the Force Incident Manager be responsible for dealing with communications and intelligence and the Duty Inspector be responsible for tactical decisions at the scene, management of the scene?

A. Under the gold, silver and bronze aspect of how we deal with scenes, the FIM (or Force Incident Manager) would probably take the place of a Silver Commander, whereas myself at the scene would take the Bronze Commander.

Q. So when you were contacted by the FIM, what did he tell you?

A. He told me that there was an incident in Muggleton Road in Amesbury, that there were three casualties, and fire and ambulance were at scene and

could I make my way there.
Q. What did he say about the nature of the incident?
A. He stated that it was a potential chemical incident.
LORD HUGHES: I'm sorry, is this his exact language?
A. I can't remember, sir, but that's what I --
LORD HUGHES: All right. And a potential ...?
A. A potential chemical incident.
LORD HUGHES: Chemical incident.
MS WHITELAW: This is what I think you said in your witness statement. We're at page 1:
"I was informed that the Ambulance Service and Fire Brigade thought that they had a chemical incident at the address and I was required to attend as the Duty Inspector. I was told there were three casualties at the scene and the Fire Brigade had declared it a chemical incident."
A. That's correct.
Q. That presumably would have been your recollection at the time you made your statement.
A. Yes.
Q. Did you make your way to the scene when you had finished completing some other duties?

A. I did. I was in Melksham at the time and then I made my way to Amesbury.
Q. Were you driving an unmarked Vauxhall Astra, call sign 401 at the time.
A. That is correct.
Q. Did you arrive at approximately 20.49?
A. I did.
Q. There is evidence that the ambulance transporting Charlie Rowley to hospital left at 20.59. So is it your recollection you arrived about ten minutes before that ambulance departed?
A. That's correct.
Q. When you arrived at the scene, are you able to tell us which emergency services were present?
A. Both fire and ambulance were at the scene. There was numerous fire engines and one ambulance that was parked outside 9 Muggleton Road.
Q. Was there a cordon in place?
A. There was a cordon, yes, some 50 yards away from the address.
Q. Are you able to tell who placed that cordon, whether it was fire or ambulance or police?
A. I believe it was initially put on by fire and then assisted by police officers.
Q. What did you do when you arrived on scene ?

A. I initially tried to find the fire commander, asked a number of fire officers where they were. They weren't able to locate that person and, therefore, I decided that the next course of action should be to speak to the officers that were at the scene who could tell me more information.
Q. So you attempted to find the fire commander by asking some of the fire officers?
A. That's correct.
Q. Did you ask the fire officers themselves about the incident?
A. No, not at all.
Q. Did you try to contact the fire commander by radio?
A. That's not possible through our systems.
Q. So you can't call into your control system and say, "I need to speak to the fire commander, I can't find them"?
A. I could have done, yes. That would take quite a long time unfortunately.
Q. Did you think about trying to contact ambulance personnel?
A. No.
Q. So what did you do next?
A. I then made my way through the cordon to speak

to Acting Sergeant McKerlie.
Q. So just to be clear, you didn't speak to the fire or ambulance before you went through the cordon?
A. No.
Q. Where was Sergeant McKerlie at the time?
A. He was stood outside of the address, near to where the ambulance was parked.
Q. With whom? Anybody?
A. I believe it was PC Steve Porter who was with him.
Q. Was there also a male with them?
A. There was. There was a gentleman by the name of -- who I now know to be Sam Hobson there as well.
Q. Did you know him at the time?
A. No.
Q. So were you the senior police officer on scene at this point?
A. I was.
Q. Notwithstanding that, did the fact that Sergeant McKerlie and PC Porter, the fact that they were inside the cordon, give you encouragement to enter it?
A. No, not at all. By that stage I had been informed that there was not three casualties but two, the first one being in the morning and the second one being a male within the ambulance, and therefore,

because of the CBRN, which is the principles, because there was two casualties, I could enter but under caution.

Q. So it was in your mind, was it, the 1, 2, 3 protocols that we have heard about?

A. Yes.

Q. That if there's -- so if there are two, you would proceed with caution; is that correct?

A. That's correct.

Q. Is that a cautious thing to do, to enter a cordon?

A. I literally entered 20 yards into the cordon. It was in the open air and there was no other persons around apart from those described. I --

Q. But it was a cordon you thought had been set up by the Fire Brigade?

A. That's correct.

Q. And you hadn't been able to speak to them to ascertain why it was they had put a cordon of that extent?

A. That's correct.

Q. So is it fair to say that at the time you breached the cordon, you didn't have a clear understanding, either from the Ambulance Service or the Fire Service, why they were treating this incident with

such caution?

A. Not at that time, no.

Q. Are you aware of the term "blue light huddle"?

A. Absolutely.

Q. Does that reflect the JESIP principles, whereby the emergency services should co-locate, communicate, coordinate, jointly understand risk, and gain a shared situational awareness?

A. Yes, I am. Obviously I tried to find the Fire Brigade commander and wasn't able to. Now I know that there was no ambulance commander at scene at that time.

Q. But there were two ambulance personnel at the scene?

A. Yes. They were busy treating the casualty in the back of the ambulance.

Q. Sergeant McKerlie had spoken to them though ?

A. That's correct.

Q. What did Sergeant McKerlie tell you when you went through the cordon to speak to him?

A. He told me that ambulance crews considered this could be a Novichok incident and that he -- while he was in the address, he saw drugs paraphernalia within the address.

Q. So he told you that ambulance crew thought

this was a Novichok incident.

A. Could be --

LORD HUGHES: Or it could be.

MS WHITELAW: Could be, sorry, yes. And that they had seen drugs paraphernalia in the address?

A. That's correct.

Q. In your statement, I think you refer to Sergeant McKerlie saying that there was only one casualty at the scene but there had been a female casualty but that was earlier in the day?

A. That's correct.

Q. We have heard Mr Channon's evidence today about his convictions that this was nerve agent poisoning. Did Sergeant McKerlie convey that to you?

A. As I said, he conveyed that it could be a Novichok incident.

Q. Perhaps I can put it another way: did he express how, in his words, insistent the paramedics were that this was a nerve agent poisoning?

A. Not at that time.

Q. Going back to the 1, 2, 3 training then, does that apply to all blue light services?

A. It comes under the CBRN training; so all should be aware of that, especially at commander level .

Q. But certainly from your perspective it applies

to the police?

A. Yes.

Q. With that guidance, do you understand the numbers when you count the 1, 2 or 3 patients have to be counted at the scene, or could that be a second patient as we see here, one in the morning, one in the evening ?

A. I think it could be taken that it could be at any time affected by similar circumstances.

Q. Did Sergeant McKerlie tell you that he had certainly initially agreed with Inspector Noble that they thought this was a drugs incident, possibly fentanyl?

A. No. I had a completely open mind as to what was happening. I had been informed of the intelligence around the address and Charlie, but as to what was actually happening here, I was open-minded as to what needed to be done.

Q. Sorry, so was your answer that he did tell you that about his earlier conversation with Inspector Noble when they had agreed that it was a drugs incident, or did he not tell you that?

A. No, he did not.

LORD HUGHES: Well, at some point you obviously learned something about the intelligence concerning the address and the people.

A. I certainly did, sir, yes.
LORD HUGHES: Before you got there, or when you arrived or what?
A. Before I got there, sir.
LORD HUGHES: Before you got there.
MS WHITELAW: Did Sergeant McKerlie tell you that he had reservations about there being -- it being a drugs incident now that he had spoken to the paramedics?
A. No, he didn't.
Q. What action did you take next and, if you need to refer to your statement, I'm on page 2.
A. I decided that the cordons would stay in place until we could get confirmation from the hospital as to how they were treating the first patient.
Q. So did you request that someone from CID should attend the hospital?
A. Yes, I requested CID attend the hospital and speak with the consultants, but I think, sir, that I did that whilst I was en route to the scene.
Q. To find out what -- how the first patient was being treated; is that correct?
A. Absolutely, because they had -- it happened in the morning, so a few hours earlier, they may have had sufficient time to understand what happened with the

first patient.
Q. So do I understand your evidence correctly that at this point when you have been inside the cordon, talking to Sergeant McKerlie, you're not treating the scene either as a drugs or nerve agent, you have an open mind?
A. I have a totally open mind, yes.
Q. Did you have a view as to which you thought was more likely at the time?
A. I thought it was more likely that it was going to be drugs rather than Novichok.
Q. What was the basis for thinking that?
A. Purely the fact that Novichok is so rare, taking into account that we have had obviously Salisbury a couple of months earlier.
Q. What communications were there then with the hospital when you were at the scene?
A. I believe that the officers that attended the hospital called either the control room or Sergeant McKerlie to give a direct update as to how they were treating the first casualty.
LORD HUGHES: Sorry, which officers had spoken to Mr McKerlie, do you understand?
A. I think it was a DS --
LORD HUGHES: Somebody at the hospital?

A. Yes, the DS that attended the hospital.
MS WHITELAW: Do you know the name of that DS?
A. Kerry Martin, I believe.
LORD HUGHES: Martin?
A. Yes.
MS WHITELAW: We know an Eirin Martin.
A. Eirin Martin, sorry.
Q. There is also a Kerry Lawes?
A. Yes, I've got the first names mixed up.
Q. Do you know whether it was both or either of those that went to the hospital?
A. I believe it's probably Eirin.
Q. So you think that Eirin Martin went to the hospital and then called either the control or Sergeant McKerlie?
A. Or she did both.
Q. Or both, to relay back --
A. Information from the hospital, yes.
Q. So there wasn't direct communication with the hospital by you at the scene?
A. No.
Q. Or by anyone else at the scene?
A. No.
Q. As far as you were aware?
A. Not that I was aware.

Q. What was the information relayed to you, either by control or by Sergeant McKerlie from the hospital?
A. The information was that they did not consider this patient to be suffering from a chemical incident and there was nothing to indicate that the scene was hazardous.
Q. Well, let me just break that down a bit. So the information is going from the hospital --
A. Yes.
Q. -- to Eirin Martin or Kerry Lawes, to either control and then Sergeant McKerlie or direct to Sergeant McKerlie and then to you?
A. Yes.
Q. So do you accept there's room within that chain of communications for there to be uncertainty, ambiguity, conflicting accounts?
A. Absolutely.
Q. In terms of what you think you did establish about those communications, you thought that the hospital didn't consider the patient to be suffering from a chemical incident?
A. That's correct.
Q. Now, in terms of the statement that there was nothing to indicate the scene was hazardous, that's

really not information from the hospital, is it?
A. No, it's not.
Q. Was that information you were gaining from Sergeant McKerlie?
A. I honestly can't remember whether that is the case or not, but I wouldn't ever --
LORD HUGHES: Well, it is, isn't it, Ms Whitelaw? If you're asking yourself whether there's a risk that Muggleton Road is contaminated, one of the things you would quite like to know is whether the woman who was taken out of it in the morning was showing signs of chemical effects?
MS WHITELAW: Yes, sir, that would be whether the patient had any signs of chemical contamination, yes.
LORD HUGHES: That would bear on the likelihood or unlikelihood, as the case may be, of there being anything contaminated at the house, wouldn't it?
MS WHITELAW: Yes, indeed. No, I accept that point.
LORD HUGHES: Or at least it might do.
MS WHITELAW: Do you know if the possibility of nerve agent poisoning was discussed with the hospital consultant, who I believe is Dr Jukes.
A. I don't know if it was absolutely discussed with him, but that was the reason why those officers

attended.
Q. At page 2 of your statement you say:
"I was then told by control room there was police intelligence ..."
And there's a redaction but linking the address to drugs.
A. Yes.
Q. Can I ask, first of all, did you know about the police intelligence in relation to drugs in the address before you attended, or when you were at the scene?
A. As I was en route I was informed of the intelligence.
Q. Were you given any additional information about that at the scene?
A. Not that I can remember.
Q. Now, there are reasons why the information is redacted. What we can say in this hearing is that Wiltshire Police had recent intelligence with Charlie Rowley's association with drugs. Is that your understanding?
A. That's correct.
Q. Could we go to INQ004989, please. Now, is this the police log?
A. Yes.

Q. We see 30 June at the top, 18.58. Could you clarify whether you would have had access to the log at the time you became involved?
A. I can always look up the log, but as I was travelling in a vehicle obviously I wouldn't be able to view it.
Q. So do you remember if you looked at it before you left?
A. No, I didn't. I don't believe so.
Q. Do you remember if you consulted it while you were at the scene?
A. No, I didn't.
Q. Thank you. That's helpful.
So what we see here, just to remind ourselves, is that 18.58 call HAZMAT, hazardous material, 9 Muggleton Road. And the address there says:
"Anti-social behaviour drugs."
Is that -- do you understand that to be an indication that the address has been associated with those things?
A. Yes.
Q. We established with DCC Mills in his first tranche of evidence that the entry at 19.19 on the log -- I think if we could go down to page 2, thank you -- "arrived at scene" was when officers were

initially dispatched to the scene?
A. That's correct.
Q. We will recall that that was after the Fire and Ambulance Service had each called the police, and you said in your evidence you were called by Inspector Noble, the FIM, at 19.25. I would just like to look at the period leading up to that and the information police were receiving. So could we go to page 9 of this document, and 19.08.36.
"Male" is that "Resident", "Noted as a Charles Rowley ... who has significant drug intel and occur ..."
Assume occurrences. Then we see a redacted section, "Police intelligence relating to Charlie Rowley."
If we go to page 10 please, 19.13.49:
"Further call from AMB stating patients have ... similar symptoms to Salisbury."
Do you recall being told about this by Inspector Noble when he contacted you at 19.25?
A. No, I don't.
Q. Will he have had access to that on the log?
A. Yes, absolutely.
Q. Then if we go to 19.19.05, further down, next page -- page 11 it might be. I'm looking for "I have spoken to" -- yes, bottom of there:

"I have spoken to AMB ..."

Then:

"Super nervousness apparent as a result of Op Fairline. This is understandable. However, address is linked to drugs and my working assumption at this time is that the patient's presentation is ... most likely owing to drugs ingestion recently or preparation of the same. I suggest that a police supervisor attend and ... assess scene before we start assuming the worst prompt unit to apply 1/2/3 safety advice and consider if a site survey by fire (who will have PPE) is appropriate before we start ... causing huge disruption with cordons and the like."

Again, did Inspector Noble convey this information to you at 19.25?

A. No, I think he was waiting for my assessment when I got there.

LORD HUGHES: Whose note is this going to be?

A. That would have been Mr Noble's as the Force Incident Manager, sir.

LORD HUGHES: So that's at 19.19.

MS WHITELAW: Did he prompt you to consider 1, 2, 3 safety advice or was that something you realised by yourself when you attended the scene?

A. Something I realised by myself.

Q. Were you aware that it was envisaged at that stage that there might be a site survey by the fire, I assume brigade, who will have PPE?

A. I was aware that they had that capability, yes.

Q. But did you know that it was envisaged that they would conduct a site survey, some sort of survey, you assume?

A. No.

Q. They are there. Without underestimating the level of disruption that the Skripal poisoning brought to Salisbury, do you think disruption is a factor that ought to carry particular weight when you are faced with trying to work out whether an incident is, as the Fire and Ambulance Service were suggesting, a nerve agent poisoning or, as Inspector Noble was thinking, a drugs incident?

A. I think we need to get that information first to see what we're actually dealing with before we disrupt the members of the public. Obviously, if we believe it was a Novichok attack, we would have absolutely closed off as many roads as we possibly could have done to protect the public, but we need that initial information before we do that.

Q. Do you agree that taking a precautionary

approach in such circumstances is the most important thing, more than disruption and resourcing, if there's a suspected nerve agent poisoning?

A. Yes, I do.

Q. If we could go to page 12 of the same document, please. Thank you. Again, we see here there's redactions in relation to the police intelligence relating to Charlie Rowley.

At 19.22.38 it says:

"Spoken to the fire commander. They have a person at the scene who is presenting the same symptoms that were present at Salisbury."

Then we have further down:

"They are treating him with atropine ... as a precaution."

Then we have, "believed to be Dawn Sturgess" at the bottom.

Can I just clarify with you, this is 19.22, so it's before you were contacted by the FIM?

A. Yes.

Q. So is that likely -- does that indicate that the FIM, or control room, seem to have spoken to the fire commander at the scene?

A. It seems that an officer at the scene has spoken to fire, yes.

Q. Was this conveyed to you a few minutes later by Inspector Noble?

A. No, it wasn't.

Q. Do you think this would have changed your approach on arrival if you had known about this?

A. Potentially. It would have added to the information and intelligence that I would have had.

Q. So 19.22.38 is just before you are called by Inspector Noble.

When you arrived at 20.49, were you told about any drug paraphernalia being found in the property?

A. Yes, Acting Sergeant McKerlie informed me that some had been found.

Q. Did that make you think it was more likely that this was a drugs incident?

A. Again, it added to the information and intelligence I was getting. I really wanted the confirmation from the hospital as to how they were treating the first patient.

Q. So were the key pieces of information that you had the drugs intelligence you were told about en route and then, when you arrive, you're told that there's drugs paraphernalia, but you are aware there's an Ambulance/Fire Service being concerned about nerve agent poisoning and you're waiting for results from the

hospital?
A. That's correct.
Q. So at that point both were a possibility; is that correct?
A. It is, yes.
Q. If we go to page 19 of the log, you have said you arrived on scene at 20.49. There's an entry "SDH update. Spoken to Stephen Duke".
I think that should be Stephen Jukes:
"... consultant in charge. He is satisfied with the symptoms that Dawn is presenting in line with a drugs overdose - no risk of death ... at this moment these are two drug overdoses ..."
So as we have heard from you, you didn't speak to Dr Jukes yourself?
A. No, I didn't.
Q. Did you think to do that?
A. No, that's the reason why I sent officers there directly. They can speak face-to-face with whoever the consultant was at the time.
Q. With the only difficulty there is, of course, as we have explained, the chain of communication that then ensues in order for that information to get back to you?
A. Yes, correct.

Q. When you have a blue light huddle, would you expect that to include a hospital in circumstances where there's a patient in hospital or not?
A. Not particularly. That's more around a different thing that we can do called Operation Link, but at the scene it's usually the three blue light services that do that huddle.
Q. Do you know what was said to Dr Jukes by the officers who attended?
A. No.
Q. We will pick that up with the witnesses who attended the hospital because one interpretation of the hospital being satisfied with the symptoms that are presenting in line with the drugs overdose is the police telling the hospital about drugs intelligence and the hospital saying it's consistent, but we will have witnesses to address that.
Do you recall any mention of the possibility of Dawn Sturgess' symptoms being consistent with organophosphate poisoning, such that it might be drugs cut with organophosphates?
A. Not that any drugs were cut with organophosphates. All I was told was she presented with similar symptoms to the second and therefore they were linking the two instances.

Q. Sorry, say that again?
LORD HUGHES: Was there any conversation with you by anybody about the possibility of a drugs consignment or quantity contaminated with organophosphate?
A. No, there wasn't, sir.
LORD HUGHES: That's not you, right.
MS WHITELAW: Returning to your witness statement, if we could just go to it now, please, INQ004999, page 2. You describe how the intelligence with the hospital's original analysis all appeared to fit together:
"With this information and no other information forthcoming, I decided that the scene would be treated as a drugs overdose."
A. From the police perspective, yes.
Q. We can see you made this decision before you were able to get hold of the scene commanders for fire and ambulance, is that correct?
A. That was the decision that I was going to make and then went to have the huddle, as you call it, with the other commanders who had now arrived at the scene.
LORD HUGHES: So you reached that as your, as it were, provisional police -- your police conclusion. Did you add that you were then going to talk about it to the other commanders?

A. Yes, sir.
LORD HUGHES: And did you?
A. Yes, I did, sir.
LORD HUGHES: Right.
MS WHITELAW: Did you think about the fact that you hadn't seen Charlie Rowley yourself, or had you seen him?
A. No, I hadn't.
Q. So you weren't directly aware of how he was presenting. Had you heard about that from Sergeant McKerlie?
A. That's correct.
Q. You didn't have a diagnosis for Dawn Sturgess' condition?
A. No, only that they were treating her as a drugs overdose.
Q. So did the huddle happen before you entered the property?
A. Yes.
Q. Can you tell us about that conversation?
A. Obviously following the JESIP principles, we got together and discussed exactly what was happening at the scene. I shared the information that I had gathered and the intelligence that we had in relation to the address, and it was then put to them that the police

were going to treat this as a drugs overdose.

Q. I can't find that in your witness statement. Do you think you haven't included the conversations with the fire and ambulance commanders, or can you point me to a --

A. It's page 2, so the last paragraph.

Q. Thank you. Ah, so this is moving on to just before the search commenced.

A. Yes, it's before the ambulance left because we needed to make a decision what we were going to do.

LORD HUGHES: Well, it doesn't -- unless I'm in the wrong place, Ms Whitelaw, it rather looks as if it is there at the bottom of page 2.

MS WHITELAW: Yes, I'm just coming to it, thank you. I had it slightly later on.

LORD HUGHES: Yes, of course.

MS WHITELAW: So you said that -- you make the decision that the scene would be treated as a drugs overdose and you have clarified that was from a police decision.

A. Yes, it was.

Q. "At that point I got hold of all the scene commanders for fire and ambulance. We all got together."

And you passed the information you received on and

that:

"We would be treating the scene as a drugs overdose and nothing more"?

A. That's correct.

Q. Did they agree or disagree with that?

A. Ambulance were -- the ambulance commander was accepting of that. Fire not so much. But at that point in time, sir, they had the opportunity to declare a major incident if they so wished, which they didn't do.

LORD HUGHES: Well, what's the next sentence of your statement? Second sentence of that paragraph, what does it say?

A. The second sentence?

LORD HUGHES: Yes.

A. What, from "The decision"?

LORD HUGHES: Go on, read it out.

A. "The decision was that the scene would stay on but that the fire and ambulance crews would leave the area."

LORD HUGHES: Whose decision?

A. It was our decision after that huddle.

LORD HUGHES: "Ours" the police or "ours" the three of you?

A. It was after the discussions between the three of us that that decision was made.

LORD HUGHES: Made by whom?

A. More than likely by myself, sir.

LORD HUGHES: Yes, right.

MS WHITELAW: Did the ambulance commander convey to you what we have heard in the evidence today from the paramedics that their conviction that the symptoms being displayed were a sign of Novichok poisoning or, sorry, nerve agent poisoning?

A. No, he didn't.

Q. But your account is that the ambulance commander was quite accepting of the decision to treat it as a drugs overdose?

A. That's correct.

Q. But that the fire commander was less so?

A. Yes.

Q. What was the fire commander saying?

A. He was saying that the symptoms were similar to that of Novichok and that we should consider keeping the scene on.

Q. But you didn't agree with that?

A. No.

Q. Why was that?

A. Given all the information and intelligence that I had at that time, to treat this incident as a drugs overdose rather than any chemical incident or

Novichok incident.

Q. But you couldn't rule out nerve agent poisoning at that point, could you?

A. Couldn't 100 per cent rule it out, no.

Q. Well, in fact you've got both a fire commander telling you about those symptoms and you had heard from Sergeant McKerlie about those symptoms; so it wasn't just a question of ruling it out, there was a possibility that that was the explanation?

A. A possibility.

Q. So thinking about it now, wouldn't it have been better to exercise more caution?

A. I don't think so, not along with the information and intelligence that I had at the time.

Q. So moving on to page 3 where you say:

"The decision was then made to perform a cursory search of the property."

Was that your decision?

A. It was. I was unaware that the property had already been searched by my colleagues who were already at the scene. If I had known that, we wouldn't have needed to research it.

Q. Given the comments of the fire commander and the paramedics, did you not think it would be better for the fire commander -- Fire Service with special

protective equipment to conduct that search instead of police officers?

A. By that time the decision had been made, sir, that this was being treated as a drugs overdose incident rather than anything more.

Q. But should you not keep your decisions under review?

A. Yes, absolutely.

Q. So you indicate in your statement that the basis for this decision was that:

"... we originally thought it could be a bad batch of drugs and wanted to locate them."

A. That's correct.

Q. But I thought that you did, in answer to the Chair's questions, indicate that you weren't considering drugs that had potentially been cut with something else ?

A. Not -- "bad batch" could mean many things, sir. A batch of bad drugs could make just people ill , rather -- because they take the same quantity as they normally would do. It doesn't have to be laced with anything else in particular.

LORD HUGHES: Oh, I see.

MS WHITELAW: So when you refer to it in your statement, you don't mean a batch of drugs cut with organophosphates, you mean a batch of drugs that aren't

pure and have something else in that could cause problems?

A. That's correct.

Q. So was part of the reason for the search to look for something mentioned in the recent intelligence about Charlie Rowley's association with drugs?

A. Yes.

Q. You say in your statement you were wearing your uniform and all appropriate PPE. Did that include a protective suit?

A. No, it didn't.

Q. Did it include a face mask such as the one Mr Channon described?

A. No, it didn't.

Q. Did it include gloves?

A. Yes, it did.

Q. And shoe coverings?

A. No.

Q. Do you think now that out of caution, given that nerve agent poisoning hadn't been ruled out, that you should have waited to search to use CBRN procedures ?

A. Obviously with hindsight, sir, we wouldn't have gone into that address at all, but at the time, obviously with the information and intelligence that we had, I believed it was safe to do so. Obviously

I wouldn't put myself at risk or my colleagues.

Q. How many officers went into that property?

A. It was myself, PC Boston and a Special Police Constable.

Q. Elcadey, is that right?

A. Yes.

Q. Was it Sergeant McKerlie as well?

A. No.

Q. Not at that stage?

A. He had driven the ambulance to hospital.

Q. Ah, yes, thank you.

You say in your statement at page 3 that you entered the kitchen/living area and noticed the sofa had been pushed to the wrong side of the room and that on the floor there was an uncapped syringe. Can you help us with this, because we asked Mr Channon about this this morning and you will recall his evidence that he hadn't seen a syringe. He accepted the possibility that, although they would try and clear up the medical equipment, there may be a syringe left behind. Are you able to say whether it was specifically a drug syringe from the house, or whether it could have been medical equipment?

A. It could have been either. It was just a syringe, unfortunately, to me.

Q. What did you find when you searched in the kitchen?

A. We found other syringes and spoons associated with drug taking.

Q. We now know that there was Novichok found in the kitchen, not just in the bottle but on the floor and around the sink in particular.

A. Correct.

Q. We're going to hear evidence in this Inquiry about how two Wiltshire Police officers involved in the Skripal response became contaminated with Novichok despite PPE; so no doubt you appreciate now how dangerous that was to be searching that house?

A. Absolutely.

Q. During the search, is it right that you found a packet of metazipine tablets and a packet of zopiclone?

A. That's correct.

LORD HUGHES: You had better just tell us what you did find.

A. I found both of those --

LORD HUGHES: No, no, you said you found some sort of paraphernalia.

A. I found some syringes, sir, and some spoons associated with drug taking.

LORD HUGHES: Meaning? How do you know?
A. Through my experience of dealing with drugs users.
LORD HUGHES: Because?
A. Because there's deposits left on the spoon, et cetera. sir.
LORD HUGHES: Thank you.
MS WHITELAW: I think you say burnt spoons in your statement.
A. Yes.
Q. And needles; is that correct?
A. That's correct.
Q. On leaving the property, did you shut the windows and lock the door?
A. Yes, we did.
Q. Did you speak to Sam Hobson, who I think was still at the scene?
A. I did, yes.
Q. This is page 4. What did he tell you?
A. He told me that he had been with both Dawn and Charlie that day. Dawn had become ill and was taken to hospital and that afterwards himself and Charlie had taken further drugs and prescription medicine.
Q. Did you leave the scene at about 10 o'clock?
A. I did.

Q. When were you informed that the incident you had attended was in fact a second nerve agent poisoning?
A. I believe not until 4 July.
Q. We have, in fact, heard evidence from Commander Murphy that by that stage Counter Terrorism Police had taken over, following information from Porton Down that this was a Novichok poisoning?
A. That's correct.
MS WHITELAW: Sir, that concludes my questioning of Inspector Beresford-Smith but, before we end today, could I ask your permission to adduce the witness statement of Inspector Andy Noble. We have heard reference to the Force Incident Manager. That is INQ006089.
LORD HUGHES: Yes, all right. Thank you.
MS WHITELAW: Thank you very much, Inspector.
LORD HUGHES: I've got a copy of it, haven't I?
MS WHITELAW: Yes, indeed.
LORD HUGHES: All right. Are there any other questions for this gentleman?

Questioned by MR MANSFIELD

MR MANSFIELD: What the document says that's just been referred to is that there came a time after these events, on 4 July, the day that it was discovered that Novichok was the cause or might have been a strong

contender for the cause -- pretty well confirmed -- you were spoken to the Chief Constable, weren't you?
A. I believe I was, yes.
Q. Yes. Do you remember what you said?
A. I can't remember the exact words. I think I probably just relayed what had happened to him.
Q. Sorry?
A. Relayed what had happened at the scene to him, sir.
Q. Yes. Anything else?
A. I can't remember anything else specifically.
Q. I would like you to think. This is an important moment, on the 4th. I appreciate there's a time lapse. Did you say anything about your approach to the whole of this matter that had happened when you went to the scene?
A. I cannot honestly remember even the conversations.
Q. You see what had been discovered is that it was Novichok, not drugs, and you had something to say, didn't you?
A. I can't remember the conversation.
Q. All right, I will put it to you straight away. You said you were -- or you felt professionally embarrassed; is that right?

A. On reflection, sir, given that I made the decisions at the scene -- which are obviously wrong and which I need to apologise to Dawn and Charlie for -- yes, it would have been embarrassing.
Q. That's very significant, isn't it?
LORD HUGHES: Well, that's for me.
MR MANSFIELD: Sorry. The reason I'm asking the question is not for an observation, but you see you said you couldn't remember anything else. That's why I say to you you'd forgotten a very significant observation that you had made. Is that the position?
A. You're talking about hindsight, sir, I believe, and what I thought --
Q. No, I'm not talking about hindsight; you are. So, please, have you forgotten about a significant observation you made to the Chief Constable on 4 July?
A. No, sir.
Q. Because I asked you carefully what else you may have said. So may I pass to the next question. If you did say words to the effect that you felt embarrassed, have you learnt any lessons from what happened on that day in which you were concerned?
A. I don't think I have learnt any particular lessons. I have --
Q. You don't think you have learnt --

A. Any lessons as you --
Q. No?
A. No, sir.
Q. No lessons at all?
A. I think there is a number of learning that comes out of an incident like that.
Q. All right. Well, let's call it learning then. What learning have you got from what happened here?
A. I think the main learning would be the introduction of JESIP, which is now embedded within the force. That would be my main point.
Q. So what difference would that have made?
A. I think the initial response to the scene would have made a difference.
Q. What is the difference it would have made?
A. From the scenario and the information I had at the time, I don't think it would have made any difference.
Q. I'm not following you. Are you saying it would have made no difference?
A. I don't think it would have made any difference to the decision-making that was made at the scene. It may --
Q. I'm going to put this to you. I'm going to suggest to you it would make a lot of difference if

police officers at the scene -- I'm talking about you particularly as the senior one -- had recognised there was a possibility of hazard, hazardous material, dangerous situation. That would have helped, wouldn't it?
A. I did recognise that, sir. I did then get --
Q. That there was a possibility of a dangerous situation?
A. There was a possibility, yes.
Q. Yes, right. Now, if -- and you recognised that at the time, so it's nothing to do with hindsight. You knew that then; is that right?
A. I did recognise there was a possibility, yes.
Q. Yes, thank you. So recognising the possibility that it was a -- I'm putting it in short-form -- was a hazardous situation, what did you do about that?
A. My first action was to send officers to the hospital.
Q. To the hospital? No, the situation is outside the flat, not at the hospital.
LORD HUGHES: No, Mr Mansfield, if you ask a question you have to at least listen to the answer.
MR MANSFIELD: Yes, certainly.
LORD HUGHES: You are saying you did what? Sent

people to the hospital?
A. Sent officers to the hospital.
LORD HUGHES: What you are being asked is given that you recognised, as you have now told me, at the time there was a possibility that there might be hazardous material about, what did you do about it? That's the question.
A. Well, at the time, sir, there was cordons already in place by the time I got there. I thought there was sufficient enough at that moment in time to deal with that situation until we got further information and evidence.
MR MANSFIELD: Yes, well, if it's hazardous material -- there is a hazardous group, HART. Were they on their way?
A. HART weren't on their way, I don't believe. There was a fire --
Q. Yes. How far away were they?
A. I honestly don't know.
Q. You don't know?
A. No.
Q. So they could have arrived within a few minutes?
A. They could have done, yes.
Q. Yes. You would want to wait for them,

wouldn't you?
A. HART are the emergency -- the Ambulance Service rather than dealing with --
Q. All right. You say you had no information. You did have information which was coming from inside where the problem was, weren't you?
A. I --
Q. That it was considered to be a chemical situation.
A. I was told that it could be.
Q. Yes, that's all I'm dealing with, that it could be. Now, you had that information, didn't you?
A. Yes, I did.
Q. Right. Where you have a situation which could be of danger to the public as well as first responders, you have a duty, do you agree, to ensure that precautionary measures or steps are taken?
A. Yes, sir.
Q. Right. You did the opposite, didn't you, because you said basically "I'm going to" -- officers go in, you go past the Novichok yourself, you may not have known that but that's the point. You took the risks and put the public at risk, didn't you?
A. Sir, no, I wanted to gain as much information and intelligence as I could before I made the

decision --

Q. Yes. What did you discover about Novichok?

A. In what way do you mean, sir?

Q. That day -- I mean before you entered the premises. If it might be a dangerous situation similar to Salisbury, you wouldn't want to go anywhere near it until you had found out about Novichok. Did you ask anybody about Novichok?

A. No, sir.

Q. No. You didn't even ask the paramedics who had been at Salisbury about --

LORD HUGHES: Actually they hadn't, Mr Mansfield.

MR MANSFIELD: I'm sorry.

LORD HUGHES: One of their colleagues had.

MR MANSFIELD: Yes, all right.

Did you ask any of the paramedics, some of whom had been in Salisbury dealing with it, who were at the premises -- and there was a note on the log, we have seen all that -- did you ask anybody, such as that sort of person, about Novichok?

A. I didn't have the opportunity to speak to the ambulance crew as they were very busy working on Charlie.

Q. Well, let's put it another way: you had radio communication with control rooms. You could have found

out, couldn't you?

A. I could have found out everything that we knew about Novichok, yes.

Q. Yes. So that instead of maintaining the cordon and employing PPE and all the other precautions, it was downgraded essentially -- I'm using that word, but that's what happened at the scene, didn't it?

A. That decision was made based on the intelligence and information that I had at that time.

Q. Well, that you had, but the intelligence you had included that it might be hazardous.

A. Yes, sir.

Q. Yes, and that takes priority, doesn't it, as the officer, Mr Mills, said only a day or so ago, that takes priority when you have your meeting. If there might be a danger to the public, you err on the side of caution, correct?

A. All I can repeat, sir, is what I said. All the information I had and intelligence that I had didn't point to that.

Q. Yes, I understand that. You had intelligence of a different kind, but it doesn't outweigh those who have specific information, does it?

A. If someone had come to me with specific information, sir, that would have been added into the

mix of information --

Q. Yes, the specific information that was available to you came from the paramedics, didn't it?

A. As I said, sir, the only -- I got that second-hand --

LORD HUGHES: I think, both of you, I've got the point.

MR MANSFIELD: Yes. One last person involved in this. I want to deal with the -- you managed to contact all the commanders, you say.

A. Yes, I did.

Q. Is there any record of this conversation, other than in your statement?

A. Not by me.

Q. Not by you?

A. No.

Q. You see the position in that meeting was that the ambulance commander at that time, a Mr Tilsley, whose name has come up before, he didn't agree with what you were doing, did he?

A. I honestly can't remember whether he agreed or not. All I can remember that he was quite accepting of it, sir.

Q. I'm sorry, I want this to be -- important for the future again.

A. Yes.

Q. Are you obliged at some point to make a record of the meeting?

A. Only in my own notes or in here, in my statement.

Q. Yes. I just wanted to ask whether there's any protocol suggesting if you're going to take decision between commanders, whether at the time somebody -- it doesn't have to be you -- actually makes a note, if not of the discussion, at least of the outcome of it all? Doesn't somebody have to do that?

A. No, but it's recorded on to the police log I believe, sir.

Q. You see, what's in your statement doesn't actually tell us much about what the commanders actually said, does it?

A. No, it doesn't.

Q. No. Why is that?

A. I honestly can't remember, sir.

Q. Sorry?

A. I honestly can't remember, sir.

Q. Sorry, I want to be clear. You can't remember why you didn't put it in the statement?

A. All I can remember is that we had what people are describing as the huddle and, after that

conversation, it was decided to treat this as a drugs overdose.

Q. You decided to treat it; is that fair?

A. Yes.

Q. Yes. This is why I suggest to you it's a most unsatisfactory situation, that you take charge of a situation where the information is specific. That is not acceptable, is it?

A. The information -- there was a lot of information and intelligence and --

Q. Yes, all right. Because we have to -- in your case, the same point: you're not medically qualified, are you?

A. Certainly not, no.

Q. There was no training before Amesbury about Novichok, what it looks like?

A. No, sir.

Q. So when you went in, you wouldn't know what to look for anyway?

A. No, I wouldn't.

Q. Or whether it could even be detected by the naked eye?

A. That's correct.

Q. Correct. You certainly weren't trained in how to distinguish the impact or effect of an overdose as

opposed to Novichok itself, so you weren't trained in that?

A. That's correct.

Q. Were you, by any chance, aware of the fact that Novichok might still be in the vicinity?

A. No, I wasn't, sir.

Q. You weren't? Well, does it surprise you to learn that in fact that was the thinking of some police and searches were going on? Had nobody told you?

A. There were searches, sir, yes, going on.

Q. Well, what did you think they were looking for?

A. Well, absolutely they were looking for Novichok.

Q. Yes. So did it occur to you, never mind everything else, that actually this -- you've got the ambulance team as a whole, because they all agreed it in the end, talking about previous incident, Salisbury, Novichok, and you know they're searching for it, did it not occur to you, "Oh, this could be related"?

A. Yes, sir.

Q. You did. Now, that's another reason, I suggest to you, why you should have put precautions in place rather than taking them away. Do you follow?

A. I follow, sir, but the -- as I go back to what

I said before --

Q. All right. Because it extends beyond what you didn't know. Before you got there and started taking decisions, you didn't know, did you, that the two -- or any of the paramedics inside the building had anything to do with Salisbury?

A. No, I didn't.

Q. No, you didn't. You didn't even know the paramedics, presumably.

A. No, I didn't know them.

Q. No, and you hadn't seen the patient.

A. No, I hadn't.

Q. So you didn't know what the signs were.

A. No, sir.

Q. So when it comes to taking a decision, your decision was taken on intelligence based on nobody who was inside the premises?

A. It was based on the information and intelligence that I had at the time, sir.

Q. Yes, the answer I think is "Yes"; it was, as it were, founded on material from people who were not in the premises. I can go through it but I will take it quickly: even the doctor who spoke, he wasn't in the premises either, was he?

A. No, sir.

Q. He wasn't talking about the patient that was being dealt with when you came along, was he?

A. That's correct.

Q. Do you now appreciate -- I have gone through the sequence -- there's quite a lot of stages, admittedly you have to take them quickly, that you just put to one side?

A. I didn't put anything to one side, sir. Everything goes into my risk assessment and working strategy.

Q. I see. Yes, I appreciate. So for the future, are we right in saying that the only -- going back to the beginning. The only lesson that you have learned, you say, out of all of this is that the JESIP meetings are now in place but even they wouldn't have changed what happened on the night. Is that fair?

A. Yes, sir.

Q. That's how you see it. Thank you very much.

LORD HUGHES: Thank you, Mr Mansfield. Is there anything else?

MS WHITELAW: No, sir, that completes the evidence for today and the week.

LORD HUGHES: Mr Beresford-Smith, thank you very much for your help. We can let you go.

A. Thank you, sir.

LORD HUGHES: We can let everybody go at a respectable hour this evening. We will reconvene, please, not next week but the week afterwards, Monday 28 October, and not here but at the IDRC in London.

You would probably like me to say, Mr O'Connor, Ms Whitelaw, that we have been well looked after here. It's been, I dare say, very disruptive for Salisbury and for the Guildhall to have us here, and I'm conscious that I'm only looking at part of what is here. But, if I may say so, it's all been managed very nicely and it's been a great help to me and I hope to you in managing the job that we have all got to do. So thank you Salisbury and thank you to the Guildhall.

Monday 28th October, please. 10 o'clock.

(4.00 pm)

(The Inquiry adjourned until Monday, 28 October 2024 at 10.00 am)

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